

Original Investigation

A qualitative case study of policy maker views about the protection of children from smoking in cars

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Abstract

Introduction: As little is known about the policy making process around smokefree car laws, we aimed to investigate policy makers' views about such laws in a setting where these have not yet been enacted but where published evidence exists on the hazard of smoking in cars and on relevant public support.

Methods: A New Zealand (NZ) case study (of the NZ health policy community) used documents and qualitative in-depth interviews with 62 national-level and District Health Board (DHB)-level policy makers (during 2008–2009). Forty were government or nongovernmental organization officials, 5 DHB board members, and 17 Members of Parliament.

Results: We found very strong themes of policy maker concern for the vulnerability of children and the need for their protection from secondhand smoke. There were mixed reactions to the idea of a smokefree law for cars with children in them. These themes and mixed reactions spanned both the “left” and “right” political parties. The evidence indicates that smokefree car laws are only barely on the NZ national policy making agenda. They are generally not seen as politically attractive, as effective, or easy to implement.

Discussion: In this particular policy setting, there appear to have been assumptions by policy makers about the dominance of adult “privacy” over child protection. The lack of awareness in this particular (NZ) policy community of national-level public support for banning smoking in cars with children and of the progress elsewhere on such laws also suggests the importance of information and advocacy if such laws are to be progressed.

Introduction

Children are likely to be exposed to hazardous levels of secondhand smoke (SHS) when there is smoking in cars (Edwards, Wilson, & Piers, 2006; Rees & Connolly, 2006; World Health Organization, 2006). The obstacles to and opportunities for reducing smoking around children are policy issues for all

countries—leading to the question—how do policy makers view the issue? A particular question is about policy maker attitudes to proposals for relevant legislation and regulation. The use of such laws to ban smoking is widespread internationally for indoor public places (Koh, Joossens, & Connolly, 2007). Furthermore, this use has begun to spread to outdoor places (Thomson, Wilson, & Edwards, 2009) and to cars where children are present (Australian Associated Press, 2007; Babbage, 2008; Benson, 2008; Gago, 2007; CBC News, 2008; Department of Health Promotion and Protection, 2008). Since 2006, 11 states and provinces in Australia, Canada, and the United States have passed smokefree car laws to protect children (Thomson & Wilson, 2008), but we found little postlegislation research (Bonnett, 2008; Tobacco Control Research and Evaluation Program, 2008). One study, of the effects of 2007 smokefree car law in South Australia, indicated an increase in smokefree cars with children from 69% in 2005 to 82% in 2008 (Hickling, Miller, & Hosking, 2009).

In most jurisdictions, social marketing has been preferred to legislation as a means to protect children from smoking in cars. However, the effectiveness of such education campaigns has been incomplete. For instance, in Canada, research in 2006 indicated that 25% of people had been exposed to SHS in a car in the last month (Health Canada, 2007). This was despite an education campaign about smokefree homes and cars that had been running since 2004–2005. In New Zealand (NZ) in 2008, 27% of Year 10 students reported exposure to SHS in a private vehicle in the last 7 days, unchanged from 2006, despite a smokefree cars media campaign since 2006 (McDuff, 2007; Health Sponsorship Council, 2009). Education campaigns may also be less effective in protecting those children who are most likely to be exposed, that is, those in poorer and most socioeconomically deprived households (Norman et al., 1999). In NZ, the in-car exposure of students from the most socioeconomically deprived third of areas was almost three times that of those from the least socioeconomically deprived third of areas (39.5%–14.3%; Health Sponsorship Council, 2009).

In research to increase the understanding about how policy makers think, one focus is the exploration of policy makers'

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individual and collective agendas (Blackman, 2005; Kozel et al., 2006; Read, 1996; Smith & Wakefield, 2006). Part of the process of getting issues onto the policy agenda is described in a study of Japanese tobacco agenda building, which emphasizes the importance of:

issue building, which consists of creating a package of ideas about the facts, the causal theories, the responsibilities, and the feasible solutions (Sato, 2003).

One foundation area for this “issue building” is whether decision makers and/or the public believe a government has a role in the issue (Blackman, 2005) and who’s rights are involved (Bayer & Colgrove, 2002). Factors easing the adoption of tobacco control policies include the degree to which they are low cost, effective, and easy to implement (Eriksen & Cerak, 2008). Research from Australia, NZ, and the United States on smoke-free policy making emphasizes the basic need for policy change to be made politically more attractive than the status quo (Bryan-Jones & Chapman, 2006). The elements that may push policy change to be seen as sufficiently attractive include moving the emphasis from smokers’ rights to the rights of other groups (e.g., children; Thomson & Wilson, 2004; Bryan-Jones & Chapman, 2006).

Work on smokefree policy making indicates that familiarity about concepts, interventions, and experiences elsewhere is important in allowing or driving policy change (Chapman & Wakefield, 2001; Studlar, 2005, 2006). Put simply, if policy makers realize that child smoking or exposure to SHS is a problem, they are more likely to look for a solution. If they have heard of a solution achieved elsewhere, they are more likely to support it.

Few studies have looked at policy makers’ attitudes to policies for smokefree places. Two Australian studies have demonstrated the contrasting situations of a state where change to a type of smokefree policy (in bars) was highly resisted (Bryan-Jones et al., 2006) compared with the situation where there has been comparatively little resistance in two states to requiring smoke-free cars with children (Freeman, Chapman, & Storey, 2008). The crucial difference may be the extra political force of arguments for protecting a vulnerable and defenseless group (children) from considerable harm. The Freeman et al. (2008) research in Australia found there that the issue of the protection of children appeared to almost entirely negate arguments for a personal freedom to smoke.

Surveys in Canada and Colorado have shown a close relationship between a number of indicators and politicians’ support for tobacco control interventions (including those relating to smoking around children). The factors included their self-described ideology, their attitudes to the government’s role in the market (Cohen et al., 2002), their attitudes to the government’s role in promoting health, and their smoking status (Andersen, Buller, Voeks et al., 2006; Cohen et al.).

Because little is known about the policy process for regulations on smoking around children and how policy makers think about the issue, this article explores some of the factors involved. It uses a NZ case study (of the NZ health policy community) to investigate policy maker views about smok-

ing around children and about regulations for smokefree cars.

Case study context

NZ has comprehensive bans on smoking in indoor public places, including, since 2004, bars (Edwards et al., 2008). Virtually, all smokefree regulation is enacted at the national level, although at the regional level, District Health Boards (DHBs) have a strong interest in such regulation. NZ surveys of attitudes to SHS indicate that when children or personal rights are mentioned, there is generally high support for smokefree approaches (Edwards et al., 2008). A 2007–2008 survey of smokers ($n = 1,376$) found that 96% supported smokefree car regulation when young children were in the car (Thomson et al., 2008). In 2006, 27% of Year 10 students reported exposure to smoking in cars or vans in the previous 7 days (McDuff, 2007). In 2009, NZ banned the handheld use of phones in cars while driving (NZ Transport Agency, 2010).

Methods

Policy makers were defined for this research as national-level politicians (Members of Parliament[MPs]), DHB members (who are mix of elected and appointed), and senior central government or DHB officials.

Data were collected from official and other documents, media coverage of official statements, and by qualitative in-depth interviews. From all sources, the views sought included those on the role of government in protecting children (especially in cars) and policy maker awareness of progress in smokefree car regulation elsewhere.

Documents

The databases Google and Factiva and a number of Web sites were searched in 2008 for documents that revealed national-level policy maker opinions on smoking around children. The Factiva database was searched for the NZ region for the period since January 1998. The Web sites explored included the NZ Government (<http://www.beehive.govt.nz/>), Ministry of Health, and the NZ Parliamentary Debates.

Interviewee selection and recruitment process

Purposeful sampling was used to recruit interviewees, who were selected from groups of (a) MPs and ex-MPs who currently had, had had some role in health policy in the past 5 years, or had commented publicly on such policy in that period; (b) current or retired senior central government or DHB officials who were or had been in a position to influence health policy in the past 5 years; (c) current members of DHBs; and (4) senior nongovernmental organization (NGO) officials close to the policy process.

Forty-eight MPs, 49 government, DHB and NGO officials, and 5 DHB board members were approached during April 2009 to February 2009. Particular effort was made to have a balance in MPs from the two main political parties, with 20 National Party and 14 Labour Party MPs approached.

Interview schedule and process

A semi-structured interview schedule was used based on relevant literature and previous research knowledge. The questions were open in design and allowed some flexibility for interview time constraints. They allowed the respondent to expand on any particular or more relevant points of interest, and some questions were altered during the interview series to suit interviewees' work focus. Consistent interview prompts were used, where needed. Approval was obtained from the University of Otago research ethics system.

Most interviews took place at the interviewees' work place, some at their homes, and four by telephone. They were conducted between May 2008 and February 2009. The time taken was between 25 and 45 min. All interviews were assured anonymity, were audio recorded, and were transcribed verbatim.

Data analysis

Transcribed data were coded to create categories or themes related to smoking around children and willingness to regulate for smokefree cars. Memos made after each interview gave a preliminary identification of themes, which were adapted and changed, as further themes emerged during the transcription and coding process (King, 1998). The material was coded using the NVivo software program (QSR International Pty Ltd, 2008).

We used a template analysis approach (King, 1998), which involved the development of a coding "template," which summarized themes identified by the researcher(s) as important in a dataset. Once a priori themes were defined, the data were read, with segments marked that appeared relevant to the research questions. New themes were defined and all the themes organized into an initial template.

This initial template was then applied to the whole dataset and modified in the light of careful consideration of each transcript. The modified template was the basis for the writing-up of findings.

The themes were discussed and checked against the data by at least two of the authors in order to agree revisions to major themes. We did not use any statistical calculation of interrater agreement because the complex nature of the issues meant that it was not readily possible to define such agreement or disagreement.

The data analysis was to find the range, nature, and quality of the policy maker views rather than seeking to predict actions. Thus, in looking at the interviews and documentary data, no consideration was given to the current apparent seniority or leadership position of the source.

Results

Interviewee recruitment

Sixty-two interviewees were recruited. Of the 54 government/DHB/NGO officials and DHB board members who were approached, 45 agreed to be interviewed, giving 40 interviews from officials and 5 from DHB board members. Seven officials were from NGOs (four had been government officials).

Of the 48 MPs approached, 17 agreed to be interviewed: two from the Green Party, 7 from the Labour Party, 4 from "center" parties (NZ First, United Future, and the Maori Party), and 4 from the National Party. Reasons given by MPs for declining included "pressure of work," the extra workload caused by the October 2008 election, "full diaries," "limited time" or "other priorities."

Some members of the National Party appeared to be held back by apparent party policy not to take part in research. The National Party position on smoking around children, from the Senior Whip, is detailed in the results below (Guy, 2009).

Views on smoking around children

We found that anonymous policy maker interviews gave a much wider view of what policy makers thought compared with documentary statements (including speeches in Parliament). In the interviews of both politicians and officials, there were very strong themes of the vulnerability of children and the need for their protection. However, in both interviews and documents and in the views of both politicians and officials, there were very mixed reactions to legislative action to protect children from SHS in cars. These themes and mixed reactions spanned both the "left" and "right" political parties.

In the material below, quotations are identified by the abbreviations: "O" (government, DHB, or NGO official), "POL" (politician), and "DHB" (DHB board member).

Strong belief that children are vulnerable

Interviewees from all policy positions were almost unanimous in stating their beliefs that children in NZ society were vulnerable and often have no ability or voice to control a situation in which they might find themselves. This is particularly so in relation to SHS:

"Children . . . often . . . don't even have enough information, or have not been encouraged to think that they might have a choice, and can't influence the behavior of people around them." (O1)

"If adults decide to smoke, that's the ultimatum. . . . children will just have to inhale" (O43)

Politicians from different parties agreed. E.g.:

"[Children] don't have the freedoms that you and I have." (POL8)

The interview material has been echoed in government statements, with the then Associate Minister of Health, Damien O'Connor, in 2006 saying:

"Children are particularly vulnerable to secondhand smoke because their vital organs are still developing." (Hakiwai, 2006)

The 2009 National Party position statement included a reference to the limited options of children:

"Smoking around children has been identified as a major concern. . . ."

We support the current campaign to discourage smoking around our children. The campaign . . . also illustrates that children don't always have the option of avoiding being exposed to secondhand smoke." (Guy, 2009)

Strong beliefs that children should be protected

There were strong opinions about the safeguarding of children from the direct harms from SHS and the chances of taking up smoking. All the interviewees believed that children should be protected from SHS (although some bracketed this with the rights of smokers):

"Clearly adults have a right to smoke. But I don't think they have a right to impact on the health of [others]." (O26)

"I know that adults have a right to smoke. But if you are a health conscious, or welfare conscious society, like we say that we are, where do the rights of our child to be in a smoke free environment come from?" (O42)

"[Smokers] shouldn't have the right to kill kids who don't have a say." (POL10)

The contrast in the beliefs about protection and the importance of legislative action

In spite of the almost unanimous strongly voiced statements about the need for the protection of children from both the SHS hazard and the example of smoking, the interviewees' opinions and suggestions regarding smokefree legislation in cars did not necessarily match those statements. Where found, documentary statements reinforced this contrast, except for two statements by MPs (Baldoock, 2003a, 2003b; Harawira, 2006).

Reasons given for not supporting regulating smoking in cars included perceived lack of public acceptance for interventions, the perceived need for police time, the perception of cars as "private," the need for "choice," and the political difficulties. The political difficulties included an expected reaction that a smokefree car law would be too "nanny state," and the fear of a "backlash" as was thought to have happened with the 2007 "section 59" law change in NZ, reducing the "right" to hit children:

"As we've seen with the section 59 legislation, one step too far into family homes creates really outrageous backlash." (POL11)

Smokefree cars

When in 2006, NZ researchers suggested banning smoking in cars carrying children, officials from two government agencies opposed the idea, one because an education campaign was considered sufficient and the other because public support was considered insufficient (Gill, 2006). In December 2008, after survey support from NZ smokers for smokefree cars with children was published, the new (National Party) Prime Minister stated in an interview:

"Banning smoking in cars . . . that's not gonna be happening, because it will take years, it will distract the Parliament

and in the end you know we're a party of sort of reasonable choice.

I'm not opposed to banning smoking in bars, because other New Zealanders are there and people work there, but if you want to smoke in your own car, don't be looking for a National Government to pass a law to tell you can't do it in the next three years." (Key, 2008)

The assumption in this statement that the area was one for personal (smoker) choice was echoed in interviewee statements. E.g.:

"Their car is their own property, their house is their own property. If they want to smoke in those things it's up to the individual." (O44)

Only 6 of the 62 interviewees appeared to be at all familiar with smokefree car laws elsewhere. Many of the interviewees thought that smokefree cars might be a good idea but most had reasons why they thought it too difficult either to legislate or enforce:

"Legislation isn't always the right tool to do the job, and when you have legislation, its how do you actually enforce it?" (DHB5)

"I'm happy for police time to be used on policing seatbelts. I'm less happy for police time to be used on policing smoking." (O7)

The language and arguments indicated a continued focus on adult rights rather than on children's rights. In the next quotation, the participant focuses on the "victim" becoming the smoker:

"The issue about cars is whether [a smokefree law] is ever going to be enforceable, and if so, you are creating a victim and that takes the debate away from where it should be." (POL3)

The focus on adult rights may also be demonstrated by an argument that cars are "private" and thus not amenable to government intervention. This argument can be seen as privileging adults' rights compared with those of children.

"The really tricky issue here is less about the second hand smoke exposure, and [more] about the fact that it's a private space." (O8)

"The nanny state thing. This is peoples' private lives that you are imposing on and making rules about and . . . politicians . . . they know that it's not that popular." (O26)

[Smoking in cars] "That's somebody's private space, and I don't believe that the government can regulate or even follow up in that particular area." (O39)

There were a few interviewees who thought a more urgent focus on smokefree cars was important:

"Definitely cars . . . I think it is the absolute number one priority at this point. . . . if you take a risk approach, cars feature highly because they're a contained environment." (POL4)

"I'd be much more supportive of preventing smoking in cars with children, because they can't give consent." (POL10)

In 2006, then Opposition (Maori Party) MP Hone Harawira summarized some of the arguments for the few policy makers inclined to this view:

“Yesterday the Australians said that . . . they were considering legislation banning people from smoking in their own cars. I can hear all those smokers shouting out already:

‘How can they? This is my car; I can smoke in it if I want to!’

. . . Remember what a fuss there was about us having to wear seatbelts? Now the first thing we do when we get into a car is put one on. And remember how we thought that kids’ car seats were dumb? Now every parent’s car has one. Sometimes we have to put personal choice aside for the greater good.” (Harawira, 2006)

Social marketing seen as best to achieve smokefree cars

Some interviewees thought that social marketing techniques were still the best method of reducing SHS exposure in cars, partly because of the perceived difficulty of enforcement of smokefree car laws and also partly because of an unwillingness to risk a “nanny state” approach:

“You need to bring people with you . . . encouraging a sort of a culture of—you don’t smoke in cars, you don’t smoke around children . . . until such time as we find that that doesn’t seem to be working.” (O5)

[No smoking when there are children under sixteen in the car] “Oh, absolutely. I don’t think we should put a law to it though . . . My instincts tell me that we should be making a public health campaign.” (POL7)

What was not said

Besides the themes and reactions above, we found a number of gaps in the issues covered in the interviews and documents. These included any mention of the relevant existing national and international law on protecting children (United Nations Office of the High Commissioner of Human Rights, 1990). The issues covered in the interview material infrequently included ethical considerations, with some potentially relevant ethical arguments never being raised by interviewees (see Discussion).

Discussion

Findings

Both the documentary and the interview material showed a pattern of great concern with health threats to children but very mixed responses to those threats. Those interviewed had consistently strong views on the vulnerability of children to SHS. The evidence indicates that the issue of smoking around children has at least reached the stage that NZ policy makers “believe that they should do something to change” the situation (Kingdon, 1984, p. 85). Major health impacts and important values are involved, that is, the protection of the vulnerable.

However, such concern did not translate into support for smokefree car laws. Most (but not all) of these same interviewees

showed some reluctance to move forward with such legislation. They perceived a conflict of values (between “privacy rights” and “child protection”) and had a fear of political difficulties that were out of proportion to the gains sought. Much of the difficulty sprang from the association of smokefree cars legislation with a “nanny state”—a view of an overinterfering government. Many believed that educative or social marketing processes for smokefree cars would give a better outcome. They believed that legislation would be less successful in promoting behavioral change.

The documents also indicate that there is some resistance at the official level to the idea of legislation for smokefree cars either because of perceived insufficient public support or because of a preference for education over regulation. In particular, the statements of the new Prime Minister in 2008 and the National Party in 2009 are notable for the absence in the first of the mention of children and in both of children’s rights. Rather, both appear to focus on adult (smokers) “rights” through the word “choice.”

In the face of reluctance to legislate, both in NZ and elsewhere, why should advocates press for smokefree car laws? As noted above, evidence suggests that education campaigns only reach some of the population and may be less effective in protecting those children who are most likely to be exposed. Second, in a number of countries, there is support from both the public and the smokers for smokefree car laws where there are children (Thomson & Wilson, 2008). Third, there may be ethical and legal obligations for governments to do their utmost to protect children from harm. Nearly all nations (except the United States and Somalia) are obligated by the United Nation Convention on the Rights of the Child to, in policy decisions, put children’s rights (United Nations Office of the High Commissioner of Human Rights, 1990).

Agenda building for smokefree car laws

Smokefree laws for indoor public places may have “softened up” policy makers but that is only part of the process needed for smokefree car laws to advance on policy agendas. Smokefree cars were perceived by many, if not most of the policymakers, as not politically attractive, and neither effective nor easy to implement. Underneath some of the thinking shown, in both interviews and documents, there appear to have been assumptions about the dominance of adult “privacy” over child protection.

The findings support a number of previous research conclusions including that getting issues onto policy makers’ agendas is important and complex and can be difficult. The complexity is shown by the contrasting beliefs for many of these policy makers that (a) the government has a major role in protecting children and (b) that the government should not regulate to protect children. In contrast to the finding in Australian work (Freeman et al., 2008), this indicates that sympathy for children does not necessarily translate into regulatory support for protecting child health.

The question arises from the results of why policy makers in some Australian states (South Australia, Tasmania, West Australia, and New South Wales) have adopted smokefree car laws, but in a similar sociopolitical setting (NZ), policy makers appear resistant to this move. One answer is that the NZ policy makers were not aware of the example of other places. Another is that the sensitivities about government interventions may be

different. Among smokers (and thus perhaps among policy makers), there are significant differences between countries in support for smokefree car laws to protect children from 83% in Australia to 60% in the United States (Hitchman et al., 2009). However, the example of other places may not be sufficient for policy makers in some situations. Even when they are surrounded by neighboring jurisdictions with successful smokefree policies, some are likely to resist change (Nykiforuk, Eyles, & Campbell, 2008).

Policy and advocacy implications

A challenge for health advocates across the world is to use the clear concern for child protection by policy makers, while also helping remove the obstacles to change in the minds of many policy makers. The public and smoker support for change needs to be communicated. Smokefree car laws need to be framed in terms of protecting the health of vulnerable children. But there is also a need for adult rights of “privacy” in their cars to be framed as being secondary to the primacy of legal protection for children.

There may be a need wherever such laws are proposed to address concerns above smokefree car laws being “punitive.” For instance, to provide at least an “information and warning” stage both in the introduction of the law and in the implementation for particular smokers or drivers. An approach that focused on the duty of drivers to protect children in cars from harm (including from SHS) may help place responsibility more clearly.

Advocates may be helped by a greater focus on the international legal obligations of their country to children and on ethical arguments. For instance, one argument for smokefree cars is that restrictions on the autonomy of smokers, by preventing them from smoking in cars where there are children, are only very intermittent and temporary (Jarvie & Malone, 2008). A smoker would only be restricted while they are in the car—they can smoke at other times—whereas the effects of SHS on children may be both serious and permanent (Carlsen & Carlsen, 2008; Cheraghi & Salvi, 2009).

A further higher level strategy may be to ensure that the focus of advocacy is not on smokers but on the sources of arguments that privilege adults and disadvantage children. In particular, continued focus needs to be put on the tobacco industry efforts to ensure publics and policy makers think first of smoker “rights” (Menashe & Siegel, 1998; Sweda & Daynard, 1996). Such focus is in alignment with the powerful “theme of the tobacco industry as predators on children’s health” (Chapman & Wakefield, 2001).

Limitations and research implications

The difficulty in recruiting MP interviewees may have created a significant limitation. Only 22 of the 62 interviewees were overtly “political” (either MPs or DHB board members). In particular, we were only able to recruit 7 MPs (out of 17) from the “center right” (from the NZ First, United Future, and National parties). However, the spread of the themes and reactions reported, across the occupations and the political spectrum, indicates that the major findings are unlikely to be much altered with a more even recruitment of occupations and “left/right” political positions. The documented National Party statements confirm the major themes and reactions, although the emphasis on smoker “choice” is clearer than in the interviews.

The effectiveness of legislation, in those jurisdictions where smoking is banned in cars with children, is largely unknown. Research is needed to evaluate that effectiveness, in terms of costs, public and stakeholder attitudes, compliance, and reduced exposure of children to SHS, of such smokefree car laws. Similarly, research could explore the similarities and differences with legislation to ban the use of mobile phones while driving (which has occurred in many developed countries).

As in all case studies, the findings here are partly limited to the time and setting. However, while the context for particular interventions may change rapidly over time and different settings will have different balances between child protection and smoker ‘rights’, this study shows some of the obstacles to and opportunities for advancing that protection in any setting where adult “privacy” is a major policy consideration.

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Declaration of Interests

Although we do not consider it a competing interest, for transparency, the authors (except for SH) have undertaken work for health sector agencies working in tobacco control.

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