HELEN KEANE

“Exploring smokers’ opposition to proposed tobacco control strategies” (Lund, 2016) contains fascinating insights into the links between smoking status and attitudes towards the regulation of smoking. It also raises pressing questions about the ethics of denormalisation and the relationship of tobacco control strategies to stigmatisation. Lund states that denormalisation strategies require ethical evaluation through the lens of health justice, which suggests a focus on the experience of vulnerable and marginalised groups who have high smoking rates.

I would argue that a health justice lens also entails a broader perspective on smoking regulation than is usual in tobacco control literature. Current and proposed denormalisation strategies take place in a context in which ‘smoker’ is already a stigmatised and spoiled identity, constituted as antisocial as a result of decades of tobacco policy and health campaigns (Bell et al., 2010). The constitution of smoking and smokers as anti-social is reproduced, reinforced and reflected by the spatial aspects of tobacco control (Collins & Proctor, 2011). As shown in Lund’s article, smoking restrictions are increasingly moving from interior spaces to encompass outdoor environments.

A health justice perspective encourages particular attentiveness to the regulation of outdoor space because such strategies involve the conceptualisation and management of public space. In democratic societies the notion of urban public space is attached to ideals of citizenship, community, equality and freedom (Banerjee, 2001). However, the vision of public spaces as open, unconstrained and accessible to all is challenged by an opposing vision of controlled and orderly spaces which are allowed to be used only by an appropriate and well-behaved public (Mitchell, 1995). The question of who is permitted to use public space is obviously political, as by claiming space in public ‘social groups themselves become public’ (Mitchell 1995, p. 115). Mitchell argues, for example, that only in public spaces can the homeless represent themselves as a legitimate part of the public.

Outdoor smoking prohibitions narrow the range of acceptable activities in public space. Given that groups such as the homeless, unemployed and mentally ill have high smoking rates, such prohibitions have the potential to exacerbate the erosion of public space as sites of genuine diversity and interaction. Crucially, the exclusion of smoking from public space not only acts to suggest that certain types of people have no right to inhabit these spaces, it is a material manifestation of the constitution of ‘the public’ as excluding smokers.

Lund’s article unintentionally demonstrates this form of exclusion when it asks whether ‘support from the public’ is sufficient to enact new tobacco control measures or whether ‘support from smokers’ is
also important – implying that smokers are not part of the public. Similarly, ‘the lay public’ is used to refer to the group who would have to enforce outdoor smoking bans. There is a long and troubling history of separating stigmatised groups from the public and thereby addressing them as an external threat to the public’s health, perhaps most vividly seen in the early HIV/AIDS epidemic (Waldby, 1997). A notion of contagion which contains the fear of both physical and social pollution is readily invoked under exclusionary models of the public.

These concerns about how the category of ‘the public’ is constructed become particularly robust in the case of outdoor smoking bans because the evidence of significant harms to others is weak (Colgrove, Bayer, & Bachynski, 2011). Decisions about how to balance the competing interests and desires of different constituencies are inevitably influenced by prior understandings of who has ‘a right to the city’ (Marcuse, 2009). In a context where smoking is already defined as an anti-social act, smokers’ desire for outdoor smoking spaces is identified as further proof of their selfishness, while the desire for protection from discomfort and unwanted smells is identified as a disinterested endorsement of public health. For example, as Lund notes, differences in attitudes towards tobacco control between smokers and non-smokers are described in terms of smokers’ self-interests, while the motivations and beliefs of non-smokers are not subject to such evaluation (p. 2). The idea that public spaces should be places of olfactory purity where members of the legitimate public are protected from the offensive smells of others maps onto existing patterns of social inequality (Graham, 2012). While the tobacco control literature supporting outdoor smoking bans tends to emphasise the impact of ‘modeling’ on children rather than the noxious effects of smoke, the figure of the dirty and stinking smoker remains prevalent in health campaigns (Thomson et al., 2008; Voigt, 2013).

Finally, I would like to raise some questions about the two smoking identities that are included in Lund’s research but not discussed in much detail in the article: occasional smokers and former smokers. These two groups appear to have intermediate views, between the general support of the non-smokers and the general opposition of the smokers (broadly speaking). Superficially, this suggests a kind of continuum of positions, in which occasional smokers are more like smokers (at one end of the scale), and ex-smokers more like non-smokers (at the other end of the scale). However, these identity categories are more complex than this perspective suggests. Recent research has suggested that intermittent and ‘social’ smoking is an increasingly prevalent and stable pattern of tobacco consumption. In the United States it has been estimated that a quarter to a third of adult smokers are non-daily smokers (Shiffman et al., 2013). In the present study the sample of occasional smokers is almost equal in size to the daily smoker sample. It would be useful to explore the views of this group in more depth as they challenge the smoker/non-smoker binary which tends to structure understandings of smoking behaviour and identity. A recent study found that social smokers struggled to maintain ‘dual identities’ as ‘non-smokers who smoked’. They ‘simul-
taneously disparaged smoking, saw themselves as ‘better’ than smokers and yet smoked to retain membership of a social network’ (Hoek et al. 2013, p. 264).

‘Former daily smoker’ is the second largest category of respondents in the study, and the attitudes of this group towards tobacco control are also intriguing. If self-interest is the explanation for smokers’ opposition to tobacco control measures, then why are ex-smokers also more opposed to these strategies than non-smokers (although admittedly by a much smaller degree)? Is it because they expect to return to smoking? Is it because they tend to have social ties with smokers? Is it because they still identify and empathise with smokers (which suggests something other than self-interest)? Given the size of this segment of the population, their relationship to tobacco control and their experiences of inhabiting smoking and non-smoking spaces is worthy of further exploration.

Declaration of Interest None.

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