

Experience of Smokers and Recent Quitters with Smokefree Regulations and Quitting

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Background: Bans on smoking in public areas have increased as knowledge of secondhand smoke dangers has grown. Restrictions on smoking in public areas may lead to less smoking and increased quitting.

Purpose: This study examines the experiences of smokers and recent quitters with local smokefree regulations to better understand the possible mechanisms by which smokefree regulations affect individual tobacco users' patterns of tobacco consumption and quitting.

Methods: Fifteen in-depth interviews and thirteen focus groups were conducted with tobacco users and recent quitters formerly enrolled in cessation programs provided by ClearWay MinnesotaSM. Data were collected 3 months after smokefree legislation was adopted in the Minneapolis/St. Paul metropolitan area in 2006, and were stratified by tobacco use status and strength of regulation. Essential themes were extracted using NVivo 8 software in 2011.

Results: Study participants reported that smokefree legislation forced them to confront their addiction. They experienced apprehension, frustration, and panic anticipating smoking restrictions. This motivated some to attempt to quit, whereas others felt punished by and angry at government intrusion. Both current and former tobacco users felt smokefree regulations contributed to stigmatizing smokers. They also reported smokefree legislation reduced the temptation to smoke. The physical absence of cigarette smoke in bars and restaurants appeared to support quit attempts. The inconvenience of smoking outside was reported to have a similar effect.

Conclusions: Essential mechanisms by which bans influenced patterns of tobacco use and quitting include confronting addiction, temptation, inconvenience, and social norms. These findings highlight the success of tobacco control advocates in denormalizing tobacco use, and suggest that some tobacco users may be internalizing negative messages about tobacco.

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Introduction

Restrictions on smoking in public areas have increased as awareness of the dangers of secondhand smoke (SHS) exposure has grown.¹ The presence of smokefree regulations influences residents' perception that smoking is less acceptable^{2–4} and bolsters support for public smoking bans.^{4–6} In addition, smok-

ing bans have been associated with reduced smoking and increased quitting in some studies,^{7–9} although this observation has not been found consistently in systematic reviews.^{10,11}

Although increased social unacceptability of smoking may be one mechanism by which smokefree legislation affect tobacco consumption, there are other possible mechanisms, such as reducing the temptation to smoke,¹² that are less well understood. Given that existing research is mixed regarding the effect of smokefree legislation on tobacco consumption and quitting, a more complete understanding of the full range of the specific mechanisms that may influence the possible relationship between smokefree regulations and tobacco consumption may be helpful.

The study purpose was to explore possible mechanisms through which smokefree regulations may affect

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individuals' patterns of tobacco use and quitting. Using qualitative methods, the present study examined the experiences of smokers and recent quitters regarding local smokefree regulations in order to understand how and why local smokefree regulations affected their tobacco use and quitting behaviors, if at all.

Methods

Data were collected as part of an evaluation conducted for ClearWay MinnesotaSM by an external evaluator, Professional Data Analysts, Inc. ClearWay MinnesotaSM is an independent, non-profit organization that funds QUITPLAN[®] Services, a suite of free tobacco cessation services to help Minnesotans quit tobacco use.

In-depth interviews were conducted to develop a rich understanding of smokers' and recent quitters' lived experience of bans. Focus groups were conducted independently to generate information from more individuals, allowing consensus of focus group topics to be assessed.

Focus groups were conducted first, as they were more difficult to schedule. They were conducted according to methods outlined by Krueger and Casey¹³ and lasted 2 hours each. Interviews were conducted according to methods outlined by Giorgi¹⁴ and lasted 1–2 hours. Focus groups and interviews asked about similar constructs including participants' experience with the QUITPLAN Service, their experience quitting, and their experience of the smokefree regulations, but specific questions were asked according to each method's conventions; Table 1 provides constructs and sample items. Consistent focus group implementation was ensured by extensive training.

Participants were selected from 646 smokers and recent quitters who responded to QUITPLAN services' 6- and 18-month telephone follow-up surveys. Respondents were assessed on eligibility criteria, which included consenting to participate in a focus group or interview in the future at the 18-month follow-up survey, living in the seven-county Minneapolis/St. Paul metropolitan area, and frequenting bars or restaurants at least monthly (*n*=166). Eligibility was confirmed during the recruitment process.

A stratified purposeful sample was recruited from eligible participants for the focus groups first because more focus group participants were required and traveling to a focus group was more burdensome than a telephone interview. An advance letter was sent, followed by a telephone call. Participants were recruited to attend groups stratified by smoking status (smokers and recent quitters) and regulation condition (full ban including bars and restaurants, partial ban including restaurants only, and no ban) in a fully crossed design (at least two focus groups for each smoking status–regulation combination). The regulation condition for each participant was determined by mapping address to city/county. Potential participants were asked to complete an interview if they declined to participate in a focus group; they were sampled purposefully to stratify on the same dimensions as the focus groups. A total of 35 subjects declined to participate in a focus group or interview. No participant completed both a focus group and interview. An incentive of \$40 was provided to participants who completed a focus group or interview.

Focus groups and interviews were conducted in early 2006, some 3 months after the last local smokefree regulations were instituted when local regulations would be most salient in Minnesota but well

Table 1. Interview and focus group content areas and sample items

Content area	Sample items
Experience with QUITPLAN services	1. Just to start, what QUITPLAN program did you use?
	2. What worked for you about that program?
	How much of the program did you use?
Experience with quitting	3. What didn't work for you about the program?
	4. So, tell me the story of the last time you quit.
	What finally pushed you over the edge to make your decision to quit . . .
	What was your biggest struggle in quitting?
	Did you ever slip? When, what was going on?
Experience of the smoking ban	5. When you were trying to quit, what other things in your life helped you?
	Were there any factors in your home?
	Were there any factors in your work?
	Were there any factors in your city/county?
	6. You probably know that in March, Hennepin/Ramsey County instituted a ban. What has that been like for you?
General/closing	7. What's it like for you to try to quit/stay quit/smoke with the smoking ban?
	Can you think of a time when you were in a bar that prohibited smoking? What was that like?
	Can you think of a time when you were in a bar that allowed smoking? What was that like?
	8. Do you travel to different bars and restaurants for different smoking restrictions? What is that like?
	9. You probably know that there was an increase in the cigarette tax. What has that been like for you?
General/closing	10. Is there anything that helped you smoke less or helped you quit that we haven't talked about?
	11. Is there anything else about your smoking or your quit that you'd like to mention?

before the 2007 statewide comprehensive ban took effect. Data were analyzed in 2011. Figure 1 depicts the timeline of bans and qualitative data collection.

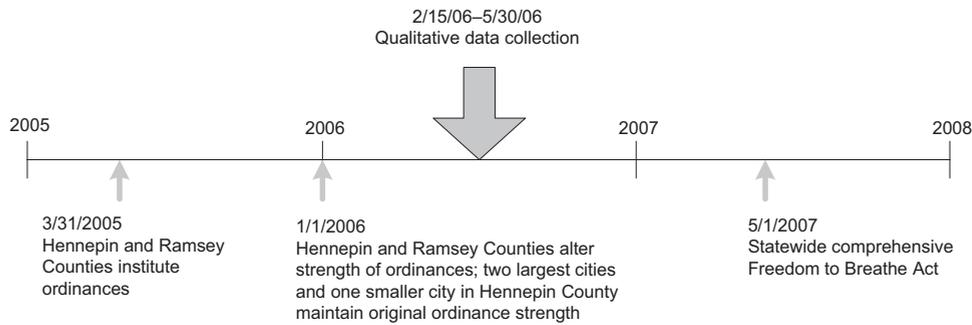


Figure 1. Timeline of smokefree regulation activities and qualitative data collection

With written consent, each interview and focus group was audio recorded and transcribed and reviewed for accuracy. The content and possible themes of the focus groups were discussed among all facilitators. Data were analyzed separately with the assistance of NVivo software version 8, which supports qualitative analysis through systematic searching of narrative texts and mechanisms for recording observations about the data and coding narrative passages. To develop an initial coding framework, the transcripts were reviewed multiple times to discern key themes and findings, and observations about the data were documented. The initial framework was revised after coding a subset of transcripts and the revised framework was then used to code the full set of transcripts. Qualitative queries were run using NVIVO software and themes were developed. This process was conducted independently for the focus groups and interviews, where interviews also were analyzed employing free imaginative variation to uncover the essential meaning of the participants' experience with bans.¹⁴ Themes from the focus groups and interviews were then combined and analyzed for convergence, divergence, and uniqueness. Combined data were explored also in relation to regulation condition. The University of Minnesota IRB reviewed and approved study protocols.

Results

Fifteen interviews were conducted. Eight participants were women and seven were men; eight were current smokers and seven were former smokers; the average age of interviewees was 45.1 years (range 32–62 years); only one participant is known to be nonwhite; and there were five participants in each of the regulation conditions: full, partial, and none.

Seventy participants attended 13 focus groups, which averaged 5 participants each. Six groups included only recent quitters, and seven groups included only current smokers. Six groups included only residents living under full bans, four groups included only partial ban residents, and three groups included only residents living under no ban. One additional focus group was conducted of recent quitters who lived under a full ban in order to reach saturation of themes. A majority of participants (59%) were women, the average age was 41.1 years

(range 22–68 years), and only four participants were known to be nonwhite.

Regarding the mechanisms by which bans may affect quitting behaviors, four essential themes emerged. The first two themes, temptation and inconvenience, are fairly straight-forward and simple. In contrast, the themes of confronting addiction

and social norms are more complex (Table 2). Each theme is described in greater detail below.

Temptation

One mechanism by which bans affect efforts to stop smoking is by reducing the temptation to smoke. Participants describe that drinking, smelling smoke, and socializing with friends are triggers to smoking (Theme I, Quotes A and B). Many respondents described that bars are a trigger (Theme I, Quote C) and that they relapsed in bars (Theme I, Quote D). Participants described that bans reduced the temptation to smoke because they separated drinking, smelling smoke, and socializing with friends in bars. This made quitting easier and prevented relapse (Theme I, Quotes E and F). In fact, several respondents reported avoiding bars in order to maintain their quit (Theme I, Quote G).

Inconvenience

A second mechanism by which participants report that bans affect smoking is the inconvenience of bans that forced them to leave in order to smoke. Participants described that it was uncomfortable to smoke outside in winter and doing so interrupted eating, drinking, and socializing (Theme II, Quote A). To avoid inconveniences, many smokers reported smoking less. It was important that they were physically comfortable (Theme II, Quote B). For a small number, the inconvenience of bans was a reason to quit. They internalized the problem, which increased their desire to quit (Theme II, Quote C). For many, it made no difference (Theme II, Quote D).

Confronting Addiction and Control

A third mechanism by which bans affected smoking was that they created situations where participants were forced to experience their cravings, confront their addiction, and recognize tobacco's control over them. Many reported disliking strongly the control cigarettes had over them, which was one reason that they chose to try to quit or stay quit (Theme III, Quote A). When they encountered bans, many

Table 2. Illustrative quotes

Quote	Text
Theme I: Temptation	
A & B	It was really difficult for me when I was in a social drinking situation and everybody around me was smoking . . . the whole mental thing of of, oh, I am having a cocktail so now I am going to have a cigarette . . . It was incredibly difficult to be around people smoking . . . because I want[ed] one . . . It was almost like the picture was complete—I am socializing, having a good time, having cocktails, and smoking along with everyone else. (<i>Female smoker in partial ban condition</i>)
	The smell [of cigarette smoke], that smells so good, especially after you haven't had a cigarette for a week. Boy, that smells good. That smells better than mashed potatoes and gravy. (<i>Focus group of smokers in no ban condition</i>)
C	We used to go and hang out at [a specific bar] . . . [the bar] had a lot to do with [smoking], it was the atmosphere. (<i>Male recent quitter in no ban condition</i>)
D	After I quit, part of the reason why I would start back up was because I would be around people who were smoking in bars. (<i>Focus group of recent quitters in full ban condition</i>)
E & F	I can tell you, the biggest reason why I quit was the smokefree bars . . . As soon as bars went smokefree and . . . nobody is like blowing [smoke] in your face, and I mean it is just so much easier. (<i>Focus group of recent quitters in full ban condition</i>)
	The . . . [smoking ban] makes it easier for me [to stay quit because] . . . I don't have to be tempted because I don't see as many smokers, you know, and the smell. (<i>Focus group of recent quitters in full ban condition</i>)
G	I really tried to avoid it [going to smoking bars], if I was quit, at least until I felt a little stronger. I knew that if I would go there I would smoke. (<i>Focus group of smokers in full ban condition</i>)
Theme II: Inconvenience	
A	It really bothers me when I am with friends at a meal and I have this craving to go and have a cigarette and I finally interrupt our conversation . . . and say excuse me, I will be back in a few minutes . . . It just feels uncomfortable, I feel like I am being disrespectful to them you know and it bothers me. (<i>Focus group of smokers in full ban condition</i>)
B	I noticed that when I was out I would smoke a lot less because I was too lazy to get up and go outside or interrupt the conversation. (<i>Focus group of smokers in no ban condition</i>)
C	I had to sit through the whole meal and drink wine in a nice restaurant . . . and couldn't have a smoke unless you went outside . . . it was inconvenient . . . This is ridiculous that [smoking] is controlling me so much . . . so the frustration was aimed more at me than at the proprietor of the place that I was at . . . I internalized it more—other people get angry at society and get angry at the law and get angry at whatever, but I guess I was different in that way, I always got mad at myself for [the inconvenience] being a problem. (<i>Male recent quitter in no ban condition</i>)
D	Yes, it is just a major inconvenience. It doesn't really affect you . . . [it] is a big pain in the neck . . . but as far as really motivating me to quit, I don't think it has really done that. (<i>Focus group of smokers in partial ban condition</i>)
Theme III: Confronting addiction and control	
A	One of my biggest motivations in staying quit . . . was just realizing what a mental prison smoking is and . . . how my thoughts were consumed when I was a smoker of when am I going to have my next cigarette and how much time I spent planning when I am going to smoke again. (<i>Focus group of smokers in no ban condition</i>)
B	I was tired of [cigarettes] controlling my life, I was tired of having to go out to smoke, I was tired of not being able to smoke in as many places . . . Part of the challenge [of quitting] was saying I don't like that and I'm not going to let [cigarettes] do that to me anymore (<i>Female smoker in partial ban condition</i>).
C	It is panic in a sense that your mind starts working it out: . . . “Okay, how can I overcome this now?” . . . It is . . . that way when you think about . . . a long airplane ride, for example, when you know you are going to be on that plane for 2 to 3 hours and you know you cannot do anything to accommodate yourself. (<i>Male recent quitter in partial ban condition</i>)
D & E	I think it comes back to the control thing. It's just I don't want some outside force [bans] controlling what I get to do or not get to do. (<i>Focus group of smokers in no ban condition</i>)
	I was pretty much a firm believer in I should have the will of my ways. I think that that is what America is about. I was in the Marine Corps for 13 years and fight for freedom. This is freedom, freedom of religion, speech, the whole smear. I think you have the right to smoke, whether it is right or wrong. (<i>Focus group of smokers in partial ban condition</i>)

(continued on next page)

Table 2. (continued)

Quote	Text
F	It is awfully strange because when you are flying or at work or an all-day meeting or something like that, you know you can't smoke but it doesn't bother you . . . I don't climb the walls or have withdrawal symptoms. (<i>Focus group of smokers in no ban condition</i>)
Theme IV: Social norms	
A	The societal norms right now that smoking is just bad in general, and so I think the whole culture now is anti-smoker. (<i>Focus group of recent quitters in full ban condition</i>)
B	I work for [a national association of healthcare professionals] now . . . and it's not a very smoker-friendly environment. . . They don't want . . . to see any of their staff members smoking—like . . . you are hidden, like you know it is a bad thing. (<i>Female recent quitter in full ban condition</i>)
C	It was totally acceptable, when I worked in the office at 18, everyone smoked at their desks and there were very few nonsmokers, so we were the people in the majority. So I didn't feel so bad until maybe I was probably 25 or 30 and by then . . . the whole world is starting to come out against smokers. (<i>Focus group of smokers in full ban condition</i>)
D & E	I stood at a bus stop one time and all these buses would pull up and you are just inhaling these diesel fumes, and I am leaning on this railing and I light a cigarette and a woman came walking up and she started leaning on the railing beside me. And when she saw me . . . she gave me a dirty look and moved closer to the exhaust of that bus. Now what is wrong with that whole picture, you know, I mean, oh. (<i>Focus group of smokers in full ban condition</i>)
	I feel very judged . . . And you have these people looking at you . . . snooty . . . because they wouldn't do that [smoking] to themselves. (<i>Focus group of smokers in full ban condition</i>)
F & G	I start feeling more and more of a second-class . . . person because I smoked. (<i>Focus group of smokers in full ban condition</i>)
	A lot of smokers feel punished now for smoking. And I mean, yes, I've quit in the past, and I have tried to quit but still I feel punished. Feels bad. (<i>Focus group of smokers in no ban condition</i>)
H	The biggest contributor to me wanting to at least slow down has been the . . . constant bombardment of billboards . . . the fact that wherever you go you can't smoke indoors . . . looking at all these things and knowing that [smoking] is socially unacceptable. (<i>Focus group of smokers in partial ban condition</i>)
I	The thing that is going to make me quit is that it is . . . so socially unacceptable now that I feel like a leper. I actually am embarrassed sometimes. (<i>Focus group of smokers in no ban condition</i>)

reported experiencing the addictive nature of cigarettes and its control over them anew (Theme III, Quote B).

The experience of being confronted by their addiction led to a range of smoking and quitting behaviors. For some, experiencing cravings resulted in feelings of apprehension, worry, and even panic (Theme III, Quote C). Others responded to the control that tobacco-free regulations had on them with anger and resentment; they did not want to be told what to do and became defiant, whereas others were angry because they saw smoking as a guaranteed right and a freedom (Theme III, Quotes D and E). Still other tobacco users accepted the bans and adapted to them. Many already adapted to ban-like environments because their friends and family insist on a smokefree environment (Theme III, Quote F).

Social Norms

Social norms were the fourth mechanism by which bans may affect tobacco use. Respondents frequently commented on the social unacceptability of smoking and their reactions

to it. In general, they viewed society, including their family, friends, and workplaces, as anti-smoking (Theme IV, Quotes A and B). Older smokers saw a dramatic change in the social acceptability of smoking from previous generations to today (Theme IV, Quote C).

Additionally, smokers reported feeling alone. They reported being confronted by rude gestures and words from nonsmokers when they smoked in legal, public areas and that nonsmokers belittled them (Theme IV, Quotes D and E). Smokers reported experiencing shame and guilt for smoking, and some internalized the stigma about smoking/smokers, and felt like *bad people, second-class citizens, dirtballs, slime-bags, or low-lives*. Some felt punished, victimized, and angry about the change in norms (Theme IV, Quotes F and G). Smokers viewed bans as one component that makes society anti-smoking, along with media, taxes, and widespread public perception (Theme IV, Quote H). Despite the negative messages about smoking, some smokers liked the change in social norms because it helped them quit or stay quit (Theme IV, Quote I).

Discussion

The primary goal of the current study was to explore the range of potential mechanisms by which local smokefree regulations may affect tobacco consumption and quitting among smokers and recent quitters enrolled in QUITPLAN Services. Four possible mechanisms were identified.

First, for some recent quitters, smokefree regulations appear to reduce the temptation to resume smoking and relapse by decoupling drinking, smelling smoke, and socializing with friends. This confirms the findings of Wakefield et al.¹² that identify pubs and bars as places that encourage tobacco users to smoke and relapse.

Second, the inconvenience of smokefree regulations was commonly reported, confirming preliminary research suggesting that smokefree regulations affect perceived opportunities to smoke.¹⁵ Respondents reported disliking leaving to smoke because it was uncomfortable and made them feel left out. This finding confirms several studies indicating that strength of a ban (full or partial) significantly affects norms.^{2,4}

Third, smokefree regulations may motivate smokers to confront their addiction and raise issues of control. Smokers and recent quitters have an intensely personal experience of smokefree regulations, which limit where tobacco users can smoke. Some tobacco users reacted to these limitations with feelings of apprehension that they would not be able to manage their cravings. This caused some to see afresh the control tobacco had over them, which contributed to increased motivation to quit. Others resented an external authority dictating where they can smoke and infringing on their perceived right to smoke in public.

The final theme was impact through social norms. Almost all tobacco users felt that family, friends, and their workplace viewed tobacco use as undesirable. Some internalized this message; they considered themselves to be dirty and bad for smoking. Several explicitly stated that smokefree regulations contributed to these perceptions. For some, anti-tobacco social norms were a strong motivator to quit or stay quit, but others felt punished, victimized, and demoralized.

These findings build on a rich literature documenting the link between tobacco denormalization efforts and tobacco users' experience of stigmatization. Chapman and Freeman¹⁶ and Farrimond and Joffe¹⁷ have identified markers by which tobacco users' identities have been spoiled, which echoes the finding in the current study that some tobacco users feel dirty and shunned. In their qualitative research, Richie et al.¹⁸ and Bell et al.¹⁹ have likewise documented smokers' loss of social status and stigmatization.

Study findings suggest several areas for further inquiry. Although this study suggests that individuals differed in the extent to which the identified mechanisms affected their tobacco use, more research is necessary to understand the direction and magnitude of individual differences.

Additionally, more research is necessary to understand what measures at the individual level might correlate with specific mechanisms by which bans may affect quitting behaviors. Possible correlates to the temptation mechanism include individuals' frequency of socializing and smoking in bars. Regarding the mechanisms of inconvenience and social norms, a possible correlate may be individuals' sensitivity to social cues. Generalized anxiety possibly could correlate to the confronting addiction mechanism. Likewise, the extent to which smokers and recent quitters react to authoritarianism and internalize or externalize threats to their smoking may influence how bans affect their attempts to quit and stay quit.

Just as Chapman and Freeman¹⁶ recommend adding qualitatively developed markers of denormalization as indicators to quantitative assessments of the progress of tobacco control efforts, it may be beneficial to include data on correlates to mechanisms in future studies of the impact of smokefree regulations on tobacco outcomes.

The existing literature documenting stigmatization of tobacco users^{16–19} suggests that tobacco control efforts in general and smokefree regulations in particular may have had some unintended and potentially undesirable outcomes. Such unintended consequences may be particularly acute for vulnerable populations such as those with low SES and low-SES women tobacco users.^{17,20–22} The present study adds evidence to these claims.

Tobacco control advocates have taken pains to blame the tobacco industry and tobacco, not the smoker. Regardless, some smokers and recent quitters appear to have internalized the negative messages about tobacco. This is particularly troubling because tobacco users tend to have a lower SES²³ and are more likely to suffer from substance abuse or mental illness than nonsmokers.²⁴ These tobacco users tend to use fewer resources to quit,²⁵ and internalizing negative messages about tobacco may impede their quit attempts further, a finding also seen in the literature.^{17,20,21} In an environment where anti-tobacco messaging is increasingly accepted, it may be helpful to work closely with advertising and marketing professionals to ensure that tobacco users are not further marginalized. Carefully considering how tobacco control efforts can navigate the potentially destructive norms that already exist to reach vulnerable groups, and how individuals in these groups may be best supported in their attempts to quit, also may be beneficial. The existing literature on stigma echoes the importance of considering

the unintended consequences of tobacco denormalization, especially on vulnerable tobacco users.

The themes identified in the current study did not vary between individuals living in areas of full, partial or no bans. Individuals living in areas with no smokefree regulation were able to comment on them because they traveled to nearby areas with different regulations. Focus groups and interviews examined travel, and findings were mixed. Some smokers reported frequenting smokefree restaurants and bars less, whereas it made no difference for others. Still others preferred smokefree establishments and reported frequenting them more. Additional research is necessary to understand more fully the impact travel has on tobacco consumption and quitting.

No divergences were found between themes identified in focus groups and interviews. Findings between methods did differ by degree of endorsement, with focus group participants more likely to express anger at bans and to discuss social norms. Interview participants were more likely to discuss intensely personal themes such as feelings of shame for smoking. Differences by method may be due to the nature of the method as well as a potential bias of those refusing to participate in the focus group agreeing to participate in an interview instead.

These conclusions are tempered by several limitations. First, participants reflect smokers and recent quitters who sought help to quit using tobacco and met study eligibility criteria, a minority of the smoking population. The extent to which the ban affected the tobacco use patterns of those who sought no treatment or did not meet study eligibility criteria is unknown, as are the mechanisms that influenced any impact. A study of those not seeking treatment may uncover more or different themes, possibly reflecting how bans did not affect tobacco use. Second, participants reflect smokers and recent quitters in the Minneapolis/St. Paul area, and almost all respondents were white. Readers should consider carefully this context when interpreting findings. Third, the present study examined the impact of local smokefree regulations; extrapolating findings to statewide efforts may not be warranted. Fourth, the credibility of findings may be enhanced by triangulating analysts, where different researchers analyze the same data. Finally, the mechanisms by which bans may affect tobacco use may be further understood by attending to differences by gender, SES, and tobacco use status.

In sum, smokers and recent quitters often experience smokefree regulations very personally and in ways that may affect their tobacco use and quitting. Essential themes from their experiences include confronting addiction, temptation, inconvenience, and social norms. Additionally, these findings highlight the success of tobacco control advocates in denormalizing tobacco use, and suggest that some tobacco users may be internalizing the negative messages about tobacco. More research is necessary to understand the impact of such internalization on efforts to quit, and how

tobacco control advocates can best reach and assist these vulnerable individuals to stop using tobacco.

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