A B S T R A C T

Few studies have employed a qualitative approach to better understand how both smokers and non-smokers experience and make sense of no-smoking restrictions in their daily lives. We describe qualitative research involving an examination of self-reported interpersonal interactions between smokers and non-smokers in public places regarding exposure to environmental tobacco smoke (ETS). Five focus group discussions and twenty individual in-depth interviews were conducted with smokers and non-smokers in the Metropolitan Toronto region as a complement to a quantitative survey of the adult population of Ontario. Strategies used by non-smokers in responding to ETS exposures included verbal confrontations, non-verbal cues, use of a third party, and moving away. The perceived consequences of such actions, as described by both smokers and non-smokers, are discussed, together with implications for tobacco control policy and practice.

A B R É G É

Peu d'études ont utilisé l'approche qualitative pour mieux comprendre comment les fumeurs et les non fumeurs font l'expérience – dans la vie quotidienne – des restrictions face à l'usage du tabac. Nous décrivons des recherches qualitatives qui impliquent un examen des relations interpersonnelles entre fumeurs et non fumeurs dans les endroits publics; principalement en ce qui concerne l'exposition à la fumée de tabac dans l'environnement. Cinq groupes de discussion et vingt interviews d'individus en profondeur, ont été réalisés avec des fumeurs et non fumeurs dans la région métropolitaine de Toronto, comme complément à une enquête auprès de la population adulte ontarienne. Les stratégies employées par les non fumeurs pour répondre à l'exposition à la fumée ont inclus la confrontation verbale, des signes non verbaux, l'emploi d'une tierce personne et le retrait. Les conséquences perçues de ces actions, décrites par les fumeurs et non fumeurs, sont discutées; ainsi que l'implication pour les pratiques et politiques de lutte contre le tabac.

Interactions Between Smokers and Non-Smokers in Public Places: A Qualitative Study

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The literature concerning interactions between smokers and non-smokers in public spaces is relatively small, particularly with respect to how non-smokers respond to violations of no-smoking regulations and to their own exposure to environmental tobacco smoke (ETS).¹⁻⁶ Several recent studies among non-smokers suggest that their willingness to be verbally assertive in these situations is typically far less than claimed by the tobacco industry,^{5,6} claims which are often used by the industry to argue against the need for legislative restrictions on smoking.⁷⁻⁹ Less is known about why non-smokers are reluctant to be more assertive, what other strategies are at their disposal, and how they select a course of action in any particular situation. Much of the published research has relied on survey techniques which often focus on cognitive (knowledge-attitude-belief) factors and provide fewer insights into either the context in which interactions occur, or the broader array of strategies that non-smokers deploy when faced with ETS exposure. We are unaware of any research that examines the perceptions of smokers regarding

interactions about smoking in public places, which is a unique feature of the study we are reporting on in this paper.

Qualitative research methods offer the opportunity to better understand the immediate social context of interactions between smokers and non-smokers, the experiences of confrontation (or avoidance of confrontation) as described by both smokers and non-smokers in their own words, the full array of strategies employed and the rationale for their selection, and how both parties respond to each other's actions and reactions.

We describe a qualitative research project whose mandate included an examination of self-reported interpersonal interactions between smokers and non-smokers in public places regarding exposure to ETS. The focus is primarily empirical: what smokers and non-smokers reported about how non-smokers react to exposures to ETS, and, in their experiences, the reception that these responses generated. More theoretical treatment of these issues, drawing on Goffman, Sibley, Foucault, and Bourdieu, can be found elsewhere.¹⁰⁻¹² The implications of the findings for tobacco control are also considered.

METHODOLOGY

This research investigated: (a) perceived interpersonal social pressures around smoking in public, (b) aspects of settings that make smoking more or less 'acceptable', (c) circumstances under which the likelihood of 'compliance' with restrictions or with requests to 'butt out' is compromised or enhanced, and (d) interpersonal interactions between smokers and non-smokers in public places. This qualitative research was linked to and complemented

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a province-wide telephone survey (N=1700) of smokers and non-smokers regarding smoking cessation and attitudes towards tobacco control,¹³⁻¹⁵ in that participants in the qualitative study were recruited from among those survey respondents living in the Metropolitan Toronto region who expressed willingness at the time of the survey to be contacted again as part of the same study (N=616).

Fifty-five non-smokers, former smokers and smokers (31 men and 24 women, ranging from 18 to 81 years of age) participated in five focus group discussions and twenty individual in-depth interviews in the summer of 1996 (see Table I). Focus groups were held in local libraries, and interviews were completed in the homes of study participants. This fieldwork was conducted by trained interviewers with the Institute for Social Research (ISR) at York University, under the direction of Darla Rhyne and the lead author. Interviews and focus groups were tape-recorded with the consent of participants, and transcribed by ISR. Data coding and analysis was completed by authors Stockton and Poland, with the assistance of the NUD•IST qualitative analysis software package, using procedures more fully described elsewhere.¹⁶

For the purposes of this paper, the responses of former smokers and never smokers were combined under the label 'non-smokers', except for specific examples of confrontation described by former smokers as having occurred when they were still smokers. Given the small sample size and tentative nature of the conclusions, results are reported using terms such as 'a few', 'several', 'many', and 'most', rather than the potentially misleading precision of exact numbers.

RESULTS

With respect to those aspects of the study which addressed interactions between smokers and non-smokers in public spaces, we were particularly interested in interactions initiated by non-smokers in response to discomfort with ETS or violations of no-smoking restrictions. Smokers were asked to describe incidents in which they had been approached in public about their smoking. Non-smokers were asked to describe inci-

Smoking Status	TABLE I					
	Ontario Survey		Metropolitan Toronto Region			
	Respondents n	(%)	Respondents Eligible n	%	Focus Group Participants	Individual Interviews
Non-smoker	903	(51)	349	(57)	14 (2 grps)	6
Former smoker	436	(25)	130	(21)	7 (1 grp)	4
Smoker	424	(24)	137	(22)	14 (2 grps)	10
Totals	1764	(100)	616	(100)	35 (5 grps)	20

dents in which they had attempted, either verbally or non-verbally, to let a smoker know that they were bothered by ETS. Our data indicate that when faced with ETS exposure, non-smokers believe they have available a number of escalating options with respect to risk of overt confrontation: do nothing ('grin and bear it'), move away, appeal to third party, non-verbal cues, and directly approach the smoker.

From the survey response data for the Metro Toronto sample (weighted frequencies; N=699) that was the sampling frame for the qualitative research, we can report that 52% of never smokers and 40% of former smokers said that they would find it 'somewhat difficult' or 'very difficult' to ask someone not to smoke in a non-smoking area; and that 41% of never smokers and 50% of former smokers said they would be 'somewhat unlikely' or 'very unlikely' to use non-verbal cues to signal that they are bothered by the ETS from someone smoking in a non-smoking area of a public place.

With reference to the qualitative data, and examining the testimony of non-smokers in particular, our data suggest that whether a non-smoker approaches a smoker or uses another strategy may be related to the following contextual factors: (a) being bothered by the smoke; (b) perceived 'rights' in the space in question (e.g., type of place – open air concert vs. food court in shopping mall; signage indicating restrictions); (c) anticipated length of exposure time (e.g., was the person about to leave, or just sat down?); (d) desire to avoid confrontation; (e) perception of how likely the smoker is to comply (e.g., how approachable s/he seems; whether alone or in a group); and (f) other contextual factors such as the non-smoker's mood at the time, whether the smoker is a friend or a stranger, previous experiences approaching smokers, and so on.

Non-smokers reportedly used a variety of approaches when directly confronting smokers about ETS exposure. Some made explicit reference to (real, or sometimes fictitious) health problems that could be aggravated by ETS, or the presence of young children, to help legitimize their claims to smoke-free space. Some pointed to the presence of no-smoking signs and/or reminded the person that smoking was not permitted and that there was a fine for violations. Several smokers even reported persons physically removing the cigarette from their mouths, or being told that smoking was not good for them. Other requests were more conciliatory or, in the words of many respondents, "polite". Although some respondents could not resist telling their most 'colourful' stories involving impoliteness on the part of both themselves and others, when asked how ideally one might most appropriately approach smokers about ETS concerns, most respondents indicated that a 'polite' approach would yield the most positive results. Among the many suggested wordings for verbal requests to smokers, both smokers and non-smokers recommended indicating that the smoke was bothering them and politely asking if the smoker would mind refraining from smoking in their presence, moving away, waiting a while to smoke, turning the ashtray the other way, or otherwise redirecting the smoke away from the non-smoker. Recommended wordings such as "I'm affected by that, is there any way that you can accommodate me?" suggest that 'polite' requests are ones which avoid the angry, hostile, righteous and accusatory tone that some smokers in our sample reported feeling/being the brunt of. The level of displeasure and anger sometimes required for non-smokers to overcome their reluctance to approach strangers about their behaviour in public places (a

reluctance grounded in unwritten social norms about conduct in public places^{10,17}) may explain a certain amount of perceived hostility on the part of non-smokers. Nonetheless, it was suggested that a confrontational tone frequently invites less than enthusiastically polite responses from smokers. Indeed, some smokers report being taken aback by the nature of the personal affront as well as what is implied about their own intentions, particularly in cases where they were not aware of applicable restrictions or of the presence of non-smokers who might be offended.

Both smokers and non-smokers perceived that non-smokers are currently more willing to approach smokers than they were five years ago. Several smokers indicated they felt non-smokers have become more aggressive and outspoken about smoking, and some even said they no longer felt comfortable smoking in public at all. Almost all non-smokers in our sample reported feeling more comfortable about approaching smokers, for any of the following reasons: (a) stricter regulations that limit smoking; (b) decreased social acceptability of smoking; (c) increased awareness of the health risks of smoking and ETS; and (d) changes in their own personal life (e.g., having children). Interestingly, one smoker in our sample perceived an increase in incidents in which non-smokers responded to other non-smokers in defence of smokers. Non-smokers disagreed as to whether smokers were becoming more defensive and resistant when approached by non-smokers, or more likely to comply with requests. This may reflect real polarization among smokers.

Non-smokers also report appealing to a third party rather than approaching the smoker(s) directly, in the following situations: after approaching a smoker directly and being ignored or rebuffed; when not able or willing to move away themselves (e.g., in a queue, or when seats at a restaurant were not available elsewhere); when there was an accessible third party available (e.g., in a restaurant, frequently the waiter/waitress or manager); and when they didn't feel it was appropriate or they were not willing to approach the smoker directly themselves (would just as soon avoid direct

confrontation). Some non-smokers reported appealing to a third party whenever possible because they didn't feel it was 'their job' to enforce compliance with smoking regulations.

Non-smokers also used non-verbal cues to 'get the message across' while avoiding a direct confrontation with the smoker. Non-verbal cues cited by (smoking and non-smoking) respondents included intentionally loud coughing, sneezing or clearing of the throat, fanning or blowing smoke away, 'dirty looks' directed at the smoker, loud comments to self/friends (meant to be overheard by the smoker), opening windows, using an inhaler (whether actually needed or not), holding one's nose, or recoiling from the smoke. Despite a certain amount of enthusiasm for non-verbal cues among non-smokers, smokers in our sample were more likely to perceive such overtures as annoying, obnoxious and cowardly. Several smokers admitted to having, on several occasions, heard and understood the non-verbal cue, but chosen to pretend not to have (i.e., they ignore it), particularly in cases where such cues were perceived as 'rude'. In general, this would appear to place the non-smoker in the awkward position of having to 'up the ante' with more unambiguous non-verbal cues or a direct confrontation, or 'letting it go' and saving face by perhaps also pretending that the cue was, for example, a genuine cough and not a 'cue' at all.

In cases where (a) the offended party suspects that the smoker will not be receptive to a direct verbal request or to non-verbal cues, (b) a third party is not available, (c) more direct approaches have failed, or (d) the desire to avoid confrontation outweighs the inconvenience of moving, then the non-smoker may elect to move away. This may be particularly likely if the smoker was there first ('squatter's rights') and the legal status of smoking in that place is ambiguous (absence of no-smoking signage).

DISCUSSION

While the size of our sample is reasonable compared to other qualitative research studies, and we have provided some descriptive data from the larger survey that

sheds light on the population distribution of dispositions of non-smokers towards taking action on smoking in public places, the qualitative sample is small by epidemiological standards, and the analysis is largely descriptive in nature. As such, the findings of the qualitative study reported in this paper should be regarded as tentative, and the conclusions as hypotheses in need of further validation in a larger representative sample of smokers and non-smokers. Nonetheless, some speculation about potential implications for tobacco control policy and practice is warranted.

Respondents in our qualitative study indicated that a variety of responses to exposure to ETS are used by non-smokers. Some of these strategies (direct verbal request, non-verbal cues, appealing to a third party) involve making an appeal (directly or indirectly) to the smoker, whereas others (moving away) do not. While the latter may be of less interest to some tobacco control advocates who would prefer non-smokers to be more vocal and assertive when faced with ETS exposure, they nonetheless constitute viable harm reduction strategies for reducing individual exposure and should not be dismissed as insignificant. Educational or other measures might be taken to encourage the use of third parties in cases where non-smokers would be reluctant to approach smokers directly, but this could also have the unintended effect of disempowering some non-smokers who are prepared to act on their own behalf, by making them feel they have less or no right to do so.

Our data suggest that current no-smoking signage plays a vital supportive role in helping non-smokers feel more comfortable about making requests; as well as helping smokers avoid aggravating others by removing ambiguity about where smoking is and is not permitted. Rather than obviating the need for no-smoking restrictions (as claimed by the tobacco industry), our data suggest that informal social interaction between smokers and non-smokers in the community is enhanced by regulation, including signage. Notwithstanding, our experience in this study and in previous studies¹⁸ is that the majority of smokers report that they (and smokers in general)

willingly take steps to avoid imposing on – or risking confrontations with – non-smokers, although the efficacy of some of these measures may be called into question. Findings from the survey component of this study¹⁹ and from previous surveys in Ontario^{20,21} indicate that the vast majority of smokers predict that they personally would comply with more restrictions on smoking.

The importance of saving face in interpersonal interactions in public should be underscored. The extent to which non-smokers approach smokers about their smoking in public places, and the way in which these interactions unfold (including their resolution with respect to 'compliance' with requests) is, we suggest, the result of an often unpredictable mix of social imperatives that may be highly emotional in content and have important practical implications in terms of maintaining public perceptions of one's social competence. Saving face, showing consideration, not 'coming undone' or 'making a scene', appearing 'reasonable', are among the many social 'imperatives' that come into play in the midst of social interactions in public space among relative strangers. Too often, cognitive models of non-smoker assertiveness, with their assumptions about the primacy of rationality and orientation to (physical) health, fail to account for the complexity and impact of these contextual social factors. A more detailed investigation of how these implicit rules of conduct can alternatively empower or disempower non-smokers from asserting themselves about ETS exposures in public places seems warranted as part of future qualitative and survey-based research in this area. Observational studies of naturally occurring

interactions in public places would also yield valuable information, though it is not clear whether interactions of interest occur with sufficient frequency to warrant such an approach.

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