



Published in final edited form as:

Soc Work Public Health. 2009 September ; 24(5): 446–453. doi:10.1080/19371910802678715.

Smoking and Attitudes on Smoke-Free Air Laws Among Club-Going Young Adults

Brian C. Kelly,

Purdue University, West Lafayette, Indiana, USA, and Center for HIV Educational Studies & Training, New York, New York, USA

Jonathan D. Weiser, and

Center for HIV Educational Studies & Training, New York, New York, USA

Jeffrey T. Parsons

Center for HIV Educational Studies & Training, New York, New York, USA, Graduate Center, City University of New York, New York, New York, USA, and Hunter College, City University of New York, New York, New York, USA

Abstract

This report assesses smoking rates and support for indoor smoking bans among club-going young adults in New York City. Nearly half of the sample were smokers. Gay, lesbian, and bisexual young adults were more likely to smoke than were heterosexual participants. No differences in smoking rates were found between sexes or between Whites and non-Whites. Support for the smoking ban exists among young adults (68.6%). This is universal, as no differences in support for the ban were found by sex, race, or sexual identity. Smokers supported the ban (57.8%) less than nonsmokers did (77.3%). Yet, it remains notable that a majority support the smoking ban among smokers.

Keywords

Smoking; young adults; smoke-free air; tobacco policy

INTRODUCTION

Smoke-free air legislation, known colloquially as public smoking bans, has been enacted in many municipalities, states, and countries over the past decade. These laws prohibit smoking in indoor areas where individuals work, except for types of establishments with exemptions, such as tobacco bars, which typically must be registered as such. New York City implemented its own Smoke-Free Air Act on March 30, 2003, which restricted smoking inside many public places, most notably restaurants, bars, and clubs. This legislation raised a popular debate about

Copyright © Taylor & Francis Group, LLC

Address correspondence to Jeffrey T. Parsons, PhD, Professor, Department of Psychology, Hunter College of the City University of New York, 695 Park Avenue, New York, New York 10021. jeffrey.parsons@hunter.cuny.edu.

Publisher's Disclaimer: Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

the prohibition of smoking in commercial establishments, particularly among young adults who represent the majority of those patronizing nightclubs in New York City.

Young adulthood (18–29 years) remains a critical period in the trajectory of smoking behaviors given that smoking peaks during these years. Rates of past-month cigarette use remain highest during this period of the lifecourse (Substance Abuse and Mental Health Services Administration, 2005). Young adults are more likely to smoke, daily or otherwise, than either teenagers or older adults (Hammond, 2005). Though many individuals initiate smoking during their teenage years, regular patterns of smoking generally develop during young adulthood (Lantz, 2003). Social smoking is also most common during this period of the lifecourse (Hammond, 2005; Moran, Wechsler, & Rigotti, 2004). This period of life remains so important in the trajectory of smoking careers that the tobacco industry targets young adults as key consumers (Ling & Glantz, 2002).

Studies have shown the importance of context to smoking among youth and young adults (Frolich, Potvin, Chabot, & Corin, 2002; Flay & Clayton, 2003). Dance club settings provide a context that functions to bring together young adults for dancing and socializing, at times facilitated by the consumption of licit and illicit substances. The combination of tobacco and alcohol is common in these scenes (Horn et al., 2000; Orlando, Tucker, Ellickson, & Klein, 2005). In these environments, young adults socialize with friends, meet new people, and attract potential sex partners. Clubs are an important location for young adults to cultivate their social networks. Notably, peer influences have been identified as major factors that shape smoking behaviors (Kobus, 2003). Indeed, nightlife venues often socially trigger smoking (Trotter, Wakefield, & Borland, 2002). Nightlife locations also have been utilized by the tobacco industry to target young adults during this critical period of their lives (Katz & Lavack, 2002; Gilpin, White, & Pierce, 2005; Rigotti, Moran, & Wechsler, 2005). Such issues make nightclubs key settings for the development of smoking behaviors as well as the transmission of health promotion messages.

Despite the intersection of nightlife establishments and smoking among youth and young adults, smoking bans have become increasingly prevalent in the United States and restrict young adults' abilities to smoke in nightclubs. Studies have demonstrated that such smoking bans have been successful in decreasing exposure to secondhand smoke (Siegel, Albers, Cheng, Biener, & Rigotti, 2004; Sargent, Shepard, & Glantz, 2004) and reducing frequency of smoking in smokers (Fichtenberg & Glantz, 2002) and that they have not yet been responsible for a loss of commercial revenue (Huang, De, & McCusker, 2004). Although smoking bans are currently more prevalent in workplaces and restaurants than in bars, as of October, 2005, eight states and 71 municipalities—representing 25.9% of the U.S. population—require bars to be smoke-free (American Nonsmokers' Rights Foundation, 2006).

A wide body of research has demonstrated public support for smoking bans in various municipalities in the United States (Biener & Siegel, 1997; Tang et al., 2003; Torabi & Seo, 2004). These studies have found nonsmokers, women, younger individuals, and less frequent bar patrons to be more likely to favor a ban than their counterparts (Tang et al., 2003; Torabi & Seo, 2004). A longitudinal study assessing attitudes toward the smoking ban in California demonstrated how approval ratings of the smoking ban increased over time, suggesting a process of normalization (Tang et al., 2003). High levels of compliance with these laws have been found (Skeer, Land, Cheng, & Siegel, 2004).

Despite evidence of widespread compliance, questions remain as to how the smoking ban is perceived by young adults who patronize New York City clubs. Such attitudes may affect not only compliance but also the extent to which the secondary health benefits of smoke-free air legislation are achieved. This brief report describes the results of a survey that explored the

prevalence of smoking among club-going young adults and their attitudes toward the New York City ban on smoking in bars and clubs. We also explored whether support for the ban varied among young adults of differing sociodemographic backgrounds.

METHODS

Participants and Procedure

As part of a larger study of health issues among young adults involved in club scenes, a time-space sampling methodology was used to systematically generate a sample of 618 club-going adults from December 2004 through February 2005. Our use of time-space sampling aimed to address issues around generalizability; the data are more representative than convenience samples given the methodology's randomization procedures (MacKellar, Valleroy, Karon, Lemp, & Janssen, 1996; Muhib et al., 2001; Steuve, O'Donnell, Duran, San Doval, & Blome, 2001).

To implement the time-space sampling methodology, we used a random-digit generator to sample venues from a list of enumerated dance clubs in Manhattan for random nights of the week. Within this larger sampling effort, field staff randomly approached club patrons (e.g., every fifth person to cross a particular point) during 3-hour shifts selected with random start times (ranging from 9 p.m. to 3 a.m.). Thus, three levels of randomization were employed: time (date and time), space (the venue), and individual. Each randomly selected participant was asked to complete a brief survey that lasted less than 5 minutes, for which they received no compensation. If the patron consented, trained staff members administered the brief surveys. If the patron refused, field staff noted their refusal and documented their estimated age, sex, and ethnicity. We oversampled gay and lesbian venues to achieve sufficient numbers for a fuller analysis.

Measures

The survey assessed basic demographic information, including age, race/ethnicity, sex, sexual orientation, and area of residence. To assess smoking behaviors, participants were asked, "Do you smoke?" To assess support for the smoking ban, they were asked, "Do you approve of the New York City smoking ban?" Responses were dichotomized as "yes" or "no."

Statistical Analysis

Prevalence estimates were computed using SPSS. Chi-square analyses were conducted to examine the differences in rates of smoking and support for the smoking ban among respondents between groups defined by sex, sexual orientation, race/ethnicity, and smoking status.

RESULTS

The participants ranged in age from 18 to 29 years, with a mean age of 23.9 ($SD = 2.99$). As noted in Table 1, the sample was 52.6% female and 47.4% male, and 48.5% self-identified as heterosexual and 51.1% as gay, lesbian, or bisexual (GLB). Slightly more than half of the sample (55.8%) was White, followed by Latino (17.3%), Black (9.3%), and Asian (6.0%). On average, study participants went out to club settings slightly more than once per week (57.4 times per year). Slightly less than half of the sample (44.5%) were smokers. More than two-thirds of the overall sample (68.6%) supported the smoking ban.

No significant differences were found in rates of smoking between men and women in the sample. However, GLB young adults (49.4%) were significantly more likely to smoke than were heterosexuals (39.4%). No differences were found between White and non-White young

adults. However, young adults of “mixed” or “other” heritage were significantly more likely to smoke than their Latino or Black peers. No other significant differences were found by race or ethnicity. No significant differences between young adults of varying sexes, sexual orientations, or race/ethnicities were found in the high rates of support for the smoking ban. However, nonsmokers were significantly more likely to support the ban (77.4%) than were smokers (57.8%). Nonetheless, a majority of smokers supported the smoking ban.

DISCUSSION

Club-going young adults smoke at high rates. As such, they remain a key population for prevention and intervention efforts. As highlighted by the implementation of smoke-free air laws, these efforts should occur at both the individual level, in the form of health outreach directed at individuals and social marketing campaigns, as well as at the policy level, through legislation that further supports the inroads made with smoke-free air laws.

As had been found in other studies, GLB young adults smoke at higher rates than their heterosexual counterparts (Stall, Greenwood, Acree, Paul, & Coates, 1999). Few other differences were found in the smoking behaviors of young adults who go to nightclubs. Encompassing intervention and prevention programs should be developed and implemented widely in club subcultures. Yet, at the same time, these data suggest that such programs should be sensitive to the concerns of GLB youth, and efforts specifically targeting this community should be strongly considered by municipal departments of health. Nonetheless, as a whole, these interventions should work toward integrating health promotion activities with the norms and attitudes within club subcultures.

Wide support for the indoor smoking ban exists, even finding favor among a majority of smokers in this population. Furthermore, young adults of various sex, racial, and sexual identities did not differ with respect to support for the smoking ban. These data suggest that acceptance of the Smoke-Free Air Act has reached all segments of this young adult population. It is important to build upon the positive developments related to smoke-free air legislation. The strong support for the Smoke-Free Air Act in New York City suggests that such legislation can be enacted widely throughout the country and will be supported by young adults who participate in club subcultures.

That club-going young adults in New York City support the recently implemented smoking ban is also noteworthy in relation to their perceptions of smoking within the subcultural context. Support for the smoking ban may be indicative that smoking at nightclubs is denormalizing: the process by which a once normative behavior loses its characteristic operation in that social scene. Such denormalization is noteworthy in that as smoking in clubs disappears it may stimulate a decline in smoking behaviors among this population. Restrictions on smoking in places where young people hang out have been shown to reduce smoking (Wakefield et al., 2000). Not only may creating a smoke-free environment encourage smokers to quit or reduce consumption but it may also both prevent social smoking among nonsmokers—a crucial point for intervention—and reduce relapse among ex-smokers (Lantz, 2003; Fichtenberg & Glantz, 2002; Wilson, Thomson, Grigg, & Afzal, 2005). Other research suggests that young adults in particular may be more likely to quit smoking if smoke-free air legislation is implemented (Trotter et al., 2002). Thus, such legislation may have both the effects of primary prevention as well as intervention among this population. Ultimately, smoking bans may transform clubs from sites favored by the tobacco industry to environments that support health promotion efforts to reverse trends in young adult smoking.

In the long run, implementing policies aimed at smoke-free environments in public places may reduce morbidity and mortality associated with smoking by thousands of cases each year

(Lewis, Arnott, Godfrey, & Britton, 2005). This is of particular relevance to youth and young adults, who have not fully developed patterns of addictive habitual use. In this regard, smoke-free air policies may be viewed as a direct means of intervening with youth. As smoke-free air policies gain global favor, the burden of tobacco-related illnesses will decline. That these policies find widespread favor among younger generations provides great hope for future health promotion efforts.

Acknowledgments

The Club Drugs and Health Project was supported by a grant from the National Institute on Drug Abuse (R01 DA014925, Jeffrey T. Parsons, PI). The authors acknowledge the contributions of other members of the Club Drugs and Health Project team: Michael Adams, Anthony Bamonte, Jessica Colon, Armando Fuentes, Christian Grov, Juline Koken, Julia Tomassilli, and Brooke Wells.

REFERENCES

- American Nonsmokers' Rights Foundation. States, commonwealths, and municipalities with 100% smokefree laws in workplaces, restaurants, or bars. 2006 [Retrieved January 2, 2006]. from <http://www.no-smoke.org/pdf/100ordlist.pdf>
- Biener L, Siegel M. Behavior intention of the public after bans on smoking in restaurants and bars. *American Journal of Public Health* 1997;87:2042–2044. [PubMed: 9431301]
- Fichtenberg CM, Glantz SA. Effect of smoke-free workplaces on smoking behavior: Systematic review. *British Medical Journal* 2002;325:188–194. [PubMed: 12142305]
- Flay B, Clayton RR. Contexts and adolescent tobacco use trajectories. *Addiction* 2003;98:iii–iv. [PubMed: 14984236]
- Frolich KL, Potvin L, Chabot P, Corin E. A theoretical and empirical analysis of context: Neighbourhoods, smoking, and youth. *Social Science & Medicine* 2002;54:1401–1417. [PubMed: 12058856]
- Gilpin EA, White VM, Pierce JP. How effective are tobacco industry bar and club marketing efforts in reaching young adults? *Tobacco Control* 2005;10:186–192. [PubMed: 15923469]
- Hammond D. Smoking behavior among young adults: Beyond youth prevention. *Tobacco Control* 2005;14:181–185. [PubMed: 15923468]
- Horn K, Gao X, Williams J, Helmkamp J, Furbie M, Manley W. Conjoint smoking and drinking: A case for dual-substance intervention among young emergency department patients. *Academic Emergency Medicine* 2000;7:1126–1134. [PubMed: 11015244]
- Huang P, De AK, McCusker ME. Impact of smoking ban on restaurant and bar revenues—El Paso, Texas, 2002. *Morbidity and Mortality Weekly Report* 2004;53:150–152.
- Katz SK, Lavack AM. Tobacco related bar promotions: Insights from tobacco industry documents. *Tobacco Control* 2002;11:i92–i101. [PubMed: 11893819]
- Kobus K. Peers and adolescent smoking. *Addiction* 2003;98:37–55. [PubMed: 12752361]
- Lantz PM. Smoking on the rise among young adults: Implications for research and policy. *Tobacco Control* 2003;12:i60–i70. [PubMed: 12773786]
- Lewis S, Arnott D, Godfrey C, Britton J. Public health measures to reduce smoking prevalence in the UK: How many lives could be saved? *Tobacco Control* 2005;14:251–254. [PubMed: 16046688]
- Ling PM, Glantz SA. Why and how the tobacco industry sells cigarettes to young adults: Evidence from industry documents. *American Journal of Public Health* 2002;92:908–916. [PubMed: 12036776]
- MacKellar DA, Valleroy L, Karon J, Lemp G, Janssen R. The Young Men's Survey: Methods for estimating HIV seroprevalence and risk factors among young men who have sex with men. *Public Health Reports* 1996;111:138–144. [PubMed: 8862170]
- Moran S, Wechsler H, Rigotti NA. Social smoking among US college students. *Pediatrics* 2004;114:1028–1034. [PubMed: 15466101]
- Muhib FB, Lin LS, Steuve A, Miller RL, Ford WL, Johnson WD, et al. A venue-based method for sampling hard-to-reach populations. *Public Health Reports* 2001;116:216–222. [PubMed: 11889287]

- Orlando M, Tucker JS, Ellickson PL, Klein DJ. Concurrent use of alcohol and cigarettes from adolescence to young adulthood: An examination Smoking and Attitudes on Smoke-Free Air Laws 453 of developmental trajectories and outcomes. *Substance Use & Misuse* 2005;40:1051–1069. [PubMed: 16040368]
- Rigotti NA, Moran SE, Wechsler H. US college students' exposure to tobacco promotions: Prevalence and associations with tobacco use. *American Journal of Public Health* 2005;95:138–144. [PubMed: 15623874]
- Sargent RP, Shepard RM, Glantz SA. Reduced incidence of admissions for myocardial infarction associated with public smoking ban: Before and after the study. *British Medical Journal* 2004;328:977–980. [PubMed: 15066887]
- Siegel M, Albers AB, Cheng DM, Biener L, Rigotti NA. Effect of local restaurant smoking regulations on environmental tobacco smoke exposure among youths. *American Journal of Public Health* 2004;94:321–325. [PubMed: 14759949]
- Skeer M, Land ML, Cheng DM, Siegel B. Smoking in Boston bars before and after a 100% smoke-free regulation: An assessment of early compliance. *Journal of Public Health Management Practice* 2004;10:501–507.
- Stall RD, Greenwood GL, Acree M, Paul J, Coates TJ. Cigarette smoking among gay and bisexual men. *American Journal of Public Health* 1999;89:1875–1878. [PubMed: 10589323]
- Steue A, O'Donnell LN, Duran R, San Doval A, Blome J. Time-space sampling in minority communities: Results with young Latino men who have sex with men. *American Journal of Public Health* 2001;91:922–926. [PubMed: 11392935]
- Substance Abuse and Mental Health Services Administration. Results from the 2004 National Survey on Drug Use and Health: National Findings. Rockville, MD: Office of Applied Studies; 2005. (NSDUH Series H-28, DHHS Publication No. SMA 05-4062)
- Tang H, Cowling DW, Lloyd JC, Rogers T, Koumjian KL, Stevens CM, et al. Changes of attitudes and patronage behaviors in response to a smoke-free bar law. *American Journal of Public Health* 2003;93:611–617. [PubMed: 12660206]
- Torabi MR, Seo D. Sociodemographic correlates of public perceptions regarding a smoking ban in bars and restaurants. *Journal of Drug Education* 2004;34:335–350. [PubMed: 16117247]
- Trotter L, Wakefield M, Borland R. Socially cued smoking in bars nightclubs and gaming venues: A case for introducing smoke-free policies. *Tobacco Control* 2002;11:300–304. [PubMed: 12432155]
- Wakefield MA, Chaloupka FJ, Kaufman NJ, Orleans CT, Barker DC, Ruel EE. Effect of restrictions on smoking at home, at schools, and in public places on teenage smoking: A cross sectional study. *British Medical Journal* 2000;321:333–337. [PubMed: 10926588]
- Wilson N, Thomson G, Grigg M, Afzal R. New smoke-free environments legislation stimulates calls to a national Quitline. *Tobacco Control* 2005;14:287–288. [PubMed: 16046694]

TABLE 1
Smoking Rates and Support for the Smoking Ban Among Club-Going Young Adults

	<i>n</i>	Sample %	Smoking rate	Favor ban
Sex				
Male	293	47.4%	42.3%	66.2%
Female	325	52.6%	46.5%	70.8%
Sexuality				
Heterosexual	302	48.9%	39.4%	68.9%
Gay/bisexual	316	51.1%	49.4% [*]	68.4%
Race				
White	345	55.8%	45.8%	67.8%
Black	57	9.2%	35.1%	75.4%
Latino	107	17.3%	40.2%	64.5%
Asian/Pacific Islander	37	6.0%	37.8%	78.4%
Mixed/other	70	11.3%	55.7% ^{*1}	68.6%
Smoking status				
Smoker	275	44.5%	—	57.8%
Nonsmoker	343	55.5%	—	77.3% ^{***}
Smoking ban				
Favor	424	68.6%		
Oppose	194	31.4%		

Note. Significant difference only from Black and Latino young adults.

* $p \leq .05$

*** $p \leq .001$.