

# **Smoked Out**

The hyper-regulation of smokers in outdoor public places

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In association with Forest

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## About the Manifesto Club

THE MANIFESTO CLUB campaigns against the hyperregulation of everyday life. We support free movement across borders, free expression and free association. We challenge booze bans, photo bans, vetting and speech codes, all new ways in which the state regulates everyday life on the streets, in workplaces and in our private lives.

Our membership hails from all political traditions and none, and from all corners of the world. Members contribute financially to enable us to organise events and campaigns, and to release publications, but they are also essential to the intellectual and political work of the club.

In our view the freedom issues of the 21st century cut across old political boundaries, requiring new schools of political thought and new methods of campaigning and organisation. Our campaigns seek to defend the free space of civil society against an increasingly interfering and estranged state bureaucracy. With Michel Foucault we say 'We must defend society' - only now not so much against Panopticon power, as against the busybody and the tickbox.



## **About Forest**

FOREST (Freedom Organisation for the Right to Enjoy Smoking Tobacco) was founded in 1979 to support and defend adults who choose to smoke a legal consumer product. We campaign against excessive regulations including comprehensive smoking bans and unnecessary government intrusion into people's personal lives and private spaces.

In recent years we have campaigned against the tobacco display ban, standardised packaging of tobacco and other measures designed to restrict freedom of choice for adult consumers. (Hundreds of thousands of adults signed our petition against plain packs; a further 53,000 people signed our letter to the Prime Minister.)

Our new campaign against outdoor smoking bans defends the practice of smoking in outdoor public spaces with the important proviso that smokers show consideration for those in close proximity and act accordingly.



## **Preface**

THE BAN ON SMOKING in all enclosed public places, introduced in Scotland in 2006 and the rest of the UK in 2007, was justified – or so we were told – because it would improve the health of bar workers who were routinely exposed to other people's tobacco smoke.

Never mind the lack of hard evidence that 'passive' smoking was a genuine and serious health risk, or that many proprietors had gone to great lengths to improve air quality, or that according to the Office for National Statistics only a minority of adults supported a comprehensive ban, anti-tobacco campaigners were determined to stub out the practice of smoking in Britain's pubs and clubs.

Less than a decade later those same campaigners, aided and abetted by a handful of local councillors, now want to ban smoking in the open air where there is no evidence of any risk to other people's health and the worst that can be said is that some people don't like the smell or (shock horror) the sight of someone smoking.

Desperate to restrict people's liberties even further (and mindful perhaps that they need another campaign to justify their existence), anti-smoking campaigners now want to prohibit smoking in parks, on beaches, in squares and in hospital grounds.

There is no justification for banning smoking in outdoor public spaces and I'm delighted the Manifesto Club has joined forces with Forest to campaign against proposals to extend the smoking ban to outdoor areas.

Tobacco is a legal product. Adults must be allowed to smoke in outdoor public places without harassment or worse. They must of course show consideration for others but there should be no place for zealotry in public health. Tolerance, common sense and good manners (on both sides) must prevail.

Simon Clark Director, Forest



## **Foreword**

OUTDOOR SMOKING BANS were almost unknown in the UK until a few years ago. They were first introduced in children's playgrounds and outside hospitals, where they are now the norm. Now bans are moving to other public spaces, including the school gates, squares, parks and beaches. Indeed, Brighton Council is proposing to ban smoking not only on the beach but also in public gardens and seating areas outside restaurants and pubs.

Extending smoking bans to outdoor public places is rarely justified on health grounds. It is clear that smoking in the open air presents no real harm to anyone aside from the actual smoker, and in most outdoor spaces people can smoke without causing annoyance or otherwise affecting others.

The main justification for banning smoking outside is that it exposes other people to 'smoking behaviour'. That is, smoking is being prohibited because it is decreed that the habit is setting a bad example to others, children in particular. The smoker in the park, say councils and health authorities, is giving the impression that smoking is 'normal'. By banning smoking outside local authorities wish to 'denormalise' smoking, to make it clear that the habit is not normal.

Here, a person is made to answer not for the harm they cause to others but for their role in the creation of public norms or, rather, the norms of which officials disapprove.

In most cases these anti-smoking policies are so-called 'voluntary bans'. They are enforced not through criminal codes and fines but through the means of emotional manipulation. Signs are often written in children's handwriting, bearing messages such as 'Consider tiny lungs' (Gwynedd), 'Kids rights count' (Torfaen), or doggerel such as 'Show you care – don't smoke – it's

not fair' (Nottingham City Council beach), 'This is where we play, smoking ruins our day' (Cardiff); 'Don't be a fool, smoking isn't cool – don't smoke in my space' (Carmarthenshire).

While not yet introducing legal restrictions, authorities are doing something similarly coercive – that is, using children and others as puppets to restrict legitimate adult behaviour in public spaces. Children do not go off and create 'no smoking' signs on their own; the dodgy verse is not the spontaneous work of a seven-year old. When children are sent on to beaches holding signs saying 'I want this space to be smokefree', they aren't speaking for themselves. They're being used to impose the agenda of others.

This agenda is being pursued at significance expense. Our FOI requests show that local authorities are investing significant time and resources erecting 'no smoking' signs in playgrounds and outside schools. We highlighted the 17 authorities that together have erected 1570 signs in play areas, and 486 outside schools, at a total cost of over £340,000. The biggest spender was Blackpool which spent £275,000 on 57 signs in 28 schools, parks and recreation grounds.¹ (See Appendix 3).

Over time, smoking bans are becoming more overtly coercive, especially in cases where people choose to ignore them. Although hospital bans – affecting patients, relatives, visitors, contractors and staff – are also nominally voluntary, they are in some areas enforced by wardens and officers, with disciplinary proceedings for staff who transgress. Our FOI requests found that Glasgow hospitals spent £381,381 on 17 wardens patrolling its hospital sites, disciplining those found smoking (see Appendix 5). Four other health boards either employed wardens or actively intervened with smokers, who in the last instance would be escorted from the site. We also found that Nottingham hospitals have brought disciplinary action against 57 employees for breaching their outdoor non-smoking policy.

Several authorities – including the Scottish and Welsh Governments – are planning legislation to make it an offence to smoke outside hospitals, punished with onthe-spot fines and prosecution. The Scottish Parliament's forthcoming Health Bill would mean fines of up to £1000 for anyone caught smoking on hospital sites. The long treks to get off site would, as one MSP put it, effectively leave smokers with a 'real, practical problem' and force them to go 'cold turkey'. It's hard to see how these punishments can be enforced with any reasonableness or humanity. Will patients be fined? Will their worried relatives be escorted from the site? Will hard-working staff be disciplined and threatened with the loss of their job?

Open coercion is also evident in the growing restriction of smoking in closed mental health facilities, with several mental health authorities already banning smoking in outdoor areas. At the Manifesto Club we decry this elimination of a small daily liberty for those whose liberty and independence is already restricted, and we are supporting the petition of a former patient against smoking bans in mental health institutions.<sup>3</sup>

This report argues that these bans are driven out of the official policy sphere, to comply with 'guidance' or because council leaders believe that a ban improves the 'image' of an area or institution, rather than responding to a public need or demand. Indeed, bans are introduced even in the face of direct public opposition. Blackpool Council was forced to remove signs at the entrance to parks after members of the public branded them 'monstrous'. Glasgow hospitals' smoke-free wardens resigned as a result of the degree of opposition they encountered from members of the public. Hospital smoking bans are often ignored. Meanwhile, when a councillor planned to ban smoking in the streets of Stony Stratford there was a high-profile public protest that led to the proposal being dropped.

Far from representing the public, institutions often put their 'smoke-free' policies above the interests and wishes of their patients and residents. When patients are denied the right to smoke a cigarette in the gardens of mental health institutions, this 'voluntary' policy is revealed as coercive and dehumanising.

This report is a plea for tolerance, humanity and common sense. Smoking outside doesn't harm others nor should it inconvenience anyone unnecessarily. Related problems that may emerge can be dealt with through simple measures, such as the provision of ashtrays, cigarette bins, or a mutual sensitivity and negotiation between smokers and non-smokers.

Our aim is to challenge the growing trend towards outdoor smoking bans in the hope that, through critical discussion, it can be slowed, halted and reversed, with toleration and common sense allowed to prevail.

Josie Appleton Director, Manifesto Club



## Introduction

RECENT GENERATIONS have seen significant changes in public smoking habits, and in public attitudes to smoking. Smoking has gone from being an almost universal habit to the preserve of a minority. The primary reason for this is that while cigarettes were once widely believed to be harmless, and even advertised as having health benefits, everybody now knows that smoking is potentially unhealthy and can result in a number of serious diseases including lung cancer. Smokers know that too and choose to smoke at their own risk.

A parallel change, which has been accelerating in recent years, is that while it was once considered perfectly reasonable to light up in public places it is now considered far less acceptable, even anti-social, and in many places it is actually illegal. Viewers of *Mad Men*, the American television drama set among advertising professionals in the 1960s, marvel at the sight of people smoking in their offices, in restaurants, even in planes. This is shocking to those who have got used to today's restrictions on smoking and consider smoking as something people go *outside* to do.

The shift from smoking being acceptable in public places to unacceptable is not just about formal bans however. By the time smoking was prohibited in 'public enclosed or substantially enclosed areas and workplaces' (2006 in Scotland and 2007 in the rest of the UK) it was already rare to see people smoking in offices, for example. Over the course of decades provision of 'non-smoking areas' had given way to 'smoking areas', reflecting a reversal of what was considered the norm. Increasingly, smokers were expected to go outside for a cigarette and long before the smoking ban informal rules prohibiting smoking were standard in workplaces, in meetings and conferences, in cinemas, theatres and on public transport.

This was largely in response to public demand rather than any kind of government coercion, though the anti-smoking lobby did push for more formal bans on public health grounds. With fewer people smoking, other people's smoke was increasingly seen as an unnecessary annoyance rather than a fact of life as before. The health factor merely added moral authority to the case for sending smokers outside.

The ban on smoking in all enclosed public places was undoubtedly a watershed. It put the force of the law behind what had been an emerging social norm, and extended it substantially. Smoking in pubs had shown no sign of gradually disappearing – a fact that both strengthened and weakened the case for legislation. Those who considered 'smoke free' pubs desirable pointed out that it wouldn't happen without a formal ban, while those who believed in freedom of choice pointed out that people were choosing to drink in pubs that permitted smoking. Nevertheless, while polls suggest there is still substantial support for separate smoking rooms inside pubs, the public has largely accepted the ban. People just go outside to smoke.

In fact the smoking ban created a striking new phenomenon – clusters of smokers standing outside pubs, not only in warm weather but all year round. Ironically this is sometimes experienced as a new kind of nuisance, because of the noise and also because it can lead to clouds of smoke around pub doorways. Indeed the same phenomenon has occurred outside offices with the result that some employees complain of having to 'run the gauntlet' of smoke to get in and out of the building. Some companies have responded by banning smoking in the immediate vicinity of the doorway, sometimes directing smokers to a designated smoking area some distance away.

It turns out then that the regulation of smoking didn't stop when smokers stepped outside. Nor has all regulation

come in response to complaints about an obvious problem. When the smoking ban was introduced in England the Association of Train Operating Companies and Network Rail introduced their own ban across the network, including on open platforms where smoke quickly dissipates and where people can easily move apart if one person's smoke does bother another.

Since then local smoking bans have been introduced outside schools and hospitals, in parks and even on beaches. The idea that it's acceptable to smoke if you are willing to go outside no longer holds, apparently.

This is a significant development. The cultural shift in favour of no-smoking in the workplace was based on workers objecting to being exposed to other people's tobacco smoke for long periods of time. The official ban, enforcing the rule and extending it to pubs, cafes and restaurants, was intended primarily to protect staff but also the non-smoking public, despite the public's apparent willingness to tolerate other people's smoke in social settings. Banning smoking in a park or on a beach protects the public not from sustained exposure to tobacco smoke but from the tiny prospect of catching a whiff of smoke, or possibly the trauma of seeing someone light up a hundred yards away.

Clearly there is more to this than ensuring a healthy physical environment. This report documents the increasing extent of outdoor smoking bans, explores what is driving them, and argues that they are both unnecessary and undesirable.

Dolan Cummings Co-founder, Manifesto Club



# Solution in search of a problem

OUTDOOR SMOKING BANS, like their indoor equivalents, are invariably presented as a public health measure, a positive step towards a healthier, smoke free town, city, nation. In practical terms however it's often unclear what specific problem these bans are supposed to solve. Indeed, one striking feature of the phenomenon is the sheer range of arguments made for banning smoking in various outdoor locations, but the quantity of the arguments is not matched by their quality.

#### Nuisance and litter

Ironically, one context in which people smoking outside can present a genuine if minor problem is an unintended consequence of the ban on smoking indoors: crowds of smokers gathering in doorways. Clearly, though, this is solved easily by providing smokers with somewhere to gather away from doorways.

Another related problem is litter. If ashtrays are unavailable or inadequate, smokers often leave unsightly piles of dog ends. Again, the solution is simple: provide adequate ashtrays and cigarette bins! But such a practical and pragmatic approach seems to be at odds with the thinking behind smoking bans.

A telling example came at St George's Hospital in south London where smoking is banned throughout the grounds. Smokers from the hospital gathered in a small park just outside, which did have ashtrays, but of insufficient capacity. The local authority, Wandsworth, responded to the resulting litter not by providing more or bigger ashtrays but by removing them altogether and asking smokers to go 'elsewhere'. Clearly litter was not really the issue here, smokers were.

Indeed in some areas it appears that fining smokers for litter is a roundabout way to fine people for smoking. Betsi Cadwaladr University Health Board said that it was looking into 'on-the-spot-fines for littering' targeted at smokers as a way to discourage people from smoking in the area.<sup>7</sup> Nottingham University Hospitals NHS Trust told us that their Community Protection Officers patrolling hospital grounds frequently issue on-spot fines to smokers for littering.<sup>8</sup> Therefore the litter question is more a way of punishing people for smoking, rather than the other way around.

#### Second-hand smoke

Of course the pariah status of smokers derives from the fact that smoking can cause disease so we must consider the possibility that outdoor smoking bans are simply a matter of protecting the public from a harmful substance. This is not the place to revisit the debate about 'passive smoking'. However it's worth noting that while the alleged danger of 'second-hand smoke' was central to the case for the ban on smoking indoors, no distinction was made between large well-ventilated areas and poky, poorly ventilated cellars. This blanket approach to 'passive' smoking suggests the issue was not a specific danger so much as a better-safe-than-sorry absolutism.

Perhaps we should not be surprised then that some people seem to fear the effects of second-hand smoke even outdoors. Indeed the public health director of Brighton Council justified a proposal to ban smoking on the beach by claiming that 'in certain concentrations and weather conditions' outdoor smoking does '[pose] an additional health risk to non-smokers.' He didn't elaborate on what those weather conditions might be, but surely any threat to health is increasingly less credible as we move from living with a chain smoker, to working part-time in a smoky bar, to wandering past a smoker on a windy beach? Unsurprisingly advocates of outdoor smoking bans rarely linger on the details of the threat posed by

smoking outside beyond reminding us in general terms that smoking is very unhealthy. The move toward banning smoking even in deserted open spaces suggests that second-hand smoke is not and never has been the issue.

Despite this, some signs outside hospitals suggest that people should refrain from smoking because the smoke will affect children and babies inside the building. One sign, at Oueen Elizabeth Hospital, Greenwich, was placed in a tunnel running from the car park to the hospital at the end of which visitors and patients congregated to smoke. The sign featured a baby with a dummy and read: 'Please do not smoke here - my little lungs are nearby'. Yet it was implausible that smoke could have entered the hospital at all, still less that it would reach the maternity or paediatric wards. 'My little lungs are nearby' was meant not literally but ideologically. The sign is constructing an imaginary child victim, a baby who is being harmed by smokers, in order to pressure them to desist. Here the question of 'passive smoking' is an ideological narrative, rather than any actual connection between outdoor smokers and newborn babies inside.



#### Saving smokers from themselves

Another common argument is that smoking bans help save smokers from themselves. The idea is that as it becomes harder and harder to find somewhere to smoke people will simply give up. Even if it were true it shows contempt for people's autonomy. The authoritarianism of this position is sometimes veiled by a disingenuous assumption that every smoker wants to quit, and those who have yet to do so will stop given sufficient 'support'.

This argument is particularly common when talking about hospital patients, especially those with mental health problems. Until recently, there was a consensus that mental health patients should be allowed to smoke while they focus on their more immediate problems, and that it would be inappropriate for medical staff to hector them into giving up a small source of solace and continuity through such a difficult time.

This was a humane approach based on the recognition that some things are even more important than a smoke free environment. But in 2013 the National Institute for Clinical Excellence issued new guidance recommending that all NHS hospitals and clinics become completely smoke free, that there should be no designated smoking areas, and staff should not even take patients outside to smoke. Mental health trusts banning smoking in outdoor areas include Lancashire Care NHS Foundation Trust, Oxfordshire hospitals, and South London and Maudsley NHS Trust, while Greater Glasgow plans to abolish smoking in mental health facilities by October 2015 (see Appendix 4).

Sadly this restriction is welcomed by many in the field. Paul Jenkins, CEO of Rethink Mental Illness, said, 'This new guidance is really important and timely. It is scandalous that so many people with mental illness are currently given no support to stop smoking.' Thus banning smoking is rebranded as 'supporting people to

stop smoking. And the priority of dealing with serious mental conditions before worrying about smoking is sidelined in the implication that smoking is a symptom to be treated, rather than a choice taken by a patient who also remains an autonomous human being.

One former resident in a mental health establishment branded the plan 'insane', and said that such a ban would impede the recovery and wellbeing of sectioned smokers. 'Psychiatric clinics should be about mental health; physical health is secondary,' he said.<sup>11</sup>

Increasingly all smokers are seen as not to be trusted to choose freely, constantly in need of 'support' (ie coercion). When Merseyside hospitals banned smoking in all outdoor areas in March 2015 a hospital spokesperson declared, 'A dedicated stop-smoking team will patrol the Aintree Hospital site to offer advice to smokers ... We understand that the majority of smokers want to stop smoking, but many find the task too daunting' and this could be 'the perfect opportunity to inspire smokers to quit for good'. 'Similarly a spokesperson from Smokefree South West said the ban on smoking in two Bristol squares could 'help to spur smokers on again to break free of tobacco.'

At base there is an assumption that no person could freely choose to smoke. If they continue to smoke, this is because this is because they haven't received sufficient help in order to be able to quit. The smoker's own view and volition is not respected or granted any reality.

As a result, this 'help' can take increasingly coercive forms. Our FOI requests have identified that four health authorities are employing smokefree wardens to intervene with smokers, including Aneurin Bevan University Health Board, NHS Greater Glasgow & Clyde, Cardiff and Vale University Health Board and Nottingham University Hospitals NHS Trust (see Appendix 5). These 'engagements' range from handing out leaflets about quitting smoking, directing them to helplines, to escorting smokers from the premises.

Some hospitals encourage their staff to play the role of smokefree officers. Betsi Cadwaladr University Health Board told us they asked their staff to intervene when they saw people smoking: 'We encourage all staff to challenge people smoking on sites in tandem with signage and automated bi-lingual messages at the main entrances.'14 Cardiff hospitals even offered their staff training in 'Having the conversation with smokers' so they could challenge smokers seen on site. The training included: 'How to approach and what to say to a smoker', 'Dealing with confrontation', 'The importance of body language', and 'Signposting smokers to cessation services'. 15 Such training pre-empts the conflict likely to result from such a 'conversation'; it also presents 'smokers' as a strange breed who cannot be spoken to without special training.

Some hospitals subject staff to disciplinary proceedings if they are seen smoking on hospital grounds during their breaks. Our FOI requests reveal that Betsi Cadwaladr University Health Board has formally disciplined three staff for smoking on site, while Nottingham University Hospitals NHS Trust has disciplined 57 members of staff. Such policies are moving to the local authority sector more generally, with Nottingham County Council planning a ban on its staff taking cigarette breaks or smoking to or from work in uniform. Nottingham said the measure reflected its 'duty of care to protect the health of employees'. <sup>16</sup>

On this basis should overweight people be prevented from eating unhealthy snacks during their break? Surely, as long as somebody's habit is legal, and it doesn't interfere with their ability to do their job, it is their business and not that of their employer. Employees are not in bondage; they have a right to a private life.

## 'Denormalising' smoking

Perhaps the most common argument made for outdoor smoking bans, however, is not about the individuals involved, but about the health of society as a whole. It is often argued that smoking must be 'denormalised'. Smoking, so the argument goes, must no longer be viewed as a normal activity. Despite the fact that almost a fifth (10 million) of the adult population in Britain smoke, they should do so furtively and presumably lie about their habit should anyone ask. It should be no more normal to see people lighting up at a bus stop than to see them watching pornography on their smartphones in public. Smokers should be ashamed of themselves and behave accordingly.

This argument has clearly been carried over from campaigns against tobacco advertising and in favour of plain packaging. But now it's not the promotion or display of cigarettes that's the problem but their public consumption. The argument is most often made in the context of parents smoking outside schools or in the vicinity of children's play areas. The latest anti-smoking strategy is to put smokers 'out of sight, out of mind', in case impressionable children are led to believe that some adults smoke. The fact that some adults do smoke is beside the point, apparently, because in our brave new world children are expected to see things not as they are but as public health campaigners would like them to be.

The sight of someone smoking is also used to justify the prohibition of the use of e-cigarettes in playgrounds and hospital grounds. The issue is not that children are being exposed to cigarette smoke but that they are 'exposed to smoking behaviours'.

Announcing plans to ask parents not to smoke at school gates in Coventry, Alex Angus, tobacco control coordinator at the city council, said: 'The more children see smoking while growing up, the more they see it as normal

and the more likely they are to start'. The same logic has been extended to children's play parks which have been made smokefree in Waltham Forest and other councils (see Appendix 3). That council's cabinet member for health and wellbeing, Ahsan Khan, explained, 'Our children's play areas are for healthy play, not cigarette smoke. Research shows that the less children see adults smoke, the less normal they think it is, reducing the chances of them starting smoking themselves'. 18

Smoking is now banned in all children's play areas administered by Welsh local authorities bar one (Pembrokeshire). Local authorities in England that have banned smoking in play areas include St Helens, Pendle Council, South Gloucestershire, Blackpool, Nottingham City Council, Waltham Forest, Durham County Council, Lancashire County Council, Hackney (in Green Flag parks), Islington (in play areas in three parks), North Somerset, Bristol, and Cornwall.<sup>20</sup>

Some local authorities organise exclusion zones outside children's facilities. Basingstoke and Deane Council is considering a ban on smoking (and vaping) within ten metres of play areas.<sup>21</sup> North Somerset Council additionally asks people not to smoke in the grounds of children's centres, including in parked cars.<sup>22</sup> Our FOI requests reveal that some local authorities have paid for non-smoking signs outside school gates, including Nottingham City Council, Wrexham, Gwynedd and Caerphilly County Borough Council.

Few would argue that play areas are for children to play in, not 'for cigarette smoke', but is smoking causing any harm? Typically parents will light up on a bench several feet from the swings and roundabouts, enjoying a moment's peace while their children play. So we're left with the question of whether denormalisation is a sensible policy. Children whose own parents smoke will obviously know that, and will in many cases have been told in no uncertain terms that smoking is very unhealthy and they are not to repeat mum's mistake when they grow up. And whatever 'research shows' (given the novelty of the denormalisation policy, we have to be skeptical), the idea that we can engineer the future by turning school gates and play areas into smoke free Potemkin villages is as sinister as it's implausible.

A further irony is that preventing parents from smoking outside, even in play areas, surely makes it more likely they will smoke at home where their children really are exposed to their smoke.

Children of non-smokers, meanwhile, now face most exposure to the topic of smoking not at the school gates but in the classroom, where they are inundated with anti-smoking messages. Observers of human nature must wonder whether persistent warnings to children against a vice they rarely encounter in real life will have consequences other than those intended. At least the occasional glimpse of an actual smoker in the street or park will confirm that the habit is mundane rather than exotic.

## **Etiquette**

A corollary of the denormalisation policy is the attempt to establish formal or informal smoking bans as a form of etiquette. This is certainly the logic behind banning smoking on railway platforms. What possible harm can a solitary smoker puffing away at the end of an open platform actually do? And yet he or she is in breach of Network Rail's strict rules and regulations and can be prosecuted and fined. The real crime is failing to show due respect to the dignity of a 'public place'.

Here the question of etiquette or 'norm' takes on a purely official quality. Such etiquette is the result neither of customary behaviour, nor negotiations between individuals, but the corollary of an official policy or code. To be civil means to smoke behind some arbitrary line drawn on the ground. As a result smokers are needlessly restricted, but they are also relieved of the obligation to be sensitive to the presence of fellow citizens who may not appreciate their cigarette smoke.

The sterile atmosphere of the smoke free railway platform is a world away from one on which you could apologetically ask a smoker to move further down the platform and see him oblige, equally apologetically.

Even before the smoking ban it would not have occurred to most smokers to light up in a church or mosque. This is not because smoking is a vice but because it would have seemed profane to do something so ordinary in a sacred place. Today it would be illegal too, but more than that, the smoker is now expected to show the same reserve in the car park outside. The meaningful lines of sensitivity and custom have given way to artificial lines in the sand. A genuine 'voluntary ban' is merely a public norm, a generally agreed mode of conduct. The so-called 'voluntary bans' on smoking in outdoor public spaces are not voluntary at all but are artificial attempts to engineer new public norms through coercive means.

Ultimately, attempts to ban smoking outside are not about addressing any particular problem, whether it be the nuisance of smoke, threats to public health, the health of individual smokers or the corruption of young minds. 'Smokefree' schools and hospitals, 'smokefree' cities and a 'smokefree' world have become ends in themselves. It's a goal pursued at the expense of autonomous citizens who might choose to smoke or not to smoke depending on how they feel and whether anyone else is likely to be put out or inconvenienced. These are matters for the individuals concerned to resolve, not the state.

# A policy driven by policy

Where have outdoor smoking bans come from? How has the commonsense consensus that smoking outdoors harms nobody but the smoker given way to a determination to drive smokers *out* of *outside*?

It's true that some people living next door to pubs have complained about the noise made by smokers gathered outside, and that various people have complained about clusters of smokers outside offices. Litter can be a problem too. But as discussed above, these are relatively trivial problems with simple, practical solutions. The antismoking lobby actively opposes these solutions because they undercut its ultimate ambition to stamp out smoking altogether. Bans are never presented as one-off solutions to specific problems in specific areas, but as another step on the road to an inevitable 'smokefree X'.

What is most striking about most of the examples of outdoor smoking bans discussed in this report is that they arise not from members of the public experiencing a problem and demanding a ban, but from officialdom itself. Indeed, bans often seem to be driven by a policy commitment, rather than any more specific goal. A local authority or health board will have a target for reducing smoking, and a ban is a way of demonstrating a commitment to the cause, whether or not it helps achieve the target. Therefore it is generated out of the public policy sphere – and driven by its needs – more than by the needs or wishes of the public.

Prohibition can spread rapidly once a guidance document has recommended it. For example, the rapid growth of smoking bans on hospital sites is to comply with the National Institute for Health and Care Excellence (Nice)'s guidance on the subject. Both the Scottish and Welsh governments have put pressure on local authorities to restrict smoking in outdoor areas such as playgrounds.

The Welsh government has in some cases funded the cost of no-smoking signs for children's play areas and outside schools. South London and Maudsley NHS Foundation Trust noted that its smokefree policy 'complies with Smokefree legislation (Health Act, 2006) and The Nice Guidelines for Smoking Cessation in Secondary Care; Acute, Maternity and Mental Health Services (NICE, 2013)'.

These measures are driven not by public opinion but by the policy world, and a sense within local authorities that those who don't go in this direction are 'lagging behind'. This is reinforced by taxpayer-funded campaign groups such as Action on Smoking and Health (ASH), Smokefree South West and other campaign groups. ASH Wales drove the bans on smoking in Welsh playgrounds and has now turned its attention to beaches and student campuses. Indeed the pattern of bans in a particular region bears close relation to the campaign subjects chosen by the region's anti-smoking groups. Meanwhile the ban on smoking in two Bristol squares was driven by Smokefree South West.



There is often collaboration between the different state sectors on the issue. Health boards have financed signs banning smoking in playgrounds, councils have sought to prohibit smoking outside hospitals, while some councils have received central government funding to ban smoking. For example, our FOI requests show that the City of Cardiff received a grant of £5,000 to cover smoking ban signs in play areas and a further grant of £2,250 to cover replacement signs in the future (see Appendix 3). Meanwhile, Newport financed its 72 signs with a Wellbeing Activity Grant from the Welsh government.

The precursor for these measures was 'smokefree schools', with smoking banned on whole school sites. This was related to achieving 'National Healthy School Status' which required a ban on all outdoor areas on the school site. This already includes all the elements of outdoor bans – the idea that the ban improves the image of the school, that it denormalises smoking and so on.

The act of declaring a 'smokefree' space is seen as a way of improving the 'image' of a town or institution. South London and Maudsley NHS Foundation Trust said the 'historic image of mental health services is strongly associated with smoking. The Trust is dedicated to changing this to one that positively promotes health and wellbeing for all'. Similarly the ban on smoking in two squares in Bristol was described as a 'bold' and 'exciting' move, of which the city could be 'proud'.

The question of 'image' and compliance with policy means that an institution becomes increasingly distant from its public and users. Blackpool City Council was forced to remove no-smoking signs at the entrance of its parks and playgrounds, after the over-size signs were branded 'monstrous' by members of the public. Similarly, mental health trusts that have introduced smoking bans reported a negative reaction from patients and concerns expressed by staff.<sup>25</sup> One headteacher who asked parents not to smoke outside the school gates received 'abuse'

and threats of a 'smoking picket' to block the pavement.<sup>26</sup> There was a high-profile public demonstration against a proposal by one councillor to ban smoking in the streets of Stony Stratford in Buckinghamshire.

When Glasgow hospitals spent £381,381 on 'smokefree' wardens to patrol the grounds and discipline smokers, the reactions from members of the public were so hostile that several of the wardens resigned.<sup>27</sup> Undeterred, the health authority is currently seeking replacement wardens.

Ultimately the 'smokefree policy' is put before the welfare and happiness of patients and their families. This can lead institutions down paths of inhumanity, employing wardens to harass worried relatives on hospital grounds or denying a severely disturbed person their muchdesired cigarette. The smokers' group Forest took a call from the daughter of a 68-year-old woman suffering from dementia. Her mother was a smoker who was in a psychiatric hospital waiting to be moved to a care home where she could have a smoking room. The hospital had recently banned smoking on hospital grounds so the staff were no longer allowed to accompany patients outside to smoke. Forest reported:

'According to the daughter her mother is going downhill rapidly. Consultants and nurses are said to be sympathetic but say their hands are tied by the regulations. When we spoke the daughter was distressed by her mother's predicament and occasionally tearful.'

Outdoor smoking bans have taken off in the context of a diminished public sphere in which officials are accountable not so much to the public as to their own bureaucratic procedures. That is why they can introduce measures that make no practical sense and do nothing for the public they are supposed to serve. Instead they merely institutionalise the concerns of the anti-smoking organisations, a constituency that has seized the

opportunity to present its own agenda – the abolition of smoking – as being in the interests of a public that has shown itself to be far more tolerant and reasonable than they think it should be.



## The role of children

Outdoor smoking bans are often driven by the strange idea that every adult has a responsibility to be a role model to everybody else's children. Some campaigners seem to believe that any space where children 'congregate' must be 'smokefree', lest the sight of a complete stranger smoking could result in a child becoming a nicotine addict.

Initially smoking restrictions were just on school grounds; then playgrounds; then (in parks such as Hackney) in parts of the park 'used extensively by children'. Now bans on beaches are justified on the basis that these are 'areas where young people congregate'. According to ASH Wales, 'Following the successful implementation of smokefree playgrounds across Wales we are continuing to identify areas where young people congregate and are affected by smoking.'29

If adults can't smoke in areas where young people congregate this severely limits their options. Most public spaces are – and should be – mixed use: children playing here, a busker there, a bar there. The fact that young people are present doesn't make that space a 'children's space'. The squares that banned smoking in Bristol were next to an aquarium and other child-friendly venues, but they were also near offices and around the corner from waterfront bars. The space is defined as a 'child space' only in order to justify restricting smokers.

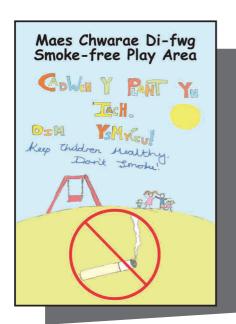
Many smoking bans are justified through invoking children, yet this is a constructed image of children rather than an accurate expression of their actual needs or preferences. Smoking is not something that would loom large in a child's concerns about a public space. A child would be more interested in the play equipment and their friends than in whether one of the mums is smoking on the bench. They would be thinking about the aquarium

and whether they can have candy-floss, rather than watching the bar worker smoking a cigarette during a break.

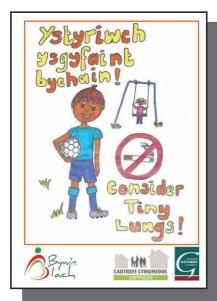
Children are being used as manipulative tools, as ventriloquists' dummies, and words are being placed in their mouths. They are called to do photo-shoots holding signs asking people not to smoke on the beach. 'Smokefree' signs are written in children's writing, addressing people in the first person. Our FOI requests revealed signs reading: 'Young lungs at play' (Caerphilly school), or doggerel such as 'Show you care – don't smoke – it's not fair' (Nottingham City Council beach), 'This is where we play, smoking ruins our day, smokefree playground we say!' (Cardiff); 'Don't be a fool, smoking isn't cool – don't smoke in my space' (Carmarthenshire).

There are competitions in local schools for kids to draw no-smoking pictures. One school published an 'antismoking request' letter to parents in the school newsletter, signed by the headteacher and year 6 pupils, which asked parents not to smoke near school gates: 'We would really appreciate it if you could take pupils into account before lighting your cigarette around school property.'<sup>30</sup>

Children don't draw these posters spontaneously, and they don't draft anti-smoking letters on their own. They are being used and manipulated. They are being told to tell smokers to stop smoking. This duplicitous approach avoids engaging directly with smokers, adult to adult, because that would mean justifying policies in adult terms.









# Freedom and regulation

It is ironic that the issue of smoking is so visible in a smoke free space. The fact that smoking is banned is stamped on the architecture of the space and often seems to define it. In the vast forecourts at the base of University of London's Senate House building there are signs every couple of yards. The entrance to Glasgow hospital was marked with dramatic banners and flashes announcing that smoking is not allowed. Some hospitals even have warning messages and alarms. Children play on a climbing frame obscured with a 'smokefree' banner. The nosmoking sign in the forecourt of an Aberdeen shopping centre is even written with cigarettes!



The civility or 'niceness' of a public space is increasingly defined by the fact that smoking is restricted or banned altogether. 'Altogether now' read Blackpool Council's signs banning smoking at the entrance of parks. Justifying the ban on smoking in two Bristol squares, a Smokefree South West spokesperson said, 'These city centre squares are often full of children playing and this pilot will provide a smokefree environment for kids and their parents to enjoy.'<sup>31</sup> The proposal to ban smoking on Brighton beach and other outside areas was described as creating 'safe and pleasant' public spaces.

The authorities' hostility towards one section of the population – smokers – is presented as creating a pleasant public place 'for everyone'. In a strange inversion, these ugly and intrusive signs are seen as making a place 'nice'. Official coercion appears not for what it is, but as an accusation directed from one section of the population to another.

Recognising, perhaps, the illiberal and coercive nature of outdoor smoking bans, we're reminded that the new wave of restrictions are 'voluntary', as if smokers have a choice. Yet many 'no smoking' signs imply wrongly that smoking is illegal in the area. This is misleading not only for smokers, but also for the less tolerant non-smokers who don't need any encouragement to make their feelings known.

Having said this, it's likely that these 'voluntary bans' will remain so only as long as they are respected. The widespread flouting of hospital smoking bans has led to efforts to see how they might be properly enforced. Several authorities including the Scottish and Welsh governments are considering whether to make it an offence punishable by on-the-spot fines. In Nottingham one local hospital wants the council to introduce a bylaw so smokers flouting the outdoor smoking ban can be prosecuted. Mansfield Council is proposing to use new anti-social behaviour legislation to criminalise smoking in

playgrounds, and enforce noncompliance with fines and prosecutions.<sup>32</sup> Ultimately it seems that these no-smoking signs are orders, not suggestions.



# **Epilogue: nowhere to run**

In recent years smokers have been pushed and then excluded from one space after another – from indoor public areas to designated smoking areas and then outside. And then further outside. Around the corner. Across the road. Teachers, for example, have been banned from smoking in the staff room and made to smoke outside the school gates, then out of sight of the children. Finally they have been instructed not to smoke in front of parents and other members of public.

Likewise visitors, patients and hospital staff lost their smoking rooms and found themselves standing outside the hospital entrance. A handful of people complained and they were forced further away so they weren't bothering anyone entering the hospital, but even that wasn't good enough. Smoking had to be banned across the entire hospital site, forcing smokers to walk several hundred yards until they were standing on a busy main road.

We've witnessed a restless changing of the built environment as smoking shelters are constructed to accommodate smokers and separate them from nonsmokers; then the shelters are removed and 'smokefree' signs are erected. You must not smoke in the playground, then not within ten metres of the playground. Some hospitals put up smoking shelters then specified they should only be used for 'worried patients and visitors'. After that they took away the smoking shelters and put up more no-smoking signs, instructing people they can't even smoke inside their own car in the hospital car park.

These restrictions lead to groups of smokers congregating in new and surprising places. At one Coventry hospital, visitors and hospital staff were forced to leave the hospital grounds and stand in a residential street in order to have a cigarette.<sup>33</sup> One resident 'described how up to 20 people had been standing across from her home having a crafty fag'. Previously these people had smoked unobtrusively in the hospital car park.

Recently it was reported that a man who lives near Addenbrooke's Hospital in Cambridge was fed up with smokers congregating near his block of flats, after the hospital banned smoking on site. The 77-year-old retired social worker said he faced a daily battle with hospital workers smoking near his home.<sup>34</sup> Ultimately, we should note that smoking bans don't solve the 'problem', they merely push it further away.

Smokers have tended to find a degree of sociability and solidarity even in exile, but that too has become a problem to be dealt with, eliminated. One set of lines is drawn on the ground, then another, further away, more constrained, making smokers less visible. Nobody proposes to prohibit smoking outright. They just push and prod smokers here and there, ever outwards, further and further away.

But smokers aren't monsters. They are ordinary people consuming a legitimate product. They're not even a tiny minority – there are still ten million of them in the UK, one in five of the adult population. They have nonsmoking friends, family and colleagues. For generations they have learned to negotiate and find some sort of accommodation with non-smokers. It's not rocket science, and the solution is not launching smokers into space.

Every outdoor smoking ban has fuelled calls to extend the ban. The 'success' of a playground ban is used to justify bans in squares and on beaches. No sooner is one ban implemented, another is proposed. Within a decade, if this dynamic continues, large areas of open windswept public spaces will be 'smokefree'.

Outdoor smoking bans are unnecessary, counterproductive and illiberal. Common sense must be allowed to prevail. Perhaps what terrifies the anti-smoking lobby most about that prospect is the possible consequence that people might start applying common sense to the question of smoking bans more generally.



# **Appendix**

- Examples of smoking bans in parks, squares and beaches
  - Millennium Square and Anchor Square, Bristol
  - Areas of Clissold Park, Hackney pleasure gardens, dog areas, paddling pool<sup>35</sup>
  - Coventry's Millennium Square went smoke-free for the 2012 Olympic games<sup>36</sup>
  - Beach at Barafundle Bay in Pembrokeshire<sup>37</sup>
  - Square in front of Aberdeen shopping centre, Bon Accord and St Nicholas<sup>38</sup>
  - Eight parks in Blackpool the council erected no-smoking signs at the park gates, and in the centre of the park<sup>39</sup>
  - 2014 Glasgow Commonwealth Games was smokefree in all outdoor areas, including e-cigarettes<sup>40</sup>
  - Smokers have been fined for smoking outside designated 'smoking areas' in Canary Wharf, London<sup>41</sup>
  - City 'beaches' in Nottingham and Coventry<sup>42</sup>

## 2. Proposed bans in parks, squares and beaches

- Scottish government has instructed local authorities to restrict smoking around their buildings, and to look at extending restrictions in other areas.<sup>43</sup>
- Former health minister Lord Darzi proposed a smoking ban in all London parks and squares.<sup>44</sup>
   The plan was supported by former Labour Mayoral candidate Tessa Jowell.<sup>45</sup>
- Nottingham City Council considered a ban in the Old Market Square.<sup>46</sup>
- A councillor proposed a ban on smoking in all public spaces in the town of Stony Stratford.

- Four Welsh local authorities Swansea, Isle of Anglesey, Gwynedd, Pembrokeshire – have plans for smoke-free beaches.<sup>47</sup>
- Brighton has proposed to ban smoking on the beach, in parks, and outside pubs and restaurants.<sup>48</sup>
- The Royal Society for Public Health proposed banning smoking outside pubs and bars.<sup>49</sup>

#### 3. Bans in children's play areas

- The first ban was in Glasgow play areas in 2006. Now there are bans in several Scottish councils, including Inverclyde.<sup>50</sup>
- Nearly all Welsh authorities have banned smoking in play areas over the past three years. In 2012 only two authorities (out of 22) had restrictions;<sup>51</sup> currently every authority aside from one (Pembrokeshire) has restrictions.<sup>52</sup>
- English local authorities banning smoking in play areas include: St Helens;<sup>53</sup> Pendle Council, Lancashire;<sup>54</sup> South Gloucestershire; Blackpool Borough Council; Nottingham City Council; Waltham Forest; Durham County Council;<sup>55</sup> Lancashire County Council;<sup>56</sup> Hackney (in Green Flag parks); Islington (in play areas in three parks)<sup>57</sup>; North Somerset; Bristol; Cornwall<sup>58</sup>. Several of these authorities also ban smoking in multi-use games areas.
- Basingstoke and Deane Council is considering a ban on smoking within 10m of play areas, including e-cigarettes.<sup>59</sup>
- North Somerset Council additionally asks people not to smoke in the grounds of children's centres, including in parked cars.<sup>60</sup>
- Some local authorities have financed non-smoking signs outside school gates, including: Nottingham City Council, Wrexham, Gwynedd and Caerphilly County Borough Council (see table below).<sup>61</sup>

TABLE: Local authority signs in play areas and schools, number and costs (FOI data)<sup>62</sup>

Council	No. of smoke- free play areas	School gates - no. of signs	Cost of signs (£)
Wrexham County Borough Council	110	122	5,608.57
Neath Port Talbot	50		500
Cyngor Sir Ceredigion County Council	77		£3,214.70
Denbighshire County Council	146		4,526
Carmarthenshire	122		3,645
Torfaen	44		920
Bridgend	113		3,000
Flintshire	159		5,000
Vale of Glamorgan	70		3,585
City of Cardiff Council (1)	100		7,250
Nottingham City Council	128	71	10,268.4
Gwynedd	189	70	8,070
Caerphilly County Borough Council	97	195	8,142
Newport (2)	72		3,543.6
Rushcliffe Borough Council	3		1,134.00
Blackpool (3)	17	28	275,000
South Gloucestershire Council	73		
TOTAL	1,570	486	343,406.77

#### Table notes:

- (1) £5000 grant from Cardiff and Vale NHS Trust; second grant from Welsh Government to cover cost of replacement signs
- (2) Wellbeing Activity Grant (Welsh Government Grant)
- (3) 59 signs in 28 locations schools, parks, recreation grounds

#### 4. Bans on smoking outside hospitals

- NICE guidelines in 2013 called for a blanket ban on smoking on all hospital grounds, including mental health facilities. Most hospitals and health boards have now brought through bans.
- Smoking is banned on all NHS Scotland property, including outside hospitals, GP surgeries, or in NHS car parks or gardens.<sup>63</sup>
- Some hospital trusts (including Greater Glasgow, Cardiff, and Aneurin Bevan University Health Board) employ 'smoke-free' officers to police bans<sup>64</sup> (see below).
- Some hospitals including Nottingham hospitals and Betsi Cadwaladr University Health Board - have introduced disciplinary measures for staff seen smoking outside the hospital.<sup>65</sup>
- Mental health trusts banning smoking in outdoor areas include: Lancashire Care NHS Foundation Trust,<sup>66</sup> Oxford Health NHS Foundation Trust,<sup>67</sup> Mersey Care,<sup>68</sup> and South London and Maudsley NHS Trust.<sup>69</sup> Greater Glasgow planned to abolish smoking in mental health facilities by October 2015.<sup>70</sup>
- There are plans to fine people for smoking outside hospitals: the Welsh government is currently considering proposals,<sup>71</sup> Scotland is planning legislation,<sup>72</sup> and Nottingham hospitals are proposing a bylaw.<sup>73</sup>

# 5. Enforcement of hospital smoke-free areas (FOI data)<sup>74</sup>

Betsi Cadwaladr University Health Board

- 3 staff disciplined for smoking since 2012
- 'We encourage all staff to challenge people smoking on sites in tandem with signage and automated bilingual messages at the main entrances'

#### Aneurin Bevan University Health Board

- 2 smoke-free wardens employed
- Cost £36,500 (2014-15)
- 667 smokers challenged (January-June 2014)

## NHS Greater Glasgow & Clyde

- 17 wardens employed (between June 2013 to May 2014)
- Cost £381,381
- 1435 smokers challenged

## Cardiff and Vale University Health Board

- 1 smoke-free warden employed
- Annual cost £16,500
- 600 smokers challenged in April 2015

#### Nottingham University Hospitals NHS Trust

- Disciplinary action against 57 employees for breaches of the no-smoking policy
- 'The provider of our Security Services challenge smokers, as part of their daily roles and responsibilities'
- 5926 smokers challenged between 22 September 2014 and 10 June 2015



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