



SMOKE-FREE PLAYGROUNDS IN GLASGOW A LITERATURE REVIEW



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SECTION 1: INTRODUCTION AND BACKGROUND

“*Smoking in front of children in play areas is not acceptable and that is why we are banning it*” (Parks convenor Aileen Colleran, BBC News, 2006).

There is a policy in Glasgow city that bans smoking in children’s playgrounds, “No person shall smoke in any playground or other place in any park in contravention of a notice prohibiting smoking” (The City of Glasgow District Council, 2006: 16). Banning smoking in play parks is on the agenda of both Glasgow City Council, the Scottish Government and was previously on the agenda of the Scottish Executive. Of the ten core principles of the *Glasgow Tobacco Strategy 2009-2014*, three relate to the policy of smoke-free playgrounds. For example, the strategy wants to promote non-smoking as the social norm. In addition, the *Glasgow Tobacco Strategy* also states that, non-smokers should not be exposed to secondhand smoke against their will. A further core principle of the strategy is that, children should not be exposed to tobacco advertising and promotion (Glasgow Community Planning Partnership, 2009: 21). Moreover, one of the objectives of the *Glasgow Tobacco Strategy 2009-2014* is smoking prevention, “...reduced initiation and uptake of smoking among young people” (Glasgow Community Planning Partnership, 2009: 30-32). One of the specific actions the strategy outlines to meet this objective is to, “Work to change smoking cultures by introducing and enforcing smoke-free policies in external areas frequented by children and young people such as playgrounds with fixed equipment” (Glasgow Community Planning Partnership, 2009: 32).

Furthermore, the Scottish Executive also raised the idea of smoke-free playgrounds before the ban on smoking in enclosed public spaces came into effect in March 2006. The Scottish Executive (2005: 21) stated that, local authorities may wish to investigate the benefits of introducing smoke-free policies in outdoor places that are frequently utilised by children and young people, such as playgrounds and parks. The Scottish Executive (2005: 21) rationale for this is to denormalise the activity of smoking in an attempt to decrease the uptake of smoking by young people. In addition, the Scottish Government (2008b: 17) has made smoke-free playgrounds a key action in the *Scotland’s Future is Smoke-free: a Smoking Prevention Action Plan*.

Reducing the prevalence of smoking within the population continues to be a priority for local and national governments as, “Tobacco remains the number one cause of preventable death and ill health in the city and is the major contributor to inequalities in health” (Glasgow Community Planning Partnership, 2009: 6). Moreover, the Scottish Government (2008: 19) notes that smoking accounts for between 24 and 34% of deaths in Scotland. Table 1 outlines the national smoking targets and Table 2 outlines the specific tobacco targets for Glasgow. The proportion of the population that smoke in Glasgow is much higher than that of the national average; 34% of people in Glasgow smoke in comparison to the Scottish national average of 25%. Moreover, the average for Glasgow disguises the vast inequalities within Glasgow as, 40.1% of people in Shettleston smoke and only 16% in Kelvindale (Glasgow Community Planning Partnership, 2009: 2-8). As a quarter of the Scottish population live in the Glasgow region, it is thought that improving the health of this population will improve the overall health of Scotland and reduce inequalities (Scottish Government, 2008: 25).

Table 1: National Smoking Targets

Age	Sex	% of this population that smoke (2006)	Target (%)	Target Date
13	Female	5	3	2014
13	Male	3	2	2014
15	Female	18	14	2014
15	Male	12	9	2014
16-24	All	26.5	22.8	2012

Source: Scottish Government (2008b)

Table 2: Local Tobacco Strategy targets for Glasgow

Age	% of this population that smoke (2005)	Target (%)	Target Date
13	3	2	2010
15	13	12	2010
16-24	39	28	2014
25+	39	28	2014

Source: Glasgow Community Planning Partnership (2009)

The *Glasgow Tobacco Strategy* (Glasgow Community Planning Partnership, 2009: 6) has set specific targets and describes the work that needs to be undertaken to ensure that, “Glasgow’s future is smoke-free”.

This literature review will examine the literature surrounding restrictions on smoking in outdoor areas; with a particular focus on children's play parks. The first section of this review will examine the literature in favour of smoke-free play parks. The section that follows on from this will highlight national and international examples of smoke-free play parks. The third section will examine the literature that raises concerns regarding smoke-free play parks as well as highlighting problems that other areas have faced enforcing the ban. The literature review will finally draw conclusions from the existing literature and make recommendations based on this.

SECTION 2: RATIONALE FROM THE LITERATURE IN FAVOUR OF SMOKE-FREE PLAYGROUNDS

2.1 Denormalising smoking and creating positive non-smoking role models

“...society has an ethical duty to minimise the risk of children becoming nicotine dependent smokers. A reasonable step is banning smoking in selected outdoor areas frequented by children. Children need smoke-free outdoor places now, to help normalise a smoke-free society” (Thomson et al 2009).

The theme of denormalising the activity of smoking to reduce uptake is highlighted throughout the literature that has been reviewed. Thomson et al (2009) note that the central tenet of tobacco control is to reduce smoking rates; the reduction will mean that smoking becomes less visible to others. The Glasgow Community Planning Partnership (2009: 14) states that tobacco control programmes need to make non-smoking the norm. The BMA Board of Science (2008: 1) notes that, action needs to be taken to 'denormalise' and 'de-glamorise' smoking; as if smoking is visible it makes the activity seem acceptable. Moreover, the BMA Board of Science (2008: 10) highlight that over a fifth of the British population smoke this reinforces the normality of the behaviour. The Scottish Executive (2006: 17-8) identify that the social norms and values towards smoking in this country may encourage young people to start smoking. Wakefield et al (2000: 333-4) state that if smoking restrictions increase, smoking will be viewed as more socially unacceptable as there will be fewer places for people to smoke and smoking itself may become inconvenient for the smoker.

ASH (2008: 1) notes that protecting children and young people from the harm of smoking is central to tobacco control policies today. ASH (2008: 26) highlights that if a child lives with two adult smokers they are four times more likely to smoke than children who live with non-smokers. Moreover, the NHS (2008) launched a campaign called 'Wanna Be Like You', highlighting children copying the behaviour of their parents. The adverts show young children mimicking behaviours of their parents, for example, ironing and relaxing followed by the child copying their parents smoking by using a crayon. The print adverts also show a crayon in ashtray with a cigarette. It is argued that if the places where people can smoke are reduced it will make smoking less visible and young people will know it is not a social norm. Bloch and Shopland (2000: 99) note that there has been an increase in outdoor smoking bans at facilities at schools and recreation centres. The rationale for this is to avoid exposing children and young people to adult role models who smoke; in an attempt to make smoking less attractive to young people.

ASH (2008: 35) highlights the growing support for smoke-free legislation, in England, over time. Of the adult population, in England, support for smoke-free public places increased from 66 percent in 2005, to 72 percent in 2007 and to 77 percent (after the policy was introduced) (ASH, 2008: 35). Moreover, ASH (2008: 35) noted that the increase in support for the ban on smoking in enclosed public places preceded the introduction of the policy. In addition, the Glasgow City Council (2009) has identified that 84 percent are in favour of smoke-free playgrounds in Glasgow.

Alesci et al (2003: 277) carried out a study to determine whether high visibility of smoking encourages young people to smoke. The study found that students who smoke reported seeing more adults and students smoking than non-smoking students. For example, the student smokers reported seeing adults smoking between 1.5 and 2 times more than non-smoking students. In addition the students who smoke witnessed youth smoking 2 to 3.5 times more than non-smoking students. Overall, the study by Alesci et al (2003) found that students who smoked were more likely than non-smoking students to believe that smoking was socially acceptable; a belief that may have preceded or as a result of their tobacco use. In addition, the more

students who smoked witnessed smoking in certain areas, the more they considered smoking to be socially acceptable. Alesci et al (2003: 279) state, that if there was a ban on smoking in outdoor areas such as parks then this would likely decrease the social acceptability of smoking outdoors.

This section of the review has highlighted the strong argument for denormalising smoking and providing children and young people with positive non-smoking role model adults. The BMA Board of Science (2008) and Glasgow Community Planning Partnership (2009) argue that if smoking is visible then it makes the activity seem acceptable. The study by Alesci et al (2003) highlighted that students who smoke are more likely to witness smoking and are more likely to think smoking is acceptable in comparison to non-smokers. If smoking bans are in place in children's playgrounds then it is providing children with a smoke free environment and non-smoking adult role models. In addition, the findings from Glasgow City Council (2009) highlight that smoke-free play parks are supported by an overwhelming majority of residents.

2.2 Secondhand smoke

Within the literature there are a number of small scale studies that have been carried out to examine whether secondhand smoke is a problem in outdoor areas. Hall et al (2009) conducted an experiment to measure salivary cotinine, of subjects aged 21-30 who were exposed to secondhand smoke outside bars and restaurants in Athens, Georgia. Hall et al (2009) found that, "Non-smokers outside restaurants and bars in Athens, Georgia, have significantly elevated salivary cotinine levels indicative of secondhand smoke exposure." In addition, Wakefield et al (2000: 334) state that, exposure to secondhand smoke during childhood, whether indoor or outdoor, increases the tolerance for smoke and, "...sensitise children to taking up active smoking in their teenage years by reducing the noxious deterrence of the first cigarette."

A concern may be that if adults are not allowed to smoke in play parks this may displace their smoking activities to the home which would put children at greater risk of being exposed to secondhand smoke. Akhtar et al (2007: 1) however, found that after the introduction of no smoking in enclosed public places this reduced children's

exposure to secondhand smoke and there was no evidence of displaced parental smoking in the home. Moreover, Jarvis et al (2009) carried out a study that examined 13,365 non smoking children's cotinine levels between 1996 and 2007. They found that over time there has been a decline in numbers of children living in a home where one or both parents smoke and as a consequence this has reduced the number of children with higher levels of cotinine (Jarvis, 2009: 493). Jarvis et al (2009: 495) highlight that there was an increase in smoke-free homes preceding the smoking ban in enclosed public places. Unfortunately this study does not have data on whether the number of smoke-free homes increased or decreased since the smoking ban in enclosed public places.

Moreover, Repace (2008: 1621) believes that local government are justified in creating smoke-free outdoor areas as the toxicity of smoke is a nuisance to many and poses a health risk to others. Moreover, Thomson et al (2009b: 584) carried out a study that examined 16 reports and surveys from 1988 to 2007. Thomson et al (2009b: 584) found that, over time, support for smoke-free outdoor areas is increasing. The main reasons for this include: providing smoke-free role models for young people; reducing youth opportunities to smoke, and avoiding exposure to secondhand smoke.

This section of the review has highlighted the argument for smoking bans in outdoor public places due to the risk of secondhand smoke exposure. There was not a great deal of literature that could prove or disprove the risk of secondhand smoke exposure in outdoor public places. Despite this, the study by Hall et al (2009) suggests there may be a risk of being exposed to secondhand smoke when outdoors. The studies by Akhtar et al (2007) and Jarvis et al (2009) found that there was no displaced smoking, in the home, due to the public smoking ban and that there was an increased number of smoke-free homes. Based on these findings it seems unlikely that a smoke-free playground policy would displace smoking to the home; putting children at greater risk from secondhand smoke exposure.

SECTION 3: NATIONAL AND INTERNATIONAL EXAMPLES OF SMOKE-FREE PLAY PARKS

A number of local government authorities in New Zealand have established 'educational' smoke-free park policies (Arcus et al 2007; Tay and Thomson 2008). Educational policies are not the same as by-laws; the former encourages compliance through signage and media coverage as the cost required to police the policy was seen as being too great for local governments in New Zealand (Arcus et al 2007: 21). The rationale for local governments to introduce smoke-free policies in playgrounds is to provide children with positive role models (Arcus et al 2007: 16). A study was carried out in three parks that operate a smoke-free policy; more than 80% of the subjects thought that smoke-free play parks were a good idea (Arcus et al, 2007). In addition, the majority of smokers considered a smoke-free policy in parks a good idea (Arcus et al, 2007). Despite this only 63% of the respondents knew there was a no smoking policy in the parks. Compliance with the policy is a concern as 17% of smokers who knew about the policy and 32% of smokers who did not know about the policy continued to smoke in the parks. The three main reasons why some smokers continued to smoke in the parks were: smoking outdoors is acceptable; people have a right to their autonomy and the smoke-free policy is not enforced (Arcus et al, 2007: 51-2). Arcus et al 2007 noted that of the people who thought that the policy was a good idea; there was a commonality of reasons why this was supported: to provide positive role models for children; reduce secondhand smoke exposure and because the parks are an environment belonging to children.

Arcus et al (2005) also found that during their observational study only 8 out of 488 adults and out of 1013 children, none were observed smoking. During the observational study three parks were selected and were observed by two researchers on a Thursday and Friday morning and on a Saturday. The tallies of the number of smokers were averaged due to there being two researchers on each site (Arcus et al, 2007: 30-33). The study was repeated one week later on the same days and times (Arcus, 2007: 30-33). The collection of cigarette butts suggested that smoking was still continuing as new cigarette butts were found in each of the three parks used for the study. In addition, all three of the parks had a least one 'Smoke-free Parks' sign however, they were not visible from all locations within the park. Arcus et al (2007) concluded that there was a strong support for the policy however, only 62% of park users knew there was a non-smoking policy; and consequently there was a degree of

non compliance. Arcus et al (2008) suggest that better promotion of the policy is needed through signage, media campaigns and public education.

Tay and Thomson (2008) note that in Singapore there is extensive smoke-free outdoor bans that cover grounds of schools, sporting facilities and dining facilities. Moreover, Wilson et al (2007) also highlight the extensive smoke-free outdoor policies in Hong Kong; smoking outdoors on beaches, university campuses and hospitals are all banned. The outdoor smoking ban in the City Council of Calabasas, California includes, ‘...outdoor cafes, bus stops, soccer fields, condominium pool decks, parks and sidewalks’” (Repace, 2008:1622). The reason behind the extensive outdoor smoking ban in the City Council of Calabasas is to prevent anyone being exposed to secondhand smoke (Repace, 2008: 1622).

Klein et al (2007: 49) note that, there are policies in at least 70 communities around Minnesota that ban tobacco use within parks and recreation grounds. Klein et al (2007: 49) sent 2,400 mail surveys to randomly selected Minnesota residents and 1,501 (68 percent were returned). The survey found that the tobacco-free park policy is supported by 70% of the population (Klein et al, 2007: 49). Reasons for the support include: to reduce litter; to decrease secondhand smoke exposure and to provide young people with positive role models. Klein et al (2007: 49) also note that three quarters of park and recreation directors support smoke-free park policy.

Brooke (2009) notes that from the 20th July 2009, notices are displayed in London’s East End Mile Park to advise that it is now smoke-free. The ban has been introduced for two reasons: to prevent children from starting smoking and protecting others from secondhand smoke. Parker (2004) highlighted that Islington Council; London has introduced a ‘voluntary smoking ban’ in parks and playgrounds. Whilst the council wish to stop people smoking in front of children in play parks, park wardens will have no power to enforce the ban if smokers refuse to stop smoking (Parker, 2004).

This section of the review has highlighted some areas where smoke-free policies have been introduced in play parks and other external public places. The main rationale for introducing such a policy is to provide children with positive role models and to protect children from the risk of secondhand smoke exposure. The study by Arcus et

al (2007) in New Zealand highlighted there was a degree of non-compliance. It was advised that better signage and public education would help to reduce the proportion of non-compliance. The studies in New Zealand and Minnesota highlight that a substantial majority of the population support a smoke-free play park policy.

SECTION 4: CONCERNS REGARDING SMOKE-FREE PLAYGROUNDS

Overall, the literature surrounding smoke-free play parks is overwhelmingly in favour of the policy. Despite this, there are a few concerns regarding the policy and where smoke-free play park policies exist there have been compliance and enforcement concerns. This section of the literature review will highlight the concerns regarding smoke-free parks. Firstly, Chapman (2009) believes outdoor smoking bans infringe individual freedom. In addition, ASH (2008: 4) found that the public will only support tobacco measures that restrict their individual liberty in certain instances, such as the protection of children. Chapman (2009) also criticises authorities for introducing smoking bans and using public health reasons when the primary reasons may often be because of litter.

A further concern was raised at the Glasgow Student Council event that took place in November 2009. Children and young people were concerned that parents who smoke may no longer take their children to the play parks if they are not allowed to smoke. I have been unable to identify whether there is any existing research that supports or disproves either of these concerns. A reason for this may be that smoke-free play parks are a relatively new policy that is being introduced in different countries.

Furthermore, where smoke-free park policies exist there are issues with non-compliance and enforcement issues (Tay and Thomson, 2008). The study by Arcus et al (2008) highlighted that there is a degree of non-compliance with the smoke-free park policy in New Zealand. Tay and Thomson (2008) found that the councillors in New Zealand that did not agree with the policy thought that it would be unenforceable. Moreover, Thomson et al (2009) highlight that the policy would only work if there is public support and whether the policy is communicated appropriately, for example through adequate signage. Tay and Thomson (2008) found that councillors who were in support of the smoke-free play park policy believed that a

national policy was needed to avoid local inconsistencies. Moreover, one of the councillors believed that a national policy was required to enforce and coordinate this nationwide.

This section of the review has highlighted a number of concerns regarding smoke-free playgrounds. Firstly, the introduction of smoke-free bans in external public places raises concerns regarding a person's individual freedom. Secondly, there is a concern that parents who smoke may stop taking their children to a play park if they are not allowed to smoke. As yet there is no academic research to prove or disprove this concern. A further concern was raised; where the smoke-free play parks exist there are problems with enforcing the policy as there is a degree of non-compliance. A study by Arcus et al (2007) argues that through public education and better signage; compliance would increase.

SECTION 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

The aim of this literature review was to identify current supporting evidence that will support a current no smoking policy within Glasgow City play parks. The review took account of arguments in favour of the ban, national and international examples of places that have adopted smoke-free playgrounds and cited concerns in implementing this. Three main themes were identified that were in favour of supporting smoke-free playground policies. This includes: denormalising smoking, creating positive non-smoking role models and to decrease secondhand smoke exposure. The main argument that opposes smoke-free playgrounds include: breaching individual liberty, concerns regarding compliance and how to enforce the policy. To increase the awareness of this policy, lessons can be learned from national and international examples outlined in this review. Where there are 'educational' smoke-free playground policies in New Zealand, rather than by-laws, there were issues with non-compliance. It was found that this was due to poor signage and a lack of knowledge about the policy.

Glasgow already has a smoke-free playground policy in place and from a recent Glasgow survey, 84% of the sample of Glasgow residents support the ban however,

there is a lack of awareness that this policy is in place. The rationale behind this policy is to make smoking less visible to children which, as a consequence, will make smoking less socially acceptable and decrease the numbers of young people that start smoking.

Glasgow City Council and the Scottish Government are focussed on trying to reduce the numbers of people that smoke and to reduce the numbers of people that start to smoke. Whilst there may not be explicit research that identifies that if children do not see adults smoking in play parks it will reduce their chance of starting to smoke; there is explicit evidence that shows that the more young people and children are around smokers the more likely they are to become smokers themselves. Throughout this literature review, the strongest arguments for introducing smoke-free play parks were to denormalise the activity of smoking and to provide children with positive non-smoking role models.

“The central argument is that outdoor bans will reduce smoking being modelled to children as normal behaviour and thus cut the uptake of smoking” (Thomson et al, 2009).

5.2 Recommendations

If Glasgow is to successfully highlight the smoke-free playground policy the following recommendations should be considered:

Recommendation one: A policy that restricts smoking in playgrounds is required to denormalise tobacco use and prevent young people from starting to smoke.

Recommendation two: Glasgow communities need to be informed of the rationale for the policy to gain their support.

Recommendation three: When communities are aware and support the policy there needs to be appropriate and sufficient signage within the playgrounds.

Recommendation four: Consideration needs to be given to how this policy can be enforced however this will depend on the resource that is available.

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