

# **Smoking bans for private vehicles: Children's rights and children's voices**

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## **Abstract**

Smoking bans have recently expanded to private vehicles in which children are present. This study considers the place of children's rights and children's voices in this policy initiative, with respect to the Canadian context, where vehicular smoking bans have been widely adopted. First, we examine print media reports, finding children's right to health was acknowledged less frequently than an array of competing adult rights. Children's voices were largely absent from the record. Second, we report on focus groups involving 23 young people in Edmonton, Alberta, highlighting participants' strong support for bans, based on their knowledge of health harms, aversion to smoke, and awareness that children have limited ability to contest adult authority in vehicles. We conclude that vehicular smoking bans may address the situation whereby children are forced to share an unhealthy environment, in breach of their rights.

## **Keywords**

Children's rights; children and policy; parental smoking; right to health; smoking bans; Canada

## Introduction

Since 2006, smoking bans – the ‘most geographical aspect of contemporary tobacco control policies’ (Collins and Procter 2011, p. 918) – have begun to extend to a novel space, the privately-owned motor vehicle. Increasing numbers of jurisdictions are enacting measures to prohibit smoking in private vehicles in which children are present, primarily to protect them from exposure to secondhand smoke (SHS). Our research centres on the Canadian context, where vehicular smoking bans began in Nova Scotia in 2007. In February 2012, Alberta became the ninth province to pass such a law, leaving only Quebec yet to take action in this area. Consequently, most children in Canada are formally protected against smoking in a vehicle, provided they are below a specified age. This age varies by jurisdiction: under 16 years (six provinces), under 18 years (two provinces), and under 19 years (one province).<sup>i</sup>

As in many high-income countries, there is comprehensive protection against SHS in publicly accessible indoor environments in Canada, including workplaces and public transport facilities. Smokefree rules for outdoor public spaces are also becoming widespread (WHO 2009, Collins and Procter 2011). However, spaces associated with strong expectations of privacy and autonomy, including vehicles, have until recently remained outside of legislated smoking bans. This exclusion poses a particular risk to children, given that they spend a great deal of time in private spaces – especially homes, but also cars (Jarvis *et al.* 2012). Compared to adult nonsmokers, children also have less ability to manage/reduce their exposure to tobacco smoke, and greater physiological vulnerability to its effects (Jarvis *et al.* 2012). Known health risks of SHS exposure for children include middle ear disease, sudden infant death syndrome, respiratory symptoms and lower respiratory illness (WHO 2009).

Various studies have sought to measure the risks associated with smoking in a vehicle, and how these vary under a wide range of driving conditions (Rees and Connelly 2006, Sendzik *et al.* 2009, Pawson *et al.* 2011). In broad terms, airborne fine particulate matter has been found to reach harmful (and sometimes grossly excessive) peak levels when smoking occurs in vehicles. Ventilation reduces the concentration of particulates during

smoking, and increases the subsequent rate of dissipation – but does not eliminate the health risk.

Another important factor to consider is the proportion of children exposed to smoking in cars. Health Canada's 2006 Youth Smoking Survey found 28% of respondents (aged 11-18 years) were exposed at least once in the previous week (Leatherdale and Ahmed 2009). This is similar to national youth survey results from New Zealand, where 23% of respondents (aged 14-15 years) reported in-vehicle exposure over the last seven days in 2012 – down from 31% in 2005 (Healey *et al.* 2014). In England, a 2012 survey of 11-15 year olds found that over the previous week 14% were exposed to SHS in a family car, and 7% in someone else's car (Henderson *et al.* 2013).

Vehicular smoking bans address the direct health threat posed by such exposure, but are also motivated by role modelling concerns (Hudson and Thomson 2011). Observing family and friends smoking increases a child's risk of tobacco uptake (Glover *et al.* 2011). Conversely, enacting and enforcing smoking bans in spaces such as vehicles may send a positive message to children about not smoking (Hudson and Thomson 2011). Here, the focus is on children as future adults who may adopt unhealthy lifestyles – a preoccupation of contemporary public policy (Evans 2010).

Arguments against vehicular smoking bans fall into two main categories: practical and ideological (Rouch *et al.* 2010). The former centres on the perceived difficulty of enforcement: it may be hard for authorities to determine whether someone is smoking in a car – and if so, whether a child of 'protected' age is also present. Ideological objections typically portray vehicular bans as intrusive state paternalism in the name of health promotion (Thomson and Wilson 2009). This framing is usually paired with claims that rights are being invaded, in particular adults' freedom of choice – such as the choice to smoke, and to use private property as they see fit (Rouch *et al.* 2010). Opponents of legislative action often advocate education as an alternative approach to behaviour change that respects adult autonomy. However, this overlooks the powerful role of formal regulation in achieving shifts in both smoking practices and social norms around smoking (Procter-Scherdtel and Collins 2013), and the support it provides for the rights of non-smokers (Freeman *et al.* 2008).

While objections to vehicular smoking bans can have purchase with policy-makers, public support is consistently high (Thomson and Wilson 2009). One Canadian survey found 82% of adults in favour of vehicular smoking bans (Canadian Cancer Society 2007). Hitchman *et al.* (2010) report that a majority of surveyed smokers across four countries supported this initiative, including 74% of those in Canada. The opinions of children and youth are less commonly sought, but Health Canada's Youth Smoking Survey found 88% of respondents in support of these bans (Leatherdale and Ahmed 2009).

This research was carried out to consider the place of children's rights and children's voices in the adoption of vehicular smoking bans in Canada. To address this goal, we first examined how rights and children are represented in media accounts of this policy initiative. Second, we conducted focus groups in Edmonton, Alberta to hear directly from young people on this issue. Our conceptual focus on rights reflects their prominence in debates over vehicular smoking bans (Rouch *et al.* 2010) and tobacco control policy more generally (Katz 2005), as well as Canada's international commitments to uphold children's rights to health and to express their views in matters affecting them.

### **Rights, children and tobacco control**

As noted above, vehicular smoking bans are motivated by the health goals of protecting children from the harms of exposure to SHS and discouraging future tobacco uptake. Such health promotion efforts have a moral grounding in international human rights law emerging after World War Two. In 1946, the Preamble to the Constitution of the World Health Organization (WHO) declared that enjoyment of the highest attainable standard of health is a fundamental right of every person. This was reiterated in Article 12 of the *International Covenant on Economic, Social, and Cultural Rights* (1966). Over 155 States, including Canada, have ratified this treaty, and thereby agreed to implement the right to health (Hunt *et al.* 2009). Further support is found in the *UN Convention on the Rights of the Child* (UNCRC) (1989), to which 193 States are Party, again including Canada. Specifically, Article 24 articulates a commitment to protecting children's right to health and undertaking specific measures to achieve this.

The right to health is not the same thing as a right to be healthy, but rather to access the facilities, services and living conditions that are necessary for the realization of health (Hunt *et al.* 2009). It requires states to protect citizens from harm, but also empowers those citizens to challenge their vulnerability (London 2008). A human rights approach to health mandates public action against tobacco use and exposure, as together these constitute the leading global cause of preventable death (WHO 2009).

The Preamble to the *WHO Framework Convention on Tobacco Control* (FCTC) (2003) – a binding international treaty with 177 States Parties, including Canada – reaffirms the right to health in mandating global action against tobacco. This action includes providing ‘protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places’ (Article 8). As such, the geographical scope of smoking bans *required* by the FCTC is inherently limited, and clearly excludes private vehicles. This said, Article 8 also articulates a more general principle – that SHS is a threat to the right to the highest attainable standard of health, which imposes a duty on governments to protect ‘all persons’ from exposure (WHO 2007, section 4). In this respect, it can be interpreted as providing support for vehicular smoking bans in order to safeguard children’s right to health.

While international law prioritizes the right to health, in practice the rights at stake in tobacco control are highly contested. As Katz (2005) notes, the tobacco industry and its allies champion rights that allow smoking to continue with minimal restrictions, such as the rights to liberty and to private property. In so doing, they disregard the right to health – and by extension, to life itself. In Katz’s view, this is morally indefensible, as individuals are entitled to be free from the harmful actions of others, including ‘assault by other people’s tobacco use’ (2005, p. ii32). Nevertheless, arguments about freedom from ‘state interference’ continue to resonate in political discourses around smokefree policies, often prioritizing adults’ privacy and autonomy over children’s health. As Rouch *et al.* (2010, p. 83) observe, ‘[s]uch preference is contrary to international law, and to many ethical systems’ and needs to be addressed by measures such as ‘increasing the voice of children.’

The tobacco control literature has tended to position children as passive recipients of secondhand smoke and negative role modelling, and as such has generally been inattentive to their voices. This is seen to follow from the view 'that children do not have a choice about being exposed to tobacco smoke, and that it is the responsibility of adults alone to reduce children's exposure' (Holdsworth and Robinson 2008, p. 1095). It is also consistent with broader – and politically powerful – views of children as vulnerable and incomplete beings, rather than social actors capable of self-determination (Evans 2010). This said, there is evidence that from around six years of age, children can contest their exposure to tobacco smoke, and articulate fears of smoking-induced illness (Woods *et al.* 2005, Holdsworth and Robinson 2008).

Children's expressions of concern about smoke and smoking do not necessarily eliminate, or even reduce, their exposure. Children are routinely required to travel in vehicles with parents and other caregivers, and if smoking occurs on these journeys, there is no easy way for them to address this – e.g. through demanding more ventilation, requesting alternative transportation or expressing their opposition (Thomson and Wilson 2009). More generally, very young children may not be able to complain about exposure, while older children who do give voice to concerns may be ignored or reprimanded (Ashley and Ferrence 1998). As such, car travel may be a disempowering as well as unhealthy experience.

While dominant social understandings of children envision them as future (rather than current) citizens in need of control and protection, a children's rights perspective highlights their individual interests and capabilities (Evans 2010). From this standpoint, children have the capacity for participation and self-determination. Formal support for this position is found in Article 12 of the UNCRC, which recognizes the right of children to express their views freely in all matters affecting them, and for these views to be 'given due weight in accordance with the age and maturity of the child.' This provision affords children the right to participate in discussions relevant to all aspects their lives (Covell and Howe 2001). Other UNCRC provisions guarantee children's rights to information and education, which support their ability to form and articulate opinions.

There is growing evidence that taking children's views and experiences into account in matters affecting them benefits their self-esteem, cooperative skills and respect for others (Covell and Howe 2001, Lansdown 2011). It may also improve the quality of decision-making, given that children 'have a unique body of knowledge about their lives, needs and concerns, together with ideas and views which derive from their direct experience' (Lansdown 2011, p. 5). However, critics observe that the right to express a view falls well short of full involvement in planning and decision-making, usually occurs on adult terms, and does little to challenge adult-child power relations (Hill *et al.* 2004, Percy-Smith 2010). Moreover, the ability of children to express their views may be impeded by a lack of both supportive policies and formal structures. This can be seen in Canada, where 'it is still unusual for children and young people to be called as witnesses when bills that affect them directly are discussed in Parliament or in a [provincial] legislature' (UNICEF 2009, p. 59). With this in mind, we turn to our research into bans on smoking in cars when children are present.

## **Methods**

To understand the place of children's rights and children's voices in the adoption of vehicular smoking bans in Canada, a two-part approach was developed. Step one involved identifying and analyzing all relevant English-language articles on the topic printed in Canadian newspapers. This was undertaken because of the important role of print media in framing tobacco control issues (Freeman *et al.* 2008). However, media accounts are written by adults, and intended primarily for adult audiences. Thus, step two involved canvassing children's perspectives, via focus groups with young people in Edmonton, Alberta. Focus groups are an appropriate method for engaging children in research, as they allow for informal discussion among peers (Morgan *et al.* 2002). In combination, these methods enabled consideration of two important perspectives on children's views and interests vis-à-vis smoking bans in private vehicles.

The first component of the study utilized the *Canadian Newsstand Complete* database, which provides access to ~300 newspapers from across Canada, including all major national and regional titles. The database was searched for full text, English-language news articles published between November 1, 2007 and June 30, 2012. The start date



reflected the time of the first proposals for vehicular smoking bans in Canada. With these parameters specified, two searches for specific terms were undertaken. The first was 'smoking in cars', following Freeman *et al.* (2008). This returned 642 articles. The second was for 'smoking AND (car OR vehicle) AND ban'. This returned 1577 articles. All 2219 articles were then reviewed for relevance. This was defined as at least two sentences on the issue of vehicular smoking bans. This led to elimination of 1466 articles. The remaining 763 articles were then searched for duplicates: 300 were found and eliminated, leaving 463 articles for further consideration.

Content analysis of this data set was then undertaken. First, it was searched for terms related to the concept of rights: 'right(s)', 'liberty(ies)', 'freedom(s)' and 'duty(ies)'. When one or more of these words appeared in an article, surrounding sentences were read to determine whether the word(s) were being used in a manner relevant to this study. Where this was the case, the references were retained, and organized according to the moral or legal interest they were invoked to protect. Second, the complete data set was searched for expressions of children's opinions, ideas and interests. Both direct expressions (i.e. verbatim quotations from a child) and indirect expressions (i.e. adult summaries of views attributed to children) were recorded.

The second component of the research involved focus groups held in Edmonton in July-August 2012, several months after Alberta had passed a law banning smoking in private vehicles carrying children under 18 years. Ethical approval for this aspect of the study was obtained from the Research Ethics Board at the University of Alberta. Conditions of approval included strict protections for anonymity (only participant age and gender could be recorded, and no questions regarding other personal or family characteristics could be asked) and a requirement for parental consent as well as child assent to participation.

After encountering various institutional barriers to accessing potential participants, we gained permission to speak with children attending summer sports camps in Edmonton. A head coach facilitated access to large, incoming mixed-gender groups of attendees at the start of each camp week. The first author addressed eight such groups, briefly explaining the purpose of the research, the nature of focus groups, and ethical

requirements. Through this approach, she recruited 23 participants (ages 10-18 years; 16 females and 7 males) and conducted four focus groups. These were organized based on the availability of participants (with completed parental consent forms), and were not divided by age or gender. All who participated were given \$15 (CAD) gift cards to acknowledge their time and effort.

This approach enabled us to speak with young people about their experiences of exposure to SHS in vehicles, perceptions of Alberta's vehicular smoking ban, and understandings of related rights issues. While we were not seeking a representative sample of local children, we acknowledge that our participants were likely drawn disproportionately from medium- to high-income households (given that a fee was charged for involvement in the camps) and to be health-oriented (given the camps' focus on athletic activity). The opinions shared in focus groups may have reflected these identities – for example, in terms of viewing smoking as denormalized, and SHS exposure as problematic (see Holdsworth and Robinson 2013).

The focus groups lasted up to 45 minutes – the duration of the camps' lunch breaks. Following Morgan *et al.* (2002), each began with a short pen-and-paper brainstorming activity to prompt thinking about smoking and SHS exposure in vehicles, followed by a general discussion of these issues shaped by guiding questions (see Table 1). The groups' conversations were audio-recorded and transcribed, and the resulting transcripts analyzed by identifying recurring themes via an inductive approach. Using the steps set out by Braun and Clarke (2006, pp. 87-93), the analysis started with reading through the transcripts in order to become familiar with the data. Next, an initial list of codes (corresponding to specific topics) was generated and applied. Third, related codes were grouped together as major themes that characterized participants' perspectives.

<p><b>Initial Brainstorming Questions</b>  <i>Participants asked to write down responses and then share with the group</i></p>
1. Can you describe three things about a car that is owned or used by a person who smokes?
2. Can you describe three things you would think if you saw a baby in a car seat in a vehicle where the driver is smoking?
<p><b>General Questions</b>  <i>For group discussion</i></p>
3. Is it OK to tell a smoker to stop smoking in his/her own car when you are in it? Why/why not? 3a. If OK, what would you actually say? 3b. Would your answer change depending on your relationship with the smoker?
4. Some people might say the government should not tell adults what do in their own cars. What do you think about that? 4a. Do the rights of adults to do what they want in their own cars mean more than the rights of their passengers to be healthy?
5. If you had been asked to talk to politicians in Alberta about the law banning smoking in cars when children are present before it was passed, what would you have said? 5a. Should young people speak directly with politicians about this sort of law, or is better to leave this to parents?
6. Have you ever thought about whether exposure to second-hand smoke might affect your sports performance?
7. Have you ever been exposed to smoke in a car? If so, please describe the situation: How did it make you feel? How did you react?
8. Imagine you are on a long road trip with your family and an adult in the vehicle began to smoke: How would you react?
9. Who is more responsible for protecting young people against secondhand smoke in cars: young people themselves, or their parents?
10. Do you think young people's attitudes towards secondhand smoke in cars are influenced by whether adults in their family smoke?

Table 1: Question schedule for focus groups

## Results

### Print media

Of the 463 newspaper articles discussing vehicular smoking bans, 103 (22.2%) mentioned one or more rights types. These 103 articles were then read to determine how rights were being incorporated, which revealed two broad approaches. The first approach centred on rights that were infringed by the adoption of such bans. The holders of these rights were identified as adults – either directly, or (more commonly) via implicit coding, in the form of references to their being car owners, home owners, smokers, and/or parents. In interpreting claims around rights infringements as centred on adults' interests, we follow Rouch *et al.*'s (2010) analysis, and recognize that – in

Canada – only adults’ behaviours are restricted by vehicular smoking bans: well-established age limits on the purchase and possession of tobacco mean that young people are already legally prohibited from smoking (including in vehicles).<sup>ii</sup> The second approach to rights was more straightforward, in that it referred directly to children, and in particular their interests in clean air and health as passengers in private vehicles.

Adults’ rights were especially prominent in the data, appearing in 88 (85%) of the 103 articles. Numerous articles referenced more than one type of right held or claimed by adults, and as such 126 distinct references were included for analysis. Across these, five related rights types were apparent: general, privacy, autonomy, smokers’ and parental (see Table 2).

<b>Rights Type</b>	<b>Key Characteristic(s)</b>	<b>Count</b>
General	Broad, unspecified interests shared by adults	34
Privacy	Freedom from surveillance and control in private spaces (cars, homes) and private sphere of domestic life	35
Autonomy	Freedom to make decisions; freedom from governmental control	33
Smokers’	Freedom to perform a legal activity; freedom from legal and moral sanctions	17
Parental	Freedom to decide what is appropriate for one’s children; freedom from political intrusion into family matters	7
<i>Total</i>		126

Table 2: Adult rights identified in Canadian print media reports

General rights claims conveyed an impression that vehicular smoking bans threatened the interests of adults, but did not elaborate on the point. For example: ‘I agree nobody should smoke in front of a child, (but) I believe our rights are being whittled down’ (*North Shore News* June 26, 2009, p. 10). Here, an adult speaker created a conceptual distinction between children’s interests and ‘our’ rights, but there was no indication as to which rights were ‘being whittled down’, or how vehicular smoking bans contributed to this.

Other adults’ rights had more specific content. Concerns for privacy rights were relatively common, and framed smoking bans as ‘invasive’. For example:

‘It started off as banning smoking in public places, and then they wandered into private places, and now they’re in our driveways,’ she said, adding it’s not a huge

leap to suggest smoking will soon be banned in homes. 'It's ridiculous,' she said. (*Times-Colonist* November 21, 2007, p. A1)

Central to this example is the notion that government is increasingly intruding into private matters, and that vehicular smoking bans are part of a slippery slope to further legislation (e.g. beyond cars parked in driveways and into the home itself). Similar claims were made about the erosion of autonomy rights, but these centred on perceptions of adults having diminishing freedom to make decisions. For example:

...a local municipality has no such ethical right or moral responsibility to control what you do within your own car to influence the pulmonary health of your private passengers. (*Calgary Herald* July 7, 2011, p. A12)

In the same vein, other articles specifically referenced smokers' rights. These emphasized that bans intruded on adults' ability to use a legal product:

A decision by a Nova Scotia municipality to ban smoking... is part of a national trend to criminalize a legal behavior, says a smokers' rights advocate. 'Smokers are viewed as criminals at this point in time, and that's exactly the goal of the anti-smokers groups.' (*Telegraph-Journal* January 14, 2009, p. 5)

Specific references to parents' rights appeared just seven times, and were employed in much the same way to represent vehicular smoking bans as examples of excessive governmental reach into areas of life better left to self-regulation:

Large amounts of sugar are also known to be detrimental to health, but it would be crazy to ban people from giving their children a Coke... 'How far do you push what should be the parent's right to decide? ... I think maybe crossing the line a bit to the point of abusing political authority.' (*Dawson Creek Daily News* March 19, 2008, p. A1)

These five rights types were invoked *exclusively* in the context of opposition to vehicular smoking bans. For example, the claims around autonomy encompassed only the effect of these bans in reducing adults' decision-making authority, and did not reference children's right to be free from the harmful actions of others. The effect is to suggest a

fundamental tension between adult rights and the policy goal of protecting children's health (see Rouch *et al.* 2010).

Considerably less attention was given to children's rights, which were referenced in just 25 (24%) of 103 articles. All of these referred, with varying levels of directness, to children's right to health. For example:

We have the right to do as we choose as long as our actions don't infringe on the rights of others. Smoking in a car denies children their right to breathe clean air. (*Toronto Star* 7 March, 2008, p. A7)

Every child has a right to good health and clean air. By enacting legislation in Alberta to prohibit smoking in vehicles carrying children under the age of 18, the province's next premier would be protecting those rights. (*Edmonton Journal* 12 July, 2011, p. A12)

These comments recognized that children have a right to health, which requires clean air in vehicles. Moreover, they suggested (directly in one case) that this right trumps any competing interests of adults. This point echoes Katz's (2005) moral hierarchy of rights, in which health takes precedence over liberty and property. The overall impression from newspaper coverage is that vehicular smoking threaten adults' rights by restricting their choices, while protecting children's right to health. However, these were given unequal consideration, with references to adults' rights 3.5 times more frequent than references to children's rights.

Given a central interest in children's perspectives on this policy issue, the entire media data set was also searched for children's voices and opinions. Of the 463 articles, only nine (1.9%) contained such expressions, with just four directly conveying children's opinions:

'I want people to hear my call in the Townships because here in Quebec, 40 per cent of smokers light their cigarettes in their cars even if there are children on board, and that it is more than double the average Canadian' (*Record* January 19, 2011, p. 4).

'It's a well-known fact that if you smoke around your kids, your kids will smoke, too. Don't let your kids make the same mistake as you did.' (*Niagara This Week* April 18, 2008, p. 1)

'It's important because the kids have no choice right now and they need the support from other people to protect their health and their future health. Hopefully this will make [government] start thinking about it.' (*Times-Colonist* November 23, 2007, p. A5)

'It's stinky.' (*Guelph Mercury* May 22, 2008, p. A1)

These quotations constitute *all* the words (106 in total) attributed to children in Canadian newspapers' coverage of vehicular smoking bans – an initiative directly relevant to their lives, and enacted for the purposes of their protection. In addition, there were five indirect references to children's opinions – four involved adults recalling their (unfavourable) childhood experiences of travelling in cars with smoking parents, and the fifth mentioned a school audience cheering a newly-announced ban.

Thus, not only were children's rights relatively marginalized in media reports on vehicular smoking bans, so too were children's voices. Children were occasionally recognized as possessing a right to health that required protection, but almost never as citizens who had views relevant to this policy, and the right to express these and have them heard. Our focus groups sought to address this exclusion.

### **Focus groups**

Of the 23 participants, 22 expressed unreservedly positive views of the ban recently enacted in Alberta, while one was ambivalent. All offered reasons for these opinions; most commonly, they invoked the notion of protection from harm to express their support. For example:

They [the government] are keeping the welfare of people in mind. ... And the no smoking [law] is another way to keep people safe. Because you can't stop people from smoking, but you can like stop them from endangering and like harming others in a vehicle. (FG3)

It's safe. Because some kids ... maybe their parents told them 'do what I do because I do it right' and then they [the parents] start smoking in the car and they [the children] think they should do it. (FG1)

In addition, many participants were aware that there were some adults who opposed legislating for smokefree cars, but responded that it was appropriate in light of the need to protect children against harm. In so doing, they prioritizing the health of child passengers over other concerns:

...with trying to put a law on not smoking in cars, they [government] can try to protect those other people that aren't smoking and are trying to lead a healthier life. (FG3)

It [smoking in cars] is the government's business because other people are getting harmed by it. (FG4)

Elaborating on the point about harm, one participant used a dramatic simile to highlight the gravity of the situation:

I think it's not as severe as like killing somebody, but it's kinda like the government says we can't shoot somebody with a gun. So I think ... if they can say that to us, then why couldn't they say you can't like continually hurt somebody internally by smoking? (FG4)

Some participants were also conscious that other children might not understand the health risks of exposure to smoke in cars, meaning they could not advocate for their own interests. This furthered the case for government to protect them via legal means:

I don't see any harm with this law ..., especially since they [children] do not understand – or they might not comprehend – what's going on about the danger ... to their bodies. (FG3)

Only one participant seemed uncertain about the merits of a vehicular smoking ban:

I don't know, I probably ... I think I agree with it. But my parents have slight disagreements, so I see both sides of it. But for me personally I think it's a good



idea. For – to keep kids safe. Against – because it's their decision, it's their car.  
(FG3)

While these comments were in one sense unusual, they also typified the ability of participants to explain their opinions. In all four focus groups, this led to discussion of a second theme: whether children had the power to express those opinions when actually travelling in vehicles with adult smokers. This was represented as a difficult scenario, as it involved challenging social boundaries and adult authority:

It's like, respect your elders. It is harder to voice your opinion to them especially if you feel they feel you are being disrespectful, because it's their actions not yours.  
(FG2)

They might get angry and stuff ... we might get in trouble. (FG4)

Fear of angry responses led many participants to state they would avoid asking someone to stop smoking in a vehicle, with one noting that even for adults such as scenario could be challenging: 'I don't know that it's even totally socially acceptable for adults to say that' (FG4). For those willing to speak up, the preferred involved tactful politeness, so as to minimize potential conflict:

Ask them very very very politely: 'sorry, I don't want to be around smoke.' Don't want to offend them either! (FG2)

I'd take the polite route and say: 'I don't like the smell of the smoke'. Because ... I hate the smell of smoke. But I'd also ask them politely to stop smoking like around me so I don't inhale anything. (FG3)

In one group it was noted that a vehicular smoking ban potentially empowered children, allowing them to point to an outside authority (law) rather than personal concerns. This was presented as another strategy for reducing any impression of disrespect or impoliteness:

I would not like technically ask them to stop, but kind of explain that there is a new law and if someone catches you, you can be fined over \$500 I think. You could warn them.... (FG1)

While participants recognized the complexities of requesting an adult to stop smoking in a vehicle, this was not due to any ambivalence about exposure. Indeed, a third theme emerging from the focus groups centred on the discomfort of being exposed to tobacco smoke, most often expressed using words such as 'smelly', 'dirty' and 'gross'. Without exception, the participants stated they disliked (or 'hated') being around smoke and smokers, due primarily to the smell and trouble breathing. Many also discussed coughing around smokers, with some noting that exposure also made them feel sick.

Participants who had frequently shared vehicles with smokers had developed techniques to avoid some of these unpleasant effects, and perhaps communicate their feelings at the same time:

So when that happens we kinda don't really breathe with our noses, we kinda breathe little bits with our mouth and have both [rear] windows down so the smoke goes right through. (FG1)

I just roll down the window really obnoxiously until they get the hint. (FG2)

Such actions were underpinned by awareness of the health risks of SHS exposure, including the heightened vulnerability of children. Indeed, risk was a fourth theme in the focus group conversations:

It could mess up your lungs and then you could have a hard time breathing while you're running. (FG1)

I know that it is not quite as bad as actually smoking, but I also know that it's supposed to be bad for your health, especially at a younger age. (FG3)

It [smoking in a car with a young child] is not really fair to the child because they're not even old enough to know it's bad for them and their weak system. (FG4)

Participants seemed less familiar discussing the rights dimensions of smoking bans. Indeed, they almost never referred to rights directly, but used words such as 'choice', 'fair' and 'correct' to express moral judgements. For example, they argued that people should have a 'choice' not to be exposed to smoke. In so doing, they reiterated that

children often find it difficult to express/exercise this choice, given the power dynamics inherent in car travel:

The child – it's like they can get harmed too and that's not really fair for the child because they don't have a choice most of the time whether they go in the car or no, because parents are going. (FG4).

It's not the children's choice – they have to stay with their parents. (FG4)

While support for vehicular smoking bans was strong, participants were conscious that they had not personally been involved in developing this policy in Alberta, and inferred (correctly) that other young people had not been either. This led to discussions of the value of children's participation in policy-making:

How are they [politicians] to know what needs to happen to protect us when they don't know what is happening to us by not talking to us? (FG2)

I think they [politicians] should ask what the kids think, because they won't like ... learn the little problems they have to fix to make the law perfect. (FG3)

These concerns prompted discussion of options for promoting children's involvement in policy-making, although this was not overtly framed as a rights issue. Overall, participants were supportive of the decision to ban smoking in cars, but critical of the process by which it was reached, which suggested 'they [politicians] don't think ... we understand the issue fully' (FG3). Their own contributions to group discussions highlighted a detailed understanding of this particular issue, structured around the themes of harm, power, discomfort and risk.

## **Discussion**

One of the goals of this research was to understand rights claims related to vehicular smoking bans, in the context of international law which supports both health rights and the right of children to participate in decision-making. The Canadian print media did not have a particularly strong rights focus in its reports on the bans, with references appearing in just 103 of 462 articles. Moreover, when they were mentioned, the focus was most often on adults' rights, and how these were infringed by banning smoking in

vehicles. This finding is broadly consistent with observations that opponents of tobacco control are often able to ‘capture’ the language of rights with selective concern for the interests of some adults, particularly those who smoke (Katz 2005, Rouch *et al.* 2010).

We found print media considerations of adults’ rights to be variegated, encompassing general anxieties as well as more specific, inter-related concerns about their privacy, autonomy, parenting choices, and ability to smoke. In addition, it was claimed that bans posed an indirect threat, by setting a precedent for further ‘state interference’ into personal decisions and private spaces. Absent from these accounts was any reference to consistently high levels of support for vehicular smoking bans in public opinion surveys, including among adult smokers (Canadian Cancer Society 2007, Hitchman *et al.* 2010). The extensive (and long-standing) public interest in regulating the use of private vehicles, including for the purposes of child protection (Saltman *et al.* 2010), also went unacknowledged.

Considerably less attention was paid to children’s rights in print media reports. Moreover, when children’s rights did appear, they were collapsed into a single category with the right to health. However, there was no explicit acknowledgement of the many formal protections in international law for the right of health, or consideration of how and why this right is of critical importance (Hunt *et al.* 2009). Also absent was any recognition of children’s right to express their views under Article 12 of the UNCRC. Indeed, international treaties went unmentioned in the print media, which instead presented rights as matters of opinion.

The marginalization of children’s interests was compounded by their opinions being referenced just nine times across 463 articles; a proportion so small as to suggest children’s viewpoints were deemed unworthy of consideration. Children, it seems, are still viewed as ‘future political participants’ with ‘no expectation’ that they can ‘recognize or exercise their rights on their own behalf’ (Johnson 2008, pp. 115-116). Focus group participants, too, seemed unfamiliar with rights – or, at least, they did not deem them relevant to a discussion of vehicular smoking bans. At several points there was tacit acknowledgment of the right to health, but beyond this the participants appealed to ideals such as choice and fairness – and the need for adults to respect these. These

findings are consistent with a UNICEF (2009) report that Canadian children lack awareness of their rights, due to both insufficient education on the topic, and an absence of mechanisms for exercising them.

The participants' support for vehicular smoking bans was grounded in the discomfort they experienced in being exposed to SHS in cars, and their knowledge of the related health risks. It followed that (with one partial exception) they believed such bans were appropriate. The need to protect children, they argued, was more important than the rights of adults to smoke and use private property as they saw fit. In articulating these points, participants recognized a legitimate role for government in protecting people from harm; indeed, one considered the case for vehicular smoking bans to be as self-evident as that for prohibiting 'shoot[ing] somebody with a gun.'

In keeping with previous observations (Thomson and Wilson 2009), participants also acknowledged the difficulties in voicing their concerns about SHS exposure in vehicles. This related to the disempowering socio-spatial context of car journeys. Put simply, if adults smoke in a car, children do not have a choice to get out. Moreover, they are limited in their ability to express concerns about SHS exposure, as this entails challenging adult smokers' authority, which can be perceived as disrespectful. In these circumstances, children's agency was constrained, but not altogether effaced: while some participants felt powerless, others developed tactful ways to express their concerns, or strategies for mitigating exposure, such as covering their noses and mouths. These actions speak to children's ability to shape their lived experiences through everyday practices, even under adverse circumstances (Kallio and Häkli 2011).

Overall, participants emphasized that children's right to express their views in matters concerning them is difficult to realize in the context of car in which adults smoke. Their accounts of respect for adults' choices around smoking, and the need to be tactful and polite, pointed to a social hierarchy constructed around adult authority, which is magnified in the socio-spatial context of car travel – and relatively unaffected by notions of children's rights. Moreover, they were aware that their voices had not been sought after in the decision to implement a vehicular smoking ban in Alberta. Thus, there was a sense in which children were doubly silenced on this issue.

This marginalization of children's voices is consistent with research suggesting that while the right to be consulted is accepted as a principle of international law, children are often not supported in expressing their views, and find it challenging to do so alone (Kelley 2006). More broadly, it speaks to a policy context in which adult institutions often prioritize children's welfare and the need to protect them against risks (including health risks), but do little to engage them in decision-making processes, or to encourage their agency (Alderson 2012, Hill *et al.* 2004). Yet, the nuanced and well-informed nature of our participants' accounts affirmed that, when given the opportunity, children 'are competent witnesses who can speak for themselves and express their experiences of and perspectives on the social worlds in which they live' (Barker and Weller 2003, p. 208).

## **Conclusion**

Vehicular smoking bans are an increasingly widespread public policy response to concerns about children's exposure to secondhand smoke as well as smoking role models. Previous research into these bans has centred on adult perspectives, including policymakers' understandings (Rouch *et al.* 2010), public attitudes (Thomson and Wilson 2009) and media framings (Freeman *et al.* 2008). There has been a lack of attention to children's perspectives, reflecting a tendency within tobacco control research to understand children as passive victims rather than social agents (Holdsworth and Robinson 2008).

This study has added an explicit focus on children's rights and children's voices in the context of rapid adoption of vehicular smoking bans across Canada since 2007. Tellingly, neither was prominent in print media reports: acknowledgement of children's rights was limited to a small number of references to their right to health, while children's voices were essentially absent. This helps to confirm that the ongoing exclusion of children's perspectives from public discourses in Canada (UNICEF 2009), even in the case of a policy initiative driven by concern for their interests. It is also consistent with broader observations that while the protection of children is often a priority for adult institutions, the promotion of their agency is not (Hill *et al.* 2010).

Clearly, the policy trend towards vehicular smoking bans is protective of children's right to the highest standard of health, which is threatened by exposure to SHS (WHO 2007). Yet it is not necessarily understood in these terms. In the newspaper reports considered here, children's right to health was acknowledged much less frequently than an array of adult rights, and was not acknowledged as a principle of international law. Moreover, the print media suggested a fundamental tension between these rights; an adversarial framing that is consistent with (mis)understandings of children's rights as a category that is conceptually distinct from, and often in tension with, adult rights (Hill *et al.* 2010, Alderson 2012). Future research in Canada could include French-language news, as well as media types other than newspapers, to gain a more complete picture of how vehicular smoking bans are represented.

To incorporate children's perspectives directly, we conducted focus groups with 23 young Edmontonians. The practical and ideological objections that are so prominent in adults' debates around vehicular smoking bans (Rouch *et al.* 2010) did not resonate with these participants. Instead, they articulated strong support for policy action in this area, with a central focus on the need to protect children from harm. Their views were informed by personal experience, which included not being empowered to speak up about smoking in cars. The four key themes in their accounts expressed the ways in which the issue of smoking in cars *matters* to children – something that is critical to establish, if children's right to participate in issues concerning them is to be ensured (Kallio and Häkli 2011). All participants were members of summer sports camps, and this may have influenced the range of views expressed. As such, our results represent an initial exploration rather than a comprehensive account of Albertan (or Canadian) children's views on this issue. Future studies could seek to include children from low-income and rural backgrounds, as well as those aged under 10 years.

Even with knowledge of the risks of SHS exposure, and an aversion towards smoke, participants reported putting up with exposure in vehicles, rather than asking smoking adults to change their behaviours. Adult authority and ownership of vehicles largely determined the conditions of travel, and made objecting to smoking disrespectful. Consequently, children were forced to share an unhealthy environment, in breach of

their rights. Legislated bans can help to address this by providing a formal indication that smoking in cars is unacceptable, a message to which children themselves may be able to point.



## References

- Alderson, P., 2012. Rights-respecting research: a commentary on 'the right to be properly researched: research with children in a messy, real world', *Children's Geographies*, 2009, 7, 4. *Children's Geographies*, 10 (2), 233-239.
- Ashley, M. and Ferrence, R., 1998. Reducing children's exposure to environmental tobacco smoke in homes: issues and strategies. *Tobacco Control*, 7, 61-65.
- Barker, J. and Weller, S., 2003. Geography of methodological issues in research with children. *Qualitative Research*, 3 (2), 207-227.
- Braun, V. and Clarke, V., 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101
- Canadian Cancer Society, 2007. Focus Canada: A provincial law that would ban smoking in cars that are carrying children younger than 18 years of age [Survey by Environics Research Group]. Ottawa: Canadian Cancer Society.
- Collins, D. and Procter, A., 2011. Smoking's shrinking geographies. *Geography Compass*, 5 (12), 918-931.
- Covell, K. and Howe, R.B., 2001. Moral education through the 3Rs: Rights, respect and responsibility. *Journal of Moral Education*, 30 (1), 31-42.
- Evans, B., 2010. Anticipating fatness: childhood, affect and the pre-emptive 'war on obesity'. *Transaction of the Institute of British Geographers*, NS 35: 21-38.
- Freeman, B., Chapman, S. and Storey, P., 2008. Banning smoking in cars carrying children: An analytical history of a public health advocacy campaign. *Australian and New Zealand Journal of Public Health*, 32 (1), 60-65.
- Glover, M., Scragg, R., Min, S., Kira, A., Nosa, V., McCool, J., *et al.* 2011. Driving kids to smoke? Children's reported exposure to smoke in cars and early smoking initiation. *Addictive Behaviours*, 36 (11), 1027-1031.

Healey, B., Hoek, J., Wilson, N., Thomson, G., Taylor, S. and Edwards, R., 2014. Youth exposure to in-vehicle second-hand smoke and their smoking behaviours: trends and associations in repeated national surveys (2006–2012). *Tobacco Control*, in press.

Henderson, H., Nass, L., Payne, C., Phelps, A. and Ryley, A., 2013. Smoking, drinking and drug use among young people in England in 2012. London: Health and Social Care Information Centre.

Hill, M., Davis, J., Prout, A. and Tisdall, K., 2004. Moving the participation agenda forward. *Children & Society*, 18 (2), 77-96.

Hitchman, S.C., Fong, G.T., Zanna, M.P., Hyland, A. and Bansal-Travers, M., 2010. Support and correlates of support for banning smoking in cars with children: Findings from the ITC four country survey. *European Journal of Public Health*, 21 (3), 360-365.

Holdsworth, C. and Robinson, J.E., 2008. 'I've never let anyone hold the kids while they've got ciggies': moral tales of maternal smoking practices. *Sociology of Health and Illness*, 30 (7), 1086-1100.

Holdsworth, C. and Robinson, J., 2013. Parental smoking and children's anxieties: an appropriate strategy for health education? *Children's Geographies*, 11 (1), 102-116.

Hudson, S. and Thomson, G., 2011. Policymakers and the example of smoking to children: A qualitative study. *Tobacco Induced Diseases*, 9 (1), 1-8.

Hunt, P., Backman, G., Bueno de Mesquita, J., Finer, L., Khosla, R., Kroljan, D. and Oldring, L., 2009. The right to the highest attainable standard of health. *Oxford Textbook of Public Health* (Chapter 4.1), 5th Ed., Oxford University Press.

Jarvis, M., Sims, M., Gilmore, A. and Mindell, J., 2012. Impact of smoke-free legislation on children's exposure to secondhand smoke: Cotinine data from the Health Survey for England. *Tobacco Control*, 21, 18-23.

Johnson, C., 2008. Entitlement Beyond the Family: Global Rights Commitments and Children's Health Policy in Canada. In O'Neill, T. and Zinga, D. (Eds), *Children's Rights:*

*Multidisciplinary Approaches to Participation and Protection* (115-136). Toronto: University of Toronto Press.

Kallio, K.P and Häkli, J., 2011. Tracing children's politics. *Political Geography*, 30 (2), 99-109.

Katz, J., 2005. Individual rights advocacy in tobacco control policies: an assessment and recommendation. *Tobacco Control*, 14 (Suppl II), ii31-ii37.

Kelley, N., 2006. Children's involvement in policy formation. *Children's Geographies*, 4 (1), 37-44.

Lansdown, G., 2011. *Every Child's Right to be Heard: A Resource Guide on the UN Committee on the Rights of the Child General Comment No. 12*. United Kingdom: The Save the Children Fund.

Leatherdale, S.T. and Ahmed, R., 2009. Second-hand smoke exposure in homes and in cars among Canadian youth: Current prevalence, beliefs about exposure, and changes between 2004 and 2006. *Cancer Causes and Control*, 20 (6), 855-865.

London, L., 2008. What is a human rights-based approach to health and does it matter? *Health and Human Rights*, 10 (1), 65-80.

Morgan, M., Gibbs, S., Maxwell, K. and Britten, N., 2002. Hearing children's voices: Methodological issues in conducting focus groups with children aged 7-11 years. *Qualitative Research*, 2 (1), 5-20.

Pawson, R., Wong, G. and Owen, L., 2011. Myths, facts and conditional truths: What is the evidence on the risks associated with smoking in cars carrying children? *Canadian Medical Association Journal*, 183 (10): E680-E684.

Percy-Smith, B., 2010. Councils, consultations and community: rethinking the spaces for children and young people's participation. *Children's Geographies*, 8 (2), 107-122.

Procter-Scherdtel, A. and Collins, D., 2013. Social norms and smoking bans on campus: Interactions in the Canadian university context. *Health Education Research*, 28 (1): 101-112

Rees, V.W. and Connolly, G.N., 2006. Measuring air quality to protect children from secondhand smoke in cars. *American Journal of Preventive Medicine*, 31 (5), 363-368.

Rouch, G., Thomson, G., Wilson, N., Hudson, S., Edwards, R., Gifford, H., *et al.* 2010. Public, private and personal: Qualitative research on policymakers' opinions on smokefree interventions to protect children in 'private' spaces. *BMC Public Health*, 10, 797-806.

Saltman, D., Hitchman, S. C., Sendzik, T. and Fong, G.T., 2010. The current status of bans on smoking in vehicles carrying children: A Canadian perspective. *Cancer Advocacy Coalition of Canada: Report Card on Cancer in Canada*, 12, 5-9.

Sendzik, T., Fong, G.T., Travers, M.J. and Hyland, A., 2009. An experimental investigation of tobacco smoke pollution in cars. *Nicotine and Tobacco Research*, 11 (6), 627-634.

Thomson, G. and Wilson, N., 2009. Public attitudes to laws for smoke-free private vehicles: A brief review. *Tobacco Control*, 18 (4), 256-261.

UNICEF, 2009. *Not There Yet: Canada's implementation of the general measures of the Convention on the Rights of the Child*. UNICEF Innocenti Research Centre.

WHO, 2007. *Guidelines on Protection from Environmental Tobacco Smoke*. Geneva: Conference of the Parties to the Framework Convention on Tobacco Control.

WHO, 2009. *WHO Report on the Global Tobacco Epidemic, 2009: Implementing Smoke-free Environments*. Geneva: WHO.

Woods, S.E., Springett, J., Porcellato, L. and Dugdill, L., 2005. 'Stop it, it's bad for you and me': Experiences of and views on passive smoking among primary-school children in Liverpool. *Health Education Research*, 20 (6), 645-655

## Notes

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<sup>i</sup> The definitions of 'child' for the purposes of such laws do not necessarily correspond with the definition under international law (under 18 years, unless the age of majority is attained earlier), or with the age of majority in the respective provinces (variously 18 or 19 years). Across Canada, individuals who have not attained the age of majority cannot legally purchase or possess tobacco products.

<sup>ii</sup> Put another way, children's interests in privacy and autonomy (and, in some cases, in making parenting decisions) are not infringed by vehicular smoking bans, as they are already legally prohibited from smoking.