SMOKE-FREE POLICY IN A PRO-TOBACCO CULTURE

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Purpose: The purpose of this paper is to critically analyze the health policy process involved in the enactment of a smoke-free indoor air ordinance in Lexington, Kentucky, using the Multiple Streams framework. Advocacy strategies, legal challenges, and enforcement issues pertaining to Kentucky's first smoke-free law will be discussed. Secondhand smoke (SHS) exposure poses a considerable health hazard to both hospitality workers and customers. In response to the increasing evidence of the harmful effects of SHS, a number of states and localities have implemented clean indoor air ordinances as a measure to protect hospitality workers and the public. On July 1, 2003, the Lexington Fayette Urban County Council (LFUCC) voted 11-3 in favor of banning smoking in most public places including restaurants and bars. Kentucky is a leading burley tobacco producing state with traditionally weak tobacco control laws.
Method: The Multiple Streams (MS) framework provided a guide to analyze the formation of a policy issue, the development of policy alternatives to the issue, and the political processes involved in policy development. A community health assessment, public opinion poll, and air quality assessment of bars and restaurants were used to determine policy indicators supporting the need for a smoke-free law. Advocacy coalitions and media partnerships were formed to support the policy. A dissemination research plan was implemented to educate policymakers and the public during the two and one-half year smoke-free initiative.
Findings: Proponents of the ordinance mobilized grassroots support and provided sufficient scientific evidence to demonstrate the importance of a comprehensive smoke-free law. After the law was passed, the majority (87%) of Lexington-Fayette County adults intended to visit restaurants and other public places either more often or about as often as usual when the smoke-free law was implemented. Prior to implementation of the law, air quality measurements in 10 hospitality and entertainment venues revealed very high levels of respirable particulates. A hospitality industry association was newly formed to oppose the smoke-free law, providing a challenge at all phases of the initiative. The tobacco industry and its front groups were successful in delaying the enactment of the law by legally challenging the ordinance. The law was eventually implemented on April 27, 2004.
Discussion: The success of smoke-free laws is based on a number of factors: the dissemination of scientific evidence to make a case for health policy change, the collaboration of stakeholders and advocacy groups to reinforce the need for change, and the use of advocacy tools to mobility and educate the public. Smoke-free laws are necessary to protect the health of hospitality workers and the general public from the effects of secondhand smoke. These laws change social norms and attitudes toward smoking which, in turn, reduce initiation and promote smoking cessation.