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**Smoking spaces and practices in pubs, bars and clubs:
Young adults and the English smokefree legislation**

Catriona Rooke^{*}, Amanda Amos, Gill Highet¹ & Katrina Hargreaves²

UK Centre for Tobacco Studies, Centre for Population Health Sciences, University of Edinburgh, Medical School, Teviot Place, Edinburgh, EH8 9AG, UK

Email addresses: catriona.rooke@ed.ac.uk; amanda.amos@ed.ac.uk;
Gill.Highet@nhslothian.scot.nhs.uk; K.Hargreaves@ioe.ac.uk

*Corresponding author. Tel: 0131 650 3202. Fax: 0131 650 6909.

¹ Present address: Palliative Care Service, Royal Infirmary of Edinburgh, 51 Little France Crescent, Edinburgh, EH16 4SA, UK

² Present address: Institute of Education, Social Science Research Unit, University of London, 20 Bedford Way, London, WC1H 0AL, UK

Abstract

Young adulthood is an important but overlooked period in the development of smoking behaviour. We know little about the impact of smokefree policies on this group. In a secondary analysis of longitudinal, qualitative interview data we explore smoking practices in young adulthood, the role of smoking in the spaces of the night-time economy, and the impact of smokefree legislation. Participants carefully managed their smoking in different spaces in relation to the self they wished to present. This was shaped by the transitional nature of young adulthood. Smoking played a role in constructing time-out periods from the demands of everyday life in a similar way to alcohol use. The restrictions imposed by the smokefree legislation quickly became normal for most; however, the experience of smoking was influenced by the nature and quality of smoking spaces. The re-spatialisation of smoking necessitated by the smokefree legislation may reaffirm processes of social denormalisation and stigmatisation of smoking, whilst simultaneously allowing young adult smokers to produce, in some contexts, a positive, fun, sociable smoker identity.

Keywords: smoking; young adults; smokefree legislation; social denormalisation; night-time economy

Introduction

Reducing smoking is a key public health challenge. Whilst the process of smoking uptake in young people has been the subject of several studies (Michell and Amos, 1997; Plumridge et al., 2002; Johnson et al., 2003), Hammond and colleagues (2005) have argued that young adulthood (defined as 18-29 years) is an important but overlooked period of development of regular smoking behaviour. They highlight that young adults have different smoking patterns from older adults, being more likely to smoke occasionally and to smoke less. British prevalence data show that young adults (20-34 years) are more likely to smoke than older adults and less likely to be heavy smokers; furthermore, about a third of smokers start smoking after the age of 18 (Robinson and Harris, 2011).

Young adulthood is generally conceptualised as a transitional life-course phase involving changes in social roles, responsibilities and expectations. Arnett (2004) proposed the concept of 'emerging adulthood' to highlight the extension in industrialised societies of youth transitions to adulthood, particularly the postponement of the commitments involved in partnership, parenthood and settled employment. Bynner (2005), however, cautioned against an over-generalised conception of this period, highlighting the 'structural factors and exclusion mechanisms' differentiating transitions. Nevertheless, for many, this is a period of freedom to explore possible identities before establishing more stable roles of later adult life. According to Chatterton and Hollands (2003), consumption and leisure have consequently become central elements of youth identity, with 'going out' to pubs and clubs an important part of many young adults' social lives. They suggest that the spaces of the 'night-time economy' are characterised by play, liminality and pleasure, with alcohol as important in shaping young peoples' nightlife activities. Smoking is often associated with socialising and drinking alcohol (McKie et al., 2003); therefore, the spaces of the night-time economy are likely to be important smoking contexts for young adults (Wiltshire et al., 2005; Nichter et al., 2010).

Research on young smokers has tended to focus on smoking uptake in adolescents, highlighting the symbolic significance of smoking and the various social roles it plays, particularly in identity construction (Michell and Amos, 1997; Plumridge et al., 2002; Johnson et al., 2003).

Experiences and meanings of smoking in young adulthood are less well understood, although some studies have shed light on smoking in this life stage (Wiltshire et al., 2005; Haines et al., 2009; Scheffels, 2009; Nichter et al., 2010). These studies suggest that the role of smoking in identity construction, presentation of self and facilitating social relations continues to be

important in young adults' smoking; however, that the transitions of young adulthood shape smoking behaviour.

'Social denormalisation' strategies have become a central element of tobacco control (Bell, McCullough, et al., 2010), with smokefree public places a key policy (WHO, 2005). Social denormalisation seeks 'to change the broad social norms around using tobacco – to push tobacco use out of the charmed circle of normal, desirable practice to being an abnormal practice' (Hammond et al., 2006). Comprehensive smokefree legislation was introduced in England in July 2007 (Department of Health, 2008). With many public places already smokefree through voluntary policies, the legislation's greatest impact was expected to be on the hospitality sector. It was, therefore, likely that this would particularly impact on young adult smokers.

Evidence suggests that the English smokefree legislation has reduced exposure to second-hand smoke, resulting in substantial health benefits (Semple et al., 2010; Sims et al., 2010; Bauld, 2011; Jarvis et al., 2011). An increase in quit attempts was also observed (Hackshaw et al., 2010), though no acceleration in the decline in smoking prevalence during the 18 months after implementation was found (Lee et al., 2011). There has been little examination of the impact of smokefree policies on young adults. One exception is Kelly's (2009) ethnographic research in clubs following the smokefree legislation in New York City. Kelly highlighted the denormalisation of smoking within clubbing subcultures, the development of new patterns of socialising in nightclub smoking areas and that the legislation has rendered the act of smoking more 'public'.

Commentators have suggested that the use of social denormalisation strategies, including smokefree policies, may increase the stigmatisation of smokers (Farrimond and Joffe, 2006; Eadie et al., 2010; Ritchie et al., 2010a) and exacerbate health-related inequalities (Bell, Salmon, et al., 2010). Hilary Graham (2012) recently identified two main foci of debate around stigma and smoking: the negative ways in which smoking is depicted and the acceptability of policy that increases the stigmatisation of smokers. These discussions of stigma draw on Goffman's (1980) analysis of the management of an 'attribute that is deeply discrediting' in social interaction. Link and Phelan (2001) have argued that stigma is often too vaguely defined and, importantly, emphasise that stigma is a matter of degree. In debates around whether a group is stigmatised, stigma can come to appear static – a presence or absence; however, as Neale and colleagues emphasise, Goffman's conceptualisation of stigma suggests that: "people do not in practice have 'spoiled' or 'unspoiled' identities... Instead, aspects of their social identity... can be damaged or discredited at particular moments and in particular situations." (2011: 5)

In addition to the concept of stigma, we draw on Goffman's ideas about the 'presentation of self' to explore how young adults manage their smoker identity. Goffman conceptualised the self as, in part, a social product: the result of a successful performance. In *The presentation of self in everyday life* (1973) he describes how, in face-to-face interaction, individuals must stage a performance that meets the agreed upon 'definition of the situation' and that is credited with desired attributes by other actors. This relates back to stigma in that the degree to which an individual can sustain a respectable self in the eyes of others depends on access to structural resources and possession of traits and attributes seen as acceptable by the dominant culture. We use data from qualitative interviews undertaken during a study evaluating the impact of the English smokefree legislation (Hargreaves et al., 2010) to enhance understandings of smoking practices during emerging adulthood, in particular the role of smoking in the spaces of the night-time economy, and how the smokefree legislation impacted on young adults. We examine how this group managed their smoker identity in different spaces and situations in relation to the increasingly negative social climate around smoking, and whether and in what situations they experienced smoking as potentially damaging to their social identity. We then focus on the spaces of the night-time economy, and consider the role of smoking and its relationship with alcohol in contexts that foreground play and pleasure. Finally, we consider the perceived impact of the legislation on participants' smoking practices, particularly in the night-time economy.

Methods

This paper presents a secondary analysis of qualitative data from the evaluation of smokefree England (ESME) study. The ESME study examined the behavioural, social and cultural impact of the legislation in contrasting communities in England. The study methods have been reported in detail previously, along with an overview of the findings (Platt et al., 2009; Hargreaves et al., 2010). Ethical approval was granted by the Research Ethics Committee of the School of Health in Social Science, University of Edinburgh. Briefly, the ESME study used a multi-level, longitudinal case study approach in which data were collected through:

1. Repeat qualitative interviews with adult smokers or recent ex-smokers
2. Group discussions with populations of interest
3. Repeat key informant interviews
4. Repeat observations in a range of public places

The study was conducted between April 2007 and December 2008 and focussed on six localities in two areas of England (one in the south and one in the north). Localities were selected to ensure variation in urbanity/rurality, ethnicity, socio-economic status (SES) and smoking prevalence.

This analysis focuses on the repeat qualitative interviews with smokers and ex-smokers. Interview participants were selected to comprise a balance with respect to age and gender, while ensuring a significant representation of ethnic minorities and 18-25 year olds. They were recruited by a professional agency using door-step and direct recruitment methods in public places. 106 participants

were interviewed during the three months before the legislation came into force (wave one (W1): April-June 2007). A sub-sample of participants who regularly visited licensed premises was interviewed 3-6 months post-legislation (wave two (W2): October-December 2007). All W1 interviewees were contacted for a follow-up interview 9-12 months post-legislation (wave three (W3): April-June 2008), with 68% re-interviewed. Respondents were given a small sum at the end of each interview to compensate for their time.

Semi-structured interviews lasting about an hour were based on a topic guide that explored smoking patterns and consumption, beliefs and understandings about passive smoking, rules or regulations governing smoking in different environments, understandings of, and attitudes towards, the smokefree legislation and at W2 and W3 the perceived impact of the legislation. Descriptions of participants' smoking behaviour during a typical 24 hour period were elicited using a 'daily grid' (Hargreaves et al., 2010). The grid explored respondents' smoking patterns in terms of not only how many cigarettes they smoked but where and when they smoked, what they were doing, who they were with and how they were feeling. Interviews were recorded and transcribed verbatim.

In delineating the sample of interview participants for this analysis we excluded those aged over 30 and those who were ex-smokers or had children. Young parents were excluded from our sample because we conceptualised 'young adult' as a transitional life-course phase; moreover our preliminary analysis of the young parents' accounts highlighted similar themes to those in previous studies of parental smoking (e.g. Robinson et al., 2010). Of the 27 participants included, 8 were interviewed only at W1, 12 had one follow-up interview and 7 were followed up at both W2 and W3; 53 interviews in total. Transcripts from all waves were analysed.

Transcripts were imported into NVivo to facilitate data management. The analysis was conducted by CR (a sociologist not involved in the original study) and AA (a health promotion academic involved in the original ESME study and analysis). CR led the analysis and themes were agreed through discussion of selected transcripts and extracts of talk. Analysis was thematic, drawing on tools from constructivist grounded theory analysis (Strauss and Corbin, 1990; Charmaz, 2006), particularly: grounding analysis in the data, 'open' and 'focussed' coding and comparison. Initial coding involved creating concepts to fit the data and then categorising and sorting the data into themes using frequently appearing codes. These themes were compared with previous instances coded in the same category and the fit between the data and concepts reflected upon. We worked to ground concepts and themes in the data, whilst recognising that the data were shaped by the study questions and the topics we deemed important. The analysis and interpretations were discussed with the two other authors (GH and KH) who had been involved in undertaking interviews and the original ESME analysis. Interview quotations in the Findings are identified by a pseudonym, the interview wave, age and ethnicity.

Findings

The young adult smokers

The 27 young adult smokers were aged between 18 and 29, just over half (15) were men and 14 self-identified as white-British (see Table 1). Twenty-one lived in the southern location³. At the first interview, seven participants were at college or university, one was unemployed and 19 were working in various occupations including hairdresser, taxi driver, secretary and civil servant. Five were living with a partner, nine with parent/s, nine with flatmate/s, one alone and three in other circumstances. Participants' SES was not included in this analysis as detailed information about occupation was not collected and some participants' SES was unclassifiable (e.g. student) or fluid reflecting the transitional nature of this life-course phase.

The age respondents recounted starting smoking varied from 9 to 20, with most starting in their early teens. Starting smoking as a young adult often happened at a time of changing circumstances (e.g. starting a job or university, leaving home). A common narrative was smoking occasionally to begin with and gradually increasing, although a few reported quickly becoming regular smokers whilst others did not identify as regular smokers. Most had attempted to stop smoking. Smoking patterns varied greatly, from those who smoked 10 or more cigarettes everyday at regular intervals throughout the day to others who only smoked at weekends or when socialising with friends. Examples include Darren (26, W1, white-British) who smoked around five cigarettes in work breaks but did not smoke in the evening because of his girlfriend; to Amy (22, W1, white-British) who smoked around seven a day mostly in the evening at home; and Gary (25, W1, white-British) who did not smoke Monday to Thursday but had two cigarettes with every pint in the pub at the weekend.

Managing smoking in different spaces prior to the smokefree legislation

The following section focuses on participants' accounts at W1. Woven through their talk were glimpses of the highly moralised context in which their smoking took place, and which framed their understandings. Many were keenly aware of the decreasing spaces and situations in which smoking was acceptable and described a range of situations in which they made different judgements about whether to smoke and how others might perceive their smoking. Indeed many accounts highlighted ambiguous feelings about smoking and "pollution" ideas (Douglas, 2002), whilst not a central theme, surfaced in talk about the "awful" smell or "stink" of smoke, smoking as "disgusting" or "dirty", not smoking in "clean" places such as the kitchen or bathroom or smoking more than normal as "disgusting". Participants mostly accepted that the current level of formal and informal social control over their smoking was appropriate and it formed a rarely questioned backdrop to their smoking practices.

³ A higher proportion of young adults were interviewed in the southern area (29) than in the northern (16); furthermore, more young adults in the north were parents or ex-smokers (10) than in the south (8).

Smoking and the presentation of an appropriate self

All participants described spaces in which restrictions on smoking were accepted. Most could not smoke in their place of work/study and took this for granted. Karen addressed this “norm” most explicitly:

I’ve never been anywhere where you can smoke in, in an office so ... it doesn’t really feel like a rule to me, it’s just the norm [...] I certainly wouldn’t like it if you could, you know, I do agree it’s a good rule because I couldn’t work, even as a smoker, I couldn’t work in a smoky environment because you are aware of the smell and I know that I would probably smoke triple the amount. (W1, 23, white-British)

This general acceptance, in part, reflected that smoking was not considered as an acceptable part of the performance of a professional self. Several participants described not smoking in front of customers or certain colleagues and not wanting them to know that they smoked. For example, Karim described covering up his smoking, including the smell, in a professional context:

I done work experience a while back and I didn’t want him to know I was smoking. I used to put aftershave in my bag [...] chew gum and cover up [...]

Int: Why is that?

I dunno, I guess because they associate smoking with stupid people [laughs] – not stupid people but, I don’t know, it’s not something you are proud of, the fact that you smoke. Even though I do enjoy it [...] (W1, 21, Moroccan)

He also highlights the tensions between his enjoyment of smoking and his rejection of some traits he associates with smokers. Two exceptions to this acceptance of smokefree work spaces were Darren (26, white-British) a sales manager and Saed (29, SE Asian) a taxi driver. Both spent a lot of their working time in a car and admitted disregarding company policy on smoking in this semi-private space: “Because I never have anyone in my car so I usually smoke away...” (Darren, W1, 26, white-British). Although both felt comfortable breaking the rules about not smoking in their work vehicles, Saed did not smoke when there were customers in his cab as it “looks bad” and Darren never smoked around his boss, explaining: “I just feel a bit maybe disgusted with it”.

This concern with how smoking fitted with the self being presented in different spaces and situations was a common theme, and was shaped by the transitional nature of emerging adulthood. Most participants reported some level of discomfort smoking in front of their parents and a few hid their smoking from them partially or completely. The most common explanation was that parents did not smoke and did not like smoking, and/or participants did not want to upset them. The health effects of smoking were often mentioned in these exchanges, some mentioning a family member who had had a smoking-related disease. We suggest that these tensions are also related to the young people’s negotiation of the transition from child to adult in the relationship with their parents, for example Juliet talks below about avoiding her mother’s disappointment:

[...] when my mum visits I obviously clean up the whole smell of the cigarette for a few days
[...] she knows that I am smoking, you can smell it, but she is not happy with it, but I

wouldn't smoke in front of her just by respect because she didn't brought me up this way, so she's kind of disappointed [...] (W1, 27, black-African)

Tensions existed even for those whose parent/s smoked. For example Amy (W1, 22, white-British) talked about 'feeling funny' smoking in front her mum, who also smoked, and related this to not wanting 'to be like a naughty kid in her eyes'. Many mentioned respect in this context, which resonates with findings from Bangladeshi participants in the ESME study (Hight et al., 2011). Whilst, in this sample, white British participants talked generally about respect, participants of African or South East Asian descent tended to relate this explicitly to culture:

Int: So are there particular rules about smoking in the house?

There are no specific rules but it's a cultural thing. I wouldn't smoke in front of my parent, my mother especially, it's just disrespectful [...] (Abdul, W1, 26, SE Asian)

The presentation of a responsible, health-conscious self appears to be an important aspect of presenting oneself as a good son/daughter. Additionally, smoking did not figure in many of the participants' future image of themselves: some talked about quitting when starting a family, whilst for others smoking was something that fitted with the phase they were in.

Consequently, those who lived with their parents – and were therefore likely to find claiming adult status more problematic – felt uncomfortable smoking at home. As with work spaces the spaces of the parental home, with the occasional exception of the participants' bedroom or the garden, were seen as unequivocally non-smoking. Whilst those who had left the parental home were more likely to smoke in their own residence, some still felt it was inappropriate. In the extract below Laura explains her feelings of disgust about smoking in the home:

I like smoking but it doesn't mean my house has to stink as well. I was brought up in a non-smoking house so I'm used to the fresh air inside... [*Explaining later*] I know it sounds weird because I am a smoker, but [...] it's like having a club in your house 24/7 where it just stinks of smoke, the walls just get smoked and dirty and yellow. (W1, 25, black-African)

Others described managing their smoking to be considerate towards those they lived with and to minimise the smell of smoke by opening windows, smoking out of windows or not smoking in some rooms. Even some of those who smoked in their homes expressed ambiguous feelings towards smokiness. A minority, all men in the younger half of the sample whose flatmates also smoked, were unconcerned.

Another situation in which some participants felt one should not smoke was when people were eating, suggesting that it is 'unnecessary' or 'disrespectful'; even in social public spaces such as cafes and restaurants, some participants felt smoking was out of place. As in a similar study of Scottish smokers (Ritchie et al., 2010b), many underlined their efforts to be "considerate smokers" (Poland, 2000). Descriptions emphasised respecting others by asking if was acceptable for them to smoke; holding their

cigarette away from non-smokers; and being careful to blow smoke away. Poland (2000) suggests this “discourse of consideration” represents an internalisation of social control and demonstrates one’s social competence as a smoker. This discourse was particularly drawn upon in discussing spaces where control of smoking relied on social norms rather than formal rules:

If it was like a café for a coffee or just in the day, I might have one if I’m with someone who smokes or if it’s a bit of a smoky café, but if it’s quite a clean, open... I’m quite aware that I don’t like smoking in front of [...] if there was children and non-smokers and it was in the day and people were eating, I wouldn’t feel comfortable having a cigarette. (Karen, W1, 23, white-British)

As Karen’s explanation suggests, these more ambiguous smoking spaces seemed to require more complicated deliberations on whether smoking was appropriate. Accounts often demonstrated smokers’ self-control over their smoking. These accounts underline how non-smoking has come to be constructed as the norm in more and more places, particularly for this age group for some of whom it has never been otherwise; consequently, smoke is frequently perceived as out of place and therefore polluting (Douglas, 2002).

Time out, play and the spaces of the night-time economy

As alluded to in the previous discussion of cafes, smoking was not constructed as entirely – or even partly – negative in all situations. Whilst places for work or study were assumed to be non-smoking, smoking breaks outside the workplace provided a means to carve out a moment of calm in a hectic day, break up a boring day and/or chat with classmates/colleagues. Participants described a range of positive or functional roles smoking played in their lives – to relieve stress, a momentary time-out, dealing with boredom or as an integral part of socialising. This chimes with Stromberg et al’s (2007) analysis that smoking is used by college students to structure unstructured situations.

Smoking’s status as a potentially stigmatising activity that needed, to some extent, to be carefully managed so as not to undermine the self being performed was not the case in every situation. Contexts associated with socialising and leisure, such as weekends and holidays, were when many described smoking more and positive meanings were most often visible:

[...] that’s one thing that I look forward to is going and having that cigarette and my pint, after work, after a week’s work.

Int: Yeah and why do you look forward to that so much?

Just ‘cause I know that I’ve got the weekend ahead of me, and I’ve got nothing planned, no work [...] it’s a way of letting my hair down, that’s why I smoke. (Gary, W1, 25, white-British)

The spaces of the night-time economy emerged most clearly as an exception to the normal expectations about smoking. As noted in the Introduction, these spaces have been conceptualised as characterised by play, liminality and pleasure; contexts in which the normal rules are, at least to some extent, suspended. Karim alludes to this shift in expectation:

You are in a setting where it's social. You are in a setting where you are meant to be relaxed. It's no longer part of - it's your own time. It's a change; other people are smoking around you. (W1, 21, Moroccan)

Smoking when 'going out' was generally seen as 'another story' (Nina, W1, 23, white-British) to smoking during the day and most participants described smoking much more in these situations.

For the majority, smoking was particularly associated with drinking alcohol, an activity that plays a key role in shaping many young peoples' nightlife activities (Chatterton and Hollands, 2003). In several accounts smoking and drinking were described as fitting together; going 'hand in hand'. Chris describes the shift in his orientation towards smoking when drinking in the pub:

[...] when you're drinking, you lose your inhibitions a bit, and you're not thinking so much about it, and you want to kind of relax as well, so you don't really want to worry about anything, so you don't mind, just keep smoking and stuff. (W1, 22, white-British)

This link with going out appeared in most interviews. For some participants of South-East Asian descent who did not drink, however, this was not the case. Nevertheless, for many smoking can be seen as playing a key role in constructing collective 'time-out' periods from the demands of everyday life in a similar way to alcohol use (Gusfield, 2003), which, as Keane (2009) notes, often involves a deliberate embracing of risk. Participants' accounts suggest that smoking enhanced performances structured by sociality, relaxation and pleasure; in these liminal spaces the 'imperative of health' (Lupton, 1995) was less powerful and the normal demands of managing one's smoking diminished (although not entirely – e.g. feeling bad about increased smoking on a night out).

Adapting to the smokefree legislation

The new 'normal'

This section focuses on the 19 participants followed up after implementation of the legislation. For most, the main change in their smoking was in the spaces of the night-time economy. Only one non-drinker was followed up and he reported little change:

[...] I think it affects people ...say if they go out for a drink and stuff like that in public places [...]. But because I don't really... go out like pubs and clubs and stuff and that it doesn't affect me that much. (Mohammed, W3, 26, SE Asian)

In general there was a strong sense of acceptance and understanding over the new legislation – with the importance of protecting others often mentioned – and most participants described the changes positively:

Well my smoker friends they all have the joke that it's discrimination against smokers [...] but no one's actually being really serious when they do say that, they all understand why it's been done and, well, I personally think it's a good idea that it's been done. (Amy, W3, 22, white-British)

This was similar to the findings from the wider ESME sample (Platt et al., 2009), although the acceptance of restrictions on their smoking was more pronounced in this younger group. Many reflected that, despite previous reservations, they had not been ‘that fussed’ and that ‘everyone has kind of accepted it’. The language used to describe having to go outside to smoke was generally mild:

I suppose it is a bit of a pain, but to me the benefit of the atmosphere being cleaner is more than the inconvenience of me going outside, so I don’t really think of it as an inconvenience at all. (Gary, W3, 25, white-British)

For a few participants, understanding and resistance/frustration coexisted uneasily; for example, Andrew (24, white-British) explained that he thought you should be able to smoke in pubs but understood that the legislation was “for the greater good”. A minority of participants felt the legislation had gone too far but only in relation to pubs.

The new restrictions had quickly become normal for the majority, with some reflecting that looking back on smoking in bars or going to countries where one can smoke in bars now seemed strange.

I’m quite used to it now actually, I mean already I’m kind of, I’ve forgotten how it was like when it was, when you’re smoking inside. Not forgotten but it’s quite vague. What it was like because I’m quite used to going out and smoking now, at home, at work or, or going out, so I, I don’t, I don’t mind. (Namir, W3, 26, SE Asian)

We suggest that this easy acceptance of restrictions on their smoking is a consequence of the smokefree legislation being a continuation of ongoing processes, which, for most of this age group, have characterised their lives. As described previously and as Namir highlights above, these participants accepted that restrictions on their smoking were a routine part of life – in the home and workplace, and now inside pubs, bars and clubs.

Going outside

As reported in other studies (Kelly, 2009; Ritchie et al., 2010b), the creation or expansion of spaces for smoking outside was a key way that restrictions on smoking were dealt with in the night-time economy, and contributed to the acceptance of the legislation. Participants commonly described semi-enclosed spaces outside pubs and bars with tables, seating, shelters and heaters, highlighting that some venues had made a considerable efforts to accommodate smokers:

[...] my local must have spent a fortune. They've built this smoking beer garden. [...] there's never been anything outside before. So they've put this beautiful big garden out the back. The deck and a little smoking place so it depends on what pubs you go to. (Julie, W2, 29, white-British)

Participants’ descriptions also highlighted the wide variation in outdoor smoking spaces, from examples of comfortable beer gardens to standing on the street. Some clubs were described as accommodating smokers with balconies or open-air areas. However, going to clubs was generally described as creating

more inconvenience than other venues, with greater difficulty moving to and from smoking spaces, and smaller smoking areas or having to stand on the street.

Having to go outside to smoke produced a range of changes in the experience and interactional dynamics of a night out. The weather was frequently mentioned as changing the experience with rain and cold causing discomfort. New interactional dilemmas to negotiate included whether to go outside to smoke alone or with friends, breaking up a mixed group of smokers and non-smokers, and breaking off conversations to go outside. Concerns such as losing your seat or leaving your drink unattended, with the potential for it to be spiked (a concern bar staff also raised, see Hilton et al., 2008), were also mentioned. An especially palpable shift, found to be both positive and negative, was in the 'atmosphere' of venues. Most welcomed the "fresher" air in pubs and bars and coming home after a night out smelling "nice and fresh"; however, many noted other smells, such as body odours, that the absence of smoke made more apparent.

How participants experienced smoking in the smokefree night-time economy was influenced by the nature and quality of space available for smokers and interaction with others in negotiating these spaces. Some areas were experienced as liminal spaces – not fully part of the venue or the street – where it was difficult to experience smoking as pleasurable or relaxing:

[...] if you go into a club, you come outside and you're behind some railings [...] and you've got the snotty bouncers, really trying to control you. As I say you're confined to a little space and there's loads of other people, it is a little bit disgusting, I do go out for cigarettes, but that's because I enjoy the cigarette, but I don't enjoy the atmosphere and the environment that you're sort of put into. (Gary, W3, 25, white-British)

Smoking at some venues necessitated leaving entirely and smoking 'on the street', where some, particularly women, felt exposed. A minority found the experience of going outside to smoke generally more difficult, for example Yasmin (W3, 19, Moroccan) felt her enjoyment of going out socialising was diminished by having to go in and out of venues all the time and standing outside in bad weather.

Several participants described having cut down smoking on a night out because smoking required more effort. Participants were generally relaxed about smoking less if it proved difficult, which for many fit with their conception of themselves as able to control their smoking. Some felt less comfortable going outside to have a cigarette in some situations, such as when they were the only smoker or they did not know their companions well. Kate raised concerns about moving between smoking and non-smoking spaces related to bodily signs of being a smoker:

I don't like going out and coming back in because when I've been out for a cigarette and I come back into the bar, I obviously don't smell the cigarette smoke on myself, but when I quit smoking for that time and people had gone out and they'd come back in, I thought "cor,

blimey” you know “you smell” [laughs] [...] it would probably make me smoke less actually, if I was out with people that didn’t smoke. (W3, 25, white-British)

These accounts suggest that not being able to smoke inside licenced premises has made the role of smoking in these time-out spaces more ambiguous, introducing a greater need to manage smoking in relation to presentation of self.

Despite some reservations, most participants found that the experience of not being able to smoke inside licensed premises was not ‘much bother’ and going outside to smoke not too problematic. Many were able to continue smoking on a night out without much disruption:

[...] at a pub I probably smoke a similar amount because a lot of like the pubs near where I’m staying have kind of beer gardens and the sheltered benches and stuff so you can just sit outside for most of the night or the day whatever if you want to, so you can smoke the same. (Ben, W3, 20, white-British)

Many venues frequented by the participants were able, as Ben describes, to create outdoor areas that successfully extended the pub setting outdoors. Yasmin highlighted the importance of having this pleasant, ‘safe’ setting in the pub she usually frequented:

[...] they’ve got the furniture outside and everything, and it’s pretty enclosed, there’s a gate, so you’re not really going out on the street and there’s not drunk people outside or anything, so it’s pretty OK, and the security guard’s there, so you’re safe. That’s where I go, ‘cause I like the whole idea, it feels like you’re in a garden or something [...] (W3, 19, Moroccan)

Many participants also recounted socialising in a variety of venues, not necessarily in the local area, so were flexible about going to new places.

Furthermore, some outdoor smoking spaces were found to foster sociability:

Yes it’s just when you are outside talking to people, that’s when you meet new people because they are, there are areas where people smoke is really social so in the summer I would spend most of my time actually outside, than inside the bar because everyone, you go outside and everyone automatically starts talking to each other and it’s very social [laughs]. (Hannah, W2, 18, white-British)

Several interviewees reflected on this positive impact of the legislation where some smoking spaces had become social areas where smokers (sometimes accompanied by non-smokers) could chat and meet new people. Even standing on the street smoking could be turned into an enjoyable experience by the extension of the sociable atmosphere of the pub, as Kate (25, white-British) commented: “it’s like almost cooler to be outside on the street [laughs] than inside”. This rearrangement of smoking space also appeared to allow young smokers to produce, in specific contexts, a positive, fun, sociable smoker identity.

Discussion

This paper reports on a secondary analysis of data from the ESME study which aimed to add to our understanding of young adults' smoking practices, in particular the role of smoking in the spaces of the night time economy and how the smokefree legislation impacted on this age group. We have suggested that, even prior to the legislation, young adults carefully managed their smoking in different spaces and situations in relation to the self they wished to present, and that this was framed by the increasingly moralised context in which smoking takes place. Many spaces were already accepted without question as non-smoking spaces (e.g. most work and many living spaces) and smoking performances often had to be carefully considered as smoking was felt to have negative consequences for the self constructed in some situations (e.g. in professional contexts, in front of parents). Both formal and informal social controls delineating where, and around whom, smoking was appropriate were already part of everyday life for these participants. We suggested that the restrictions imposed by the smokefree legislation were met with a particularly high level of acceptance amongst these young people because, for them, it represented a continuation of on-going processes of denormalisation of smoking that have characterised their lives.

Young or 'emerging' adulthood was, drawing on Arnett (2004), conceptualised as a period of change and uncertainty in which people often experience freedom to explore possible identities before the greater stability of roles in later adult life. The management of smoking identity was found to be shaped by the transitional nature of this life-course phase with young adults negotiating smoking performances in relation to, for example, parental expectations and claims to an adult status, and new professional roles. Night-life activities have an important role in young adults' lives (Chatterton and Hollands, 2003) and we found that smoking emerged as an

integral activity in the night-time economy, alongside drinking alcohol, in demarcating periods of time out from everyday life (Gusfield, 2003), where relaxation, pleasure and sociability were central and the normal rules, at least to some extent, suspended.

These young smokers' accounts highlight that smoking is progressively being more firmly positioned as a deviant activity. Smoking and smoke were often described as out of place and polluting, participants expressed ambivalent feelings towards other smokers as well as their own smoking, and understood the smoker identity as needing to be appropriately managed in different situations and spaces. This suggests that the situations in which smoking is potentially damaging for social identity are increasing (Farrimond and Joffe, 2006; Bell, Salmon, et al., 2010); furthermore, the focus on denormalisation of smoking and the physical exclusion of smoking from indoor public space enacted by the smokefree legislation may be furthering this process (Ritchie et al., 2010a). However, it is important to remain aware, as Goffman highlights (1980), that whether smoking was constructed as a discrediting attribute depended on the particular context.

Being unable to smoke inside pubs, bars and clubs appeared to have shifted the relationship between smoking and going out. Smoking and smokiness were no longer taken for granted parts of the experience of 'going out'. Some participants had cut down their smoking, particularly during 'going out' periods. Nevertheless, new smoking practices and (social) spaces were found to have been created within the night time economy, as Kelly (2009) has also noted. In some situations, this allowed smoking to continue to be constructed as fun, sociable and a part of relaxing during time-out periods. For many participants the link between smoking and 'going

out' was, therefore, not substantially disrupted. How participants experienced smoking in the smokefree night-time economy was shaped by the nature and quality of outdoor space available for smokers, with some areas experienced as liminal spaces in which smoking was unpleasant, whilst other areas successfully extended the pub setting outdoors. The implementation of the English smokefree legislation may have been smoother in terms of the effort made by the hospitality sector to accommodate smokers due to learning from the experience of similar legislation in Ireland and Scotland.

The re-spatialisation of smoking necessitated by the smokefree legislation in England may, to some extent, reaffirm processes of social denormalisation and stigmatisation of smoking, whilst simultaneously allowing young adult smokers to produce, in some contexts, a positive, fun, sociable smoker identity that provides a means of resisting the denormalisation of smoking. We suggest that this ambiguity – accepting and resisting ongoing denormalisation – underlines the need for, as Thompson et al (2009) have argued, more complex and fluid notions of identity in understanding the relationship between smoking and self. As Goffman's focus on the socially produced nature of the self helps make visible, participants were found to be negotiating multiple, at times contradictory, identities in relation to smoking.

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Table 1. Sample characteristics at W1

<i>Ethnicity</i>	White British		South-east Asian		Other		Total
	<i>Gender</i> Male	Female	Male	Female	Male	Female	
<i>Location</i>							
North	2	1	3	0	0	0	6
South	5	6	2	1	3	4	21
<i>Age</i>							
Mean	23	24	26	21	23	24	24
(Range)	(20-26)	(18-27)	(23-29)	(N/A)	(21-28)	(24-27)	(18-29)
<i>Employment</i>							
Studying	1	1	0	1	2	2	7
Working	5	6	5	0	1	2	19
Unemployed	1	0	0	0	0	0	1
Total (W1)	7	7	5	1	3	4	27
	14		6		7		
Follow-up (W3)	5	5	2	0	3	4	19
	10		2		7		

Research highlights

- Young adults' smoking practices and the impact of smokefree legislation were explored.
- Participants carefully managed their smoking in different spaces in relation to the self they wished to present.
- Smoking played a role in constructing time-out periods from the demands of everyday life.
- The restrictions imposed by the legislation were met with a high level of acceptance amongst the young adults.
- The legislation disrupted the connection between smoking and 'going out' while instigating the development of new sociable smoking spaces.

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