



EFFECTS AND DIFFERENCES OF SMOKING BANS IN CALIFORNIA AND THE NETHERLANDS-

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Executive Summary

This report was written in order to find out if the current and previous implemented smoking bans have had effect on the smoking behaviour of Dutch citizens and the citizens of the state of California and to see to what extent they had effect. In order to find out what the effects were of the smoking bans, first a background on smoking and smoking bans has been provided, followed by more detailed information on what sort of smoking bans have been implemented throughout the years. Only the most influential bans have been explained. After gaining a clear view on what kind of smoking bans have been implemented, the effects of these bans have been described. Where eventually a conclusion has been based on.

Smoking is an ancient habit of people around the entire globe. The tobacco products started off being used for medical purposes. Sooner or later, it became clear that smoking tobacco leaves brought dangerous health risks with and people could die from it. Shortly after it became clear that smoking tobacco leaves was not as healthy as people thought it would be, smoking bans were introduced. The first smoking restriction that was ever implemented was in 1575 by the Roman Catholic church, out of religious views. The first ban concerning health was a ban on commercials regarding tobacco products and smoking tobacco in the United States.

Years later, information on health risks, for smoking tobacco products, was expanded and more detailed. More and more people became informed of the risks when smoking tobacco, due to the severe health risks, smoking tobacco became the number one preventable cause of death in the United States. That is why many smoking bans were implemented throughout the years and are still being maintained.

First smoking ban in the state California concerning the health risks, took place in 1988 and the first ban in the Netherlands took place in 1990. The name of the Californian ban was 'Proposition 99' and name of the Dutch ban was 'Tobacco Act 1990'. Both smoking bans were applying restrictions on the price of tobacco products. Taxes were implemented, so a decline of the number of tobacco users would take place.

Eventually, after having a clear view on what kind of bans have been implemented throughout the years and what kind of effects the smoking bans have had on the citizen of California and the

Netherlands, the main question of this dissertation could be provided with an answer. Main question is *“To what extent did the implemented smoking ban policies have effect on the smoking behavior of Californian (USA) and Dutch citizens?”*

Looking at all the previously conducted studies and evidences on a decline of number of people smoking, it can be stated that the smoking bans have had a tremendous effect on people and their smoking behavior, including the thoughts people have about smoking tobacco.

Although a great decline of the usage of tobacco has taken place over the years, smoking tobacco still is the number one preventable cause of death in the United States. Which means that there are still too many people smoking tobacco and too many people could not be prevented from an unnecessary death?

The number one preventable cause of death in the Netherlands is obesity, which can lead to cardiovascular cancer. Smoking tobacco could also lead to lung cancer, but is not a number one preventable cause of death in the Netherlands. Therefore, it can be stated that the Dutch government is a bit closer to reaching their goal than California is.

Comparing California and the Netherlands with each other, they at first seem to have implemented the same smoking bans over the years and the results seem also to be similar. But eventually, a different outcome on the effectiveness of the smoking bans has taken place. The reason why the Dutch government is closer to reaching their goal of decreasing the number of citizens smoking tobacco, is due to the consequent increase of taxes on tobacco products.

EFFECTS OF SMOKING BANS

Comparing California and The Netherlands

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1. Introduction

Smoking is an ancient phenomenon, which has become a habit of many people around the world. With a focus on California (USA) and the Netherlands, according to Bandler (2010), “tobacco leaves started off being chewed on and used for medical reasons” (p,1). The tobacco industry was gigantic and had turnovers of millions. Throughout the years, the smoking phenomenon has drastically changed. On contradiction of smoking being seen and used as a medicine, nowadays smoking is known for its unhealthy side effects. Despite the unhealthy side effects of tobacco products, they are still accessible to all citizens and are entirely integrated in daily lifestyles of millions of households. A drastic switch has taken place, due to several implemented legislations by government bodies. Although the tobacco business is still of great benefit for the economic development of its country/state and continuously has large turnovers, smoking bans take place gradually and are presently important matters where many political discussions are based on (CDC, 2010 p.1). The main focus of these discussions are health issues.

The adverse effects of smoking on one’s health, have been a known fact as early as cigarette and other tobacco products were first rising in popularity (Richard Bandler, 2010). Due to constant developments and changes in society worldwide, government institutes focus on a decrease of smokers in their country/state and are trying to break through this old habit, for an example, by enforcing penalties for violating smoking bans, who have varied from the heaviest to the lightest penalties, that could be possible imposed on smoking ban violators.

In order to get more insight on this matter, thorough desk research has been conducted and studies have been reviewed on the effect of tobacco control policies on smoking rates, with the aim of providing guidance on the importance of different policies. Based on past studies, an estimation has been made on the magnitude of effects of major tobacco control policies and to what extent the implemented policies influenced the smokers. An evaluation will also be made on the relationship between the different policies and the barriers to implementation.

The main reason and goal for conducting research on the effectiveness of the implemented smoking ban policies are, to show what the actual effects are of the implemented policies in the state of California (USA) and the Netherlands and to demonstrate to what extent do they have effect and have influence on the citizens and their health. Both state and country will be compared

to each other and a conclusion will be based on the different approaches of the government bodies and the outcomes of their implemented policies and changed legislations.

The following research question was formulated in order to reach the aim: *“To what extent did the implemented smoking ban policies have effect on the smoking behavior of Californian (USA) and Dutch citizens?”* Differently said, *“How effective are the smoking ban policies and are they helping in decreasing the number of smoking citizens?”* the countries and state have.

In order to investigate the effectiveness of the taken measures by governmental bodies to prevent an increase of smokers and to generate a decrease, desk research was necessary to be used as research method. Data was collected by the use of a variety of sources, such as databases of government bodies, books, journals, search engines, educational institutions, articles and previously conducted studies.

With the purpose of having a clear view on this matter after reading this report, several steps were desirable to be taken. First, a background on smoking and smoking bans will be presented where basic information will be provided. After having a clear view on the basics, chapter three will be dedicated to more detailed information on how the state California (USA) implemented the policies, the reasons behind the implementations and what the effects of the policies have been throughout the years. Chapter four is written with a focus on the Netherlands with the same outline as chapter three and research sub questions. After gaining knowledge on all details of the taken measures on smoking bans in California and the Netherlands, a conclusion will be made and based on previously conducted research, where the answer of the main question *“To what extent did the implemented smoking ban policies have effect on the smoking behavior of Californian (USA) and Dutch citizens?”* will be based on.

2. History of Smoking and Smoking bans

Smoking pre-dates back to as early as 1000 before Christ (BC) in the region of Central America where the Mayan civilization began to chew and smoke the tobacco plant (Richard Bandler, 2010). The Mayans also mixed the tobacco leaves with herbs and other plants to make medicines for the sick and wounded. According to the Mayans, tobacco leaves would have a healing effect and should therefore be used for medical needs (Richard Bandler, 2010). Reason why the Mayans believed tobacco had a curing effect, was due to the fact that they saw the plant as a gift from god that was given to them (Eric Bruns, 2007). As evidence that their strong beliefs were related to god, early drawings were found who were carved into the walls of the Mayan temples. A priest, which was seen as a saint, was shown with a pipe in his mouth and his head encircled with smoke drifting around him and went its way skyward (Eric Bruns, 2007). This means that the Mayans were the first people in the United States of America who discovered the tobacco plant and started smoking it.

Due to many travels of the Mayans, tobacco leaves were spread throughout entire America from North to South. Hundreds years later, great European explorers were the first ones who came in contact with the tobacco plant and brought it into the western society of Europe (Eric Bruns, 2007). According to Bandler (2010), “Christopher Columbus was most likely the first European who saw the tobacco plant and took it back to Europe” (p. 1). But it was not before the Portuguese explorer Pedro Alvarez Cabral, who actually demonstrated what could be done with the tobacco leaves and how to smoke them, that the European citizens got interested in this new products (Richard Bandler, 2010).

Thus, it has been stated throughout history that Columbus, who most likely came in contact with the tobacco plant as the first European explorer, was not interested in smoking the tobacco leaves himself. Therefore, smoking could not be demonstrated to the European citizens nor what the Mayan civilization were doing with the tobacco leaves, how they used them and for what purposes. This way tobacco leaves stayed out of publicity. The Portuguese explorer Pedro Alvarez Cabral on the other hand, also brought the tobacco leaves to Europe but was actually the first one who dared to smoke the leaves in front of the Portuguese citizens, like the Mayan civilization used to do in the United States.

Due to this demonstration, tobacco and smoking were gaining more publicity throughout Europe and an interest for the tobacco leaves and smoking was awakened (CDC, 2010 p.1). Around the same period of time, tobacco leaves were with greater interest, also introduced in the UK and US itself. Globally, more interests were shown for this burning plant that produced smoke and a good feeling. Since the first demonstrations and developments of smoking tobacco leaves in the western society, a smoking hype was started.

After a period of enjoyment of the tobacco leaves, first alarming announcements were made on the health risks that smoking tobacco leaves entailed. Research was conducted to convince and show the people what kind of effects smoking had on health and why it would be better not to smoke at all. Also were believes such as, smoking having healing effects, disproved. Outcomes of the conducted research on health risks when smoking tobacco leaves, resulted in an introduction of smoking bans.

Smoking bans pre-date back to as early as 1575. In 1575, the first recorded prohibition of the use of tobacco occurred when the Roman Catholic Church banned smoking in any place of worship throughout the Spanish Colonies (Jeremy Richards, 2008). This was back in the days a very unlikely thing to happen, due to the high usage of tobacco and the popularity of it, among citizens. Over the years, many policies on smoking tobacco were in different countries implemented, changed, re-implemented and aborted again.

According to Richards (2008), “the first recorded policy prohibiting smoking in the Unites States, was in 1632 in Massachusetts” (p.1). The General Court banned smoking for all its citizens unless they are five miles away from the town. And in the following year, the Colony of Connecticut limits the smoking of its citizen to one stick a day (Jeremy Richards, 2008).

Continuing the history of smoking bans, United States of America is the first country in the world who started taking actions against the smoking habits of its citizens (Jeremy Richards, 2008). Statistics from the Centers for Disease Control and prevention (CDC) show that despite the fact that United States was the biggest promoter and still is the biggest producer of tobacco, they were the first once to introduce a ban on smoking ads (CDC, 2010). Reason for implementing a ban on smoking ads had to do with a release of a research conducted by a surgeon named Luther L. Terry, M.D (CDC, 2010).

According to CDC (2010), “Luther L. Terry, M.D., Surgeon General of the U.S. Public Health Service, released on January 11 1964, his first report of the Surgeon General's Advisory Committee on Smoking and Health” (p.1). This was the first statement in a series of reports that were publicized over the next forty years. “Main aim of doing research and writing the previously mentioned reports, was to diminish the impact of tobacco use among American citizens” (CDC, 2010, p.1).

After finally recognizing the health threats of tobacco users, writings were publicly published. Publications have had worldwide a big influence on the usage of tobacco products. After the publications on the threats of smoking tobacco in the United States and many other countries, governmental bodies finally started discussing the consequences and dangers of tobacco and nicotine. These were the first steps, that led to a creation of comprehensive smoking bans as known these days.

According to Weyers (2010) “the first recorded policy prohibiting smoking in the Netherlands was in 1990 and was named as the ‘Tobacco Act 1990’ ” (p.4). The government imposed all public bodies the obligation to take measures toward preventing the discomfort of tobacco smoke. Taking measures implied according Weyers (2010) that “the public bodies set up their own smoking ban and kept it up” (p.4). This measure was also called a self-regulation, because the taken measures had to be initiatives from the public bodies itself and was not regulated by the government nor a legislation. End of the 1990's were findings of the self-regulated smoking ban published. The results were not as positive as first expected due to the number of public bodies that were lacking in taking measures, which would decrease the discomfort of tobacco smoke and who also did not impose any other changes regarding smoke-free workplaces.

Throughout the years, smoking bans have been implemented and changed. Due to the severe health consequences of tobacco usage, many actions followed. First, a ban on tobacco advertisement was implemented, which was according to the CDC (2010) “a big step for the biggest producing country of tobacco products and the biggest investor in advertisement of tobacco products, United States of America” (p.1). “Secondly, smoking restrictions such as no smoking in airplanes and no smoking in hospitals were implemented” according to CDC (2010, p1). Finally, the history of smoking and smoking bans continues with majority of the states in the United States and the Netherlands prohibiting smoking in public places and providing stiff penalties to violators.

3. Dutch Smoking bans

5.1 Introduction

Smoking in the Netherlands is an old phenomenon. According to the Ministry of Health Welfare and Sports (2008), each year more than 20.000 thousand people die from active smoking in the Netherlands (p.1). For this reason, the Dutch government has implemented different instruments over the last couple of years in order to better the situation in the Netherlands regarding tobacco use. As the Ministry of Health Welfare and Sports (2008) writes, the implemented instruments as a comprehensive package are;

- Legislation (Tobacco Act)
- Health education (campaigns, school programmes, etc.)
- Provision of care and facilities for those who want to quit smoking
- Price policy (taxes)
- Sales restrictions
- Product regulation
- International initiatives (WHO, EU)

With these tools, an effort has been made to reach the following objectives of the tobacco control policies; *preventing youth from smoking, decrease the percentage of smokers and protecting non-smokers from tobacco smoke* (Ministry of Health Welfare and Sports, 2008). According to the National Tobacco control programme (2006) are “these three objectives are seen by the Dutch government as so-called pillars and are inextricably linked with each other” (p.18). The National Tobacco control programme (2006) also states that “if more smokers stop smoking, society will become more and more smoke-free, young people will be less frequently confronted with other people smoking and non-smoking will become more and more socially accepted as the norm” (p.18).

Legislation

This instrument represents all acts that were implemented regarding prohibiting smoking. Further adjustment to a ‘Tobacco Act’ would mainly consist of shrinking a number of exceptions, tightening up existing conditions and make use of the existing bases. Besides widespread information on existing laws and regulations, their enforcement is also a major requirement for satisfactory compliance (E.J Strahan et al, 2002 p.183-190).

Health education

It is important to ensure that the public is kept informed with regard to health damage caused by (passive) smoking. This should also include information on the advantages of giving up smoking and the appropriate support they can receive. Health education does not only include campaigns, but also interventions which are important in order to influence the attitude or social norms of the public or subgroups in society (National Tobacco control programme, 2006 p.22). Research has also shown that large-scale mass-media “stop smoking” campaigns result in a significant increase in the number of successful attempts to give up smoking and when campaigns are directed at young people, intentions to start smoking are less frequent (E.J Strahan et al, 2002 p.183-190).

Provision of care and facilities for those who want to quit smoking

It is a known fact that some smokers can succeed in stopping without any help, but there are still many smokers who are not able to stop smoking without some kind of support. Research has shown that making use of special resources when giving up smoking considerably increases the chances of success and there is a wide range of such resources available (E.J Strahan et al, 2002 p.183-190).

Price policy

Price policies are mostly based on taxes. It is an important and effective instrument for reducing tobacco consumption and is one of the most influential measures, that the Dutch government has taken (E.J Strahan et al, 2002 p.183-190).

Sales restrictions

Sales restrictions can represent age limits when buying tobacco products and a ban for certain categories of businesses and organizations such as: educational and health care institutions and government buildings (E.J Strahan et al, 2002 p.183-190).

Product regulation

This refers to the regulation of tobacco products themselves (tar, nicotine, carbon monoxide and ingredients) as well as the packaging of tobacco products. The legal requirements that apply to tobacco products in the Netherlands are more or less entirely the result of EU legislations which

are mainly concerning the production, presentation and sale of tobacco products (E.J Strahan et al, 2002 p.183-190).

International initiatives (WHO, EU)

Like previously mentioned, the European Union (EU) has set up guidelines for the production of tobacco products. In addition, the World Health Organization (WHO) composed an important framework for the further elaboration of product regulation. The WHO has set up a study group in this respect (WHO TobReg: Study Group on Tobacco Product Regulation), in which the Netherlands is one of the participants. This study group is set up in order to continue the enlargement of knowledge regarding tobacco control policies (E.J Strahan et al, 2002 p.183-190).

5.2 Overview of smoking bans

Weyer (2010) writes that “the first steps towards reaching the three previously mentioned objectives (*preventing youth from smoking, decrease the percentage of smokers and protecting non-smokers from tobacco smoke*), were set in the 1950’s, when a debate was started on the health dangers when smoking tobacco products” (p.74). Doctor Meinsma, director of the Queen Wilhelmina Fund (KWF, an organization dedicated to combating cancer), called for attention to be paid to the negative aspects of smoking tobacco products (Heleen Weyer, 2010 p.74). In order to draw more attention to the health dangers when smoking tobacco, he founded an anti-smoking organization in 1974, called Stivoro. Foundation Stivoro, also known as foundation ‘Public Health and Smoking’, contributed to changing attitudes towards smoking and was advocating for smoke-free workplaces and areas (Stivoro, 2011 p.1).

According to Weyer (2010), “from the 1980’s, publications on ‘passive smoking’ resulted in smoking being seen as a serious threat to health and therefore a decrease in percentage of smokers was measured” (p.74). As a reaction to the decrease of number of smokers in the Netherlands, the Dutch government decided to enforce a self-regulating tobacco act, named ‘Tobacco Act 1990’ Weyer, (2010) has written that “the ‘Tobacco Act 1990’ was a self-regulating act, which forced public bodies to impose regulations on preventing the discomfort of tobacco smoke while working (p.76).

Almost a decade later, at the end of the 1990's, results of a conducted research by Stivoro regarding the effectiveness of the tobacco policies, were disappointing. Weyer (2010), states that "due to the dissatisfaction of the Dutch government concerning the results of the effectiveness of the self-regulating act, they proposed in 1999 an implementation of stricter rules and increased control" (p.75-76).

Next to all implemented changes, there were two changes which were, according to Weyer (2010), "the two most important and most effective\$ aspect" (p.76) of the 'Tobacco Act 1990'. Weyer (2010) states that the aspects were; changing the self-regulating act into a law and implementing sanctions in case of violating this law (p.76).

Changing the self-regulating act into a law, meant that all public bodies had to stick to this regulation and could, from then on, not decide on their own if they wanted to do something about the prevention of smoke while working or if they would rather not take any actions at all. In other words, this time the public bodies were obliged to stick to the law and take measures in preventing the discomfort of tobacco smoke while working. With that was an implementation of sanctions in case of violating the law, a great helpful tool to prevent people, businesses and public bodies disobeying the law.

As Weyers (2010) wrote, "due to all the implemented modifications, the 'Tobacco Act of 1990' was abolished and a new law entered into force including all the changes that were put into force, under the name of 'Tobacco Act 2002' (2002 is the years the law entered into force)" (p.76). Weyers (2010) also states that "the 'Tobacco Act 2002' was comparable to the 'Tobacco Act 1990' with an addition of several changes regarding tightening the previous tobacco act and adding more regulations, such as previously mentioned instruments in order to increase the chances of achieving desired aims (p.77).

Due to a research conducted in 1999 on the effects of 'Tobacco Act 1990', according to Weyers (2010) "the Dutch government decided to create a possibility of excluding several business sectors from the prohibition, when enforcing the 'Tobacco Act 2002'" (p.77). The best known exception is the hospitality industry. As Weyers (2010) states, "after bringing the 'Tobacco Act 2002' in force it became clear that according to the government, the hospitality industry was not ready for a 100% smoke-free workplace" (p.77).

According to Weyers (2010) were in 2004, 2006 and 2008 several researches conducted regarding the 'Tobacco Act 2002' and the hospitality sector. "Outcomes of these researches, were that by September 2008, 94% of the hospitality sector already has implemented measures regarding the prevention of tobacco-smoke and therefore would be ready to be including in the 100% smoke-free regulations" (p.78-79). From January 2009, the inclusion was official and the hospitality sector now officially had to aim for a 100% smoke-free sector.

The situation nowadays according to the Ministry of Health and Sports (2011), is that the majority of public places and the hospitality sector including several other sectors, are 100% smoke-free, which is perceived as stimulating for people to smoke less. With that, are the taxes on tobacco products also continuously raising, in order to prevent people and especially youth from buying tobacco products on a frequent basis (p.1).

4. Californian Smoking bans

4.1 Introduction

According to the US department of Health and Human Services (2010), “the number one preventable cause of death in the United States, is tobacco use” (p,1). The US department of Health and Human Services (2010) also states that “due to frequent tobacco use, many people suffer from diseases that are easily avoidable, such as breathing difficulties, heart diseases and lung cancer” (p,1). And as said by Centers for Disease Control and Prevention, also known as CDC (2010), “more deaths are caused each year by tobacco use than by all deaths from illegal drug use, alcohol use, motor vehicle injuries, suicides and murders combined” (p,1). The US department of Health and Human Services (2010) writes that “cigarette smoking and exposure to second hand smoke, causes 1 in 5 deaths each year in the United States” (p,1). Due to all these mentioned facts, who are known for years, many bans were implemented in the state of California.

Before continuing with an overview of smoking bans in California, an important thing to note is that there are two different laws in California. California contains a State Law, also known as a Federal Law, and contains also a Local law. As the California department of Public Health (2011) states, “all the cities in California individually have their own Local government. The State law is higher ranked compared to the local government” (p.1), which means that the local governments have to comply with the state laws, but are allowed to enforce stricter local laws if they wish so. For instance, the state law bans the self-service display of cigarettes, while numerous local laws also ban the self-service display of cigars and smokeless tobacco products, resulting in a stricter law than required from the state of California.

4.2 Overview of smoking bans

According to TALC (2004), “California started off with a ban in 1986 with the so called “Safe Drinking Water and Toxic Enforcement Act of 1986” which is also known as ‘Proposition 65’” (p.82). The Californian Department of Health Services (2004) writes that “‘Proposition 65’ was implemented to keep the citizens of the State of California safe from exposure of chemicals which are known for causing cancer or reproductive toxicity (p.82). This means that this law applies to exposure of tobacco smoke due to the toxic components in tobacco products and it is also only

applicable to exposures that are made knowingly and intentionally, such as tobacco smoke when smoking.

According to the California department of Public Health (2011), “the first comprehensive ban in California with a complete focus on tobacco-smoke, was imposed in November of 1988” (p,1). Initiative of the so called ban ‘California Tobacco Health Protection Act of 1988’ also known as ‘Proposition 99’, was according to the California department of Public Health (2011), “to increase the state cigarette tax with \$0,25 cents” (p,1). The California department of Public Health (2011) states that the “goal of this act was to reduce smoking and thus were the revenues used for programs to reduce smoking, to provide health care services for indigents, to support tobacco-related research and to fund resource programs for the environment” (p,1).

After ‘Proposition 99’, ‘Proposition 10’ was introduced. ‘Proposition 10’ started of being enforced on January the 1st, 1999. Purpose of this law was according to the California department of Public Health (2011), “to impose a surtax of \$0,50 dollar cents per package of twenty cigarettes and it also imposes an equivalent surtax on other types of tobacco products” (p,1). This way the positive effects, ‘Proposition 99’ had on a decline of tobacco product consumers, could be bettered by an increase of taxes on tobacco products. As the California Department of Public Health (2011) writes, “were the revenues of ‘Proposition 10’ spent for the same good causes as presented in ‘Proposition 99’, which were used for programs to reduce smoking, to provide health care services for indigents, support tobacco- related research and to fund resource programs for the environment” (p,1).

After an implementation of acts regarding taxes on tobacco products, a ‘Product Licensing Act’ of 2003, was put into practice, according to the California Department of Public Health (2010, p.1). The California Department of Public Health (2010) states that “the California Cigarette and Tobacco ‘Product Licensing Act’ of 2003 was passed to counter the untaxed sale and distribution of tobacco products in California, the so called black market (organized crime syndicates, street gangs, and international terrorist groups)” (p,1). California Department of Public Health (2010) study shows the following:

The Licensing Act sets up a licensing scheme for retailers, distributors, wholesalers, manufacturers, and importers, which are: licensing requirements for tobacco retailers, licensing requirements for tobacco distributors and wholesalers, licensing requirements

and fees for tobacco manufacturers and importers, inspection protocols, prohibitions, penalties, requirements for disposition of funds collected under the Licensing Act and a directive about the duration of the law. Duration of the Licensing Act, remains in effect until January 1, 2010, at which point it shall be automatically repealed (p,1).

Research from the California Department of Public Health (2010) shows that “in order to make sure the Licensing Act is being uphold, a so called ‘Board of Equalization’ has been charged with administering and enforcing this law and has the authority to grant, suspend, and revoke licenses issued under this law” (p,1). The California Department of Public Health (2010) also states that “the Californian government also required that by June 30, 2004, tobacco retailers must be licensed by the Board of Equalization (BOE) for each tobacco retail location” (p,1). This way can the aim of the Licensing Act by 2010, much easier and without hassle be reached.

Current situation in California regarding smoking bans, is that California has created over the years a view and is being seen as a state that contains one of the strictest smoking ban policies. Compared to other states in the United States, California is according to City of Belmont (2008), “the only state that actually has implemented ban regarding smoking on beaches and in parks. With that, some local governments in California have implemented a ban on smoking in individual units and their patio/yard areas of multi-unit, multi-story residences (apartments, condominiums, and townhouses) that share common floors and/or ceilings with at least one other such unit” (p,1). Which means that it is not allowed to lighten a cigarette in your own home and has California officially the strictest smoking policies compared to other states and countries.

5. The effectiveness of the Dutch and Californian Smoking bans

6.1 Introduction

Many aspects of the effectiveness of non-smoking policies have been researched throughout the years. Many cities and states are considering - or already enforcing - bans on smoking. Which means that the ancient smoking habits of many people around the world are changing.

The majority of implemented smoking ban policies have gradually had great effects on the smoking behavior of people and the smoking rates. Research has shown that it is still unknown to what extent these great effects have been effective as a whole and changed the number of people smoking or the way the usage of tobacco products are being perceived. Although there are many individual smoking ban policies implemented, they all are still in one way or another related to each other.

Anti-smoking laws have provoked a strong debate in the United States and in the Netherlands. Some bar owners say their businesses are suffering and smokers say their rights are being infringed while non-smokers delight in a fresher environment. Due to different opinions on the implementation of smoking bans, it is important to gain and present information on positive effects and reason why they have been realized.

6.2 The effectiveness of Californian smoking bans

Many policies have been implemented throughout the years in the state of California. California is nowadays seen as a state that has some of the toughest and most extensive anti-smoking legislation than anywhere in the world. Smoking in California is banned in restaurants, bars, enclosed workplaces and on beaches throughout the state.

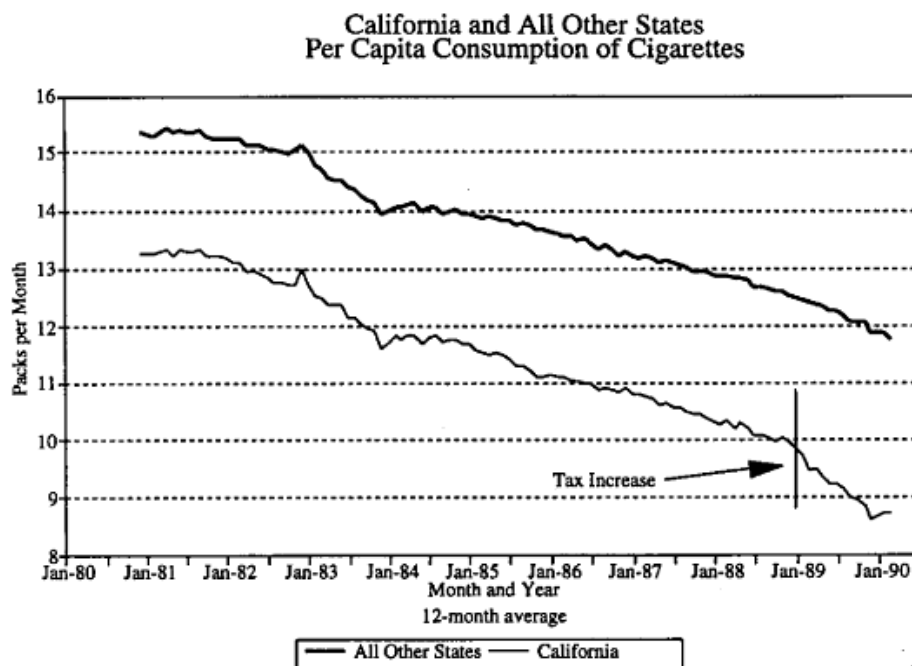
First smoking ban implemented in the state of California was in 1986 with the so called “Safe Drinking Water and Toxic Enforcement Act of 1986” which is also known as ‘Proposition 65’. This ban was meant for a prevention of a chemical exposure, which applies to tobacco smoke.

‘Proposition 99’ (a.k.a. ‘California Tobacco Health Protection Act of 1988’) was one of the first smoking policy implemented in 1988 in the state California regarding taxes on tobacco products.

According to Bauer (2010), “citizens who were consuming tobacco products were not satisfied with the implementation of ‘Proposition 99’. Reason for dissatisfaction was formed due to extra taxes on cigarette packages” (p,28). Although there was dissatisfaction among citizens, yet a decrease in number of smoking citizens took place.

In the table beneath, an average is shown of how many cigarette packets were consumed annually, which is a declining consumption. It also illustrates the great declining results of tobacco consumption before the ‘California Tobacco Health Protection Act of 1988’ was implemented and after the implementation of the act.

Figure 1. *Annual consumption of cigarettes in California* (Dileep Bal M.D. and Michael Johnson, 2006).



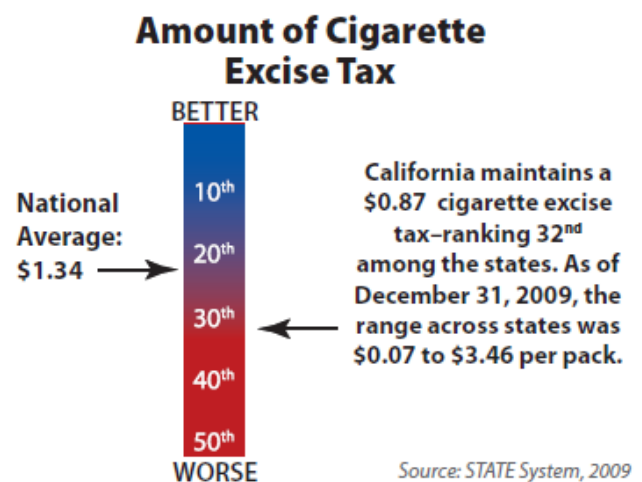
It is clearly demonstrated that although a decrease in tobacco consumption took place since the eighties, there was even a bigger decline after the implementation of the act regarding taxes on tobacco packages.

Reactions of the Californian citizens on this implemented ban were on one hand positive, on the other hand were the outcomes disappointing. A positive aspect of the ban was that the quantity of tobacco consumption declined, so people started smoking less cigarettes which was a great step forward to healthier living. One of the negative aspects was that there was a lot of commotion around the tax implementation. Many people found it according to Dileep Bal M.D. and Michael Johnson (2006) “an unnecessary measure and were absolutely not pleased with paying more for a package of cigarettes than they were used to” (p.1). So, even though there were complains and dissatisfactions about the implementation of ‘Proposition 99’, still a great decline in consumption of tobacco products occurred.

‘Proposition 10’, regarding an incensement of taxes on tobacco products was implemented a few years after ‘Proposition 99’ was entered into force. Due to the similarity of ‘Proposition 99’ and ‘Proposition 10’, no drastic changes have taken place regarding the consumption of tobacco products. As Dileep Bal M.D. and Michael Johnson (2006) state, the number of tobacco users continuously kept declining (p.1).

When comparing the taxes from all the states in the United States, California is ranked as one of the states that does not continuously increase their taxes. After an implementation of ‘Proposition 10’ regarding the taxation of tobacco products, no other policies, that would increase the taxes once again, were implemented. Thus, despite a second tax incensement in 1998, citizens of California should be pleased that the state they are living in, is not increasing the taxes on a regular basis like other states do and is maintaining the same height of taxes. Figure 3, on the right side, is demonstrating a comparison of the taxes on tobacco products between the state California and other states in the United States of America.

Figure 2. *Comparison of taxes between California and other US States*



In order to successfully create a decline in number of tobacco product consumers, regulation on where, how and to whom is it acceptable to sell tobacco products. For this reason, the ‘Product

Licensing Act of 2003' was implemented and ended up being a very effective measure to, for an instance, prevent youth smoking tobacco products. As mentioned before, the Licensing Act sets up a licensing scheme for retailers, distributors, wholesalers, manufacturers, and importers, which are: licensing requirements for tobacco retailers, licensing requirements for tobacco distributors and wholesalers, licensing requirements and fees for tobacco manufacturers and importers, inspection protocols, prohibitions, and penalties, requirements for disposition of funds collected under the Licensing Act and a directive about the duration of the law. By enforcing a licensing act, "a firm base is created" according to the California Department of Public Health (2010) "were many other smoking ban policies can be constructed on" (p.). An example of the things that could be prevented and bettered by enforcing a licensing act, is a prevention against the black market in tobacco sales or a prevention against tobacco sales to underage children, advertisement policy can be polished and introduced, even packaging restrictions can be implemented. All mentioned possible policies and restrictions are actually throughout the years implemented in the state of California and are still operative nowadays.

In conclusion, many smoking bans and restrictions were implemented in California (USA) but the three most important once, which were also the most influential once, were 'Proposition 99', 'Proposition 10' and the 'Licensing Act of 2003', were discussed in this chapter. These laws were the main reason why people nowadays consume less tobacco products than before hand and they helped with introducing people to a new and healthier way of living, without tobacco products or being encircled by tobacco smoke. The main question of this dissertation is *'To what extent did the implemented smoking bans have influence on the citizens of California and the Netherlands?'* Answer to this questions regarding California would be that the implementation of smoking bans/laws/policies, definitely have had big influences on the citizens. These results can be seen in the presented tables, which show a clear decline of the number of tobacco users in the state of California. Despite the decline, smoking tobacco still is the number one preventable cause of death in the United States. This shows that there are still too many people smoking tobacco products and that the taken measures have not been effective enough or other measures should have been implemented.

6.3 The effectiveness of Dutch smoking bans

Same as in California, many smoking ban policies have been implemented in the Netherlands. The Netherlands, nowadays comes across as a country where smoking bans were successfully implemented and have been lived up to by the citizens. Similar to California, is according to Rijksoverheid (2011), “smoking also banned from restaurants, bars and enclosed workplaces in the Netherlands” (p.1). Also in the Netherlands was the first implemented ban (‘Tobacco Act 1990’), regarding taxes on tobacco products. Results from the first bans regarding taxes, have similar outcomes as the policies in the state of California regarding taxes. Dutch citizens at first reacted unpleasant with the increasing taxes, because they were forced to pay a bigger amount of money for the same packages of cigarettes as before. The results were afterwards tremendously bettered and a clear decline of the percentage of tobacco users can be seen in the following two tables, ‘Figure 3’ and ‘Figure 4’.

Figure 3. *Number of smokers of cigarettes and shag tobacco (incl. confidence interval)*

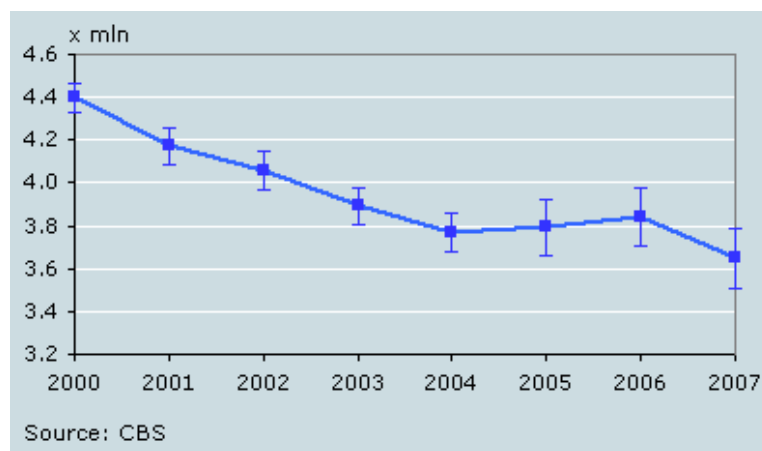


Figure 3 shows that from year 2000 till year 2007, a decline of 700.000 thousand smoking people has taken place due to all implemented restrictions such as sales, packaging and distribution.

Throughout the years, two major tobacco laws were implemented by the Dutch government as smoking bans. These were the ‘Tobacco Act 1990’ and ‘Tobacco Act 2002’. These acts contain many diverse smoking policies, which go from selling restrictions to packaging restrictions to penalties when disobeying the law. All the implementations were influential and have had positive

effects on the sales of tobacco products. In 'Figure 4' beneath, is a clear decline shown from over the years.

Figure 4. *Annual cigarette and roll-ups sales per capita*

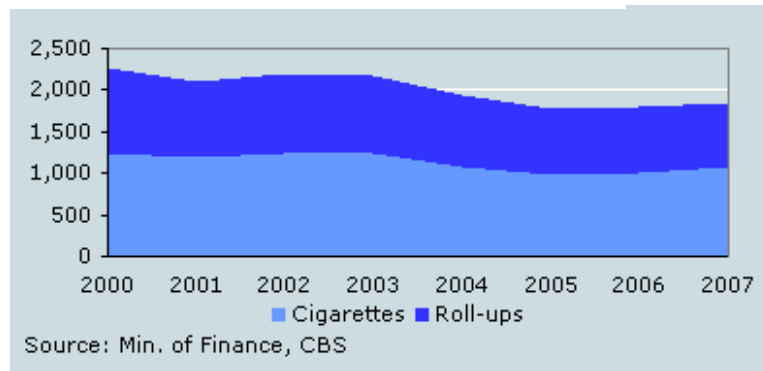


Figure 4, is showing a lessening of the sales of cigarettes and roll-ups on an annually basis. Same positive decline that has taken place due to several regulations and measures that have been enforced by the Dutch government, goes for sales as for number of smoking people (demonstrated in figure 3). After 'Tobacco Act 2002', no other new laws were implemented. Several researches have taken place in order to monitor the effectiveness of the 'Tobacco Act 2002' and to see what policies could be improved, bettered or maybe even abolished.

The latest research regarding the 'Tobacco Act 2002' done by took place in year 2008. Results were increasing in positivity compared to the last researches that were conducted. For the first time in four years, according to Klink (2010) "a decline of number of smokers has taken place with one percent, from 28% to 27%. This means that 135.000 thousand people less are no longer consuming tobacco products. Also a decline of 3% took place among youngsters from 10 to 19 years who used to smoke tobacco products" (p.4). All with all, it can be stated that the implemented smoking restrictions in the Netherlands have had a positive effect on people, youngsters and more importantly on the health of many citizens.

6. Conclusion

The aim of this research was to find out to what extent the implemented smoking bans in the state of California (USA) and the Netherlands have been effective on the tobacco users and to find out if the health situation has been improved much. Many studies have been conducted regarding this matter and a high quantity of results were published.

Looking at all the presented information on the successes and effectiveness's of smoking bans and restrictions, a great decline among the number of people smoking, has taken place and the health situation of smoking and non-smoking citizens, has highly improved.

The main question of this dissertation was, *“To what extent did the implemented smoking ban policies have effect on the smoking behavior of Californian (USA) and Dutch citizens?”* Or differently said, *“How effective are the smoking ban policies and are they helping in decreasing the number of smoking citizens?”* Two answers can be provided to this question. The first answer could be ‘Yes’, the implemented smoking bans in California and the Netherlands have had a tremendous effect on the number of smoking people. This can be seen in all the presented figures that clearly demonstrate a decline over the years and a bettering in the health situation.

Another answer could be ‘No’. Although the implemented smoking bans in California and the Netherlands have caused a great decline in number of tobacco users and a bettered health situation, smoking tobacco is in California still the number one preventable cause of death. This means that the decline of the number of tobacco users was not big enough to create a much healthier way of living and prevent a great number of unnecessary and preventable deaths.

In the Netherlands the number one preventable cause of death is obesity, which initially is not a direct death cause but it does lead to cardiovascular cancer, which is a cause of death. Although smoking tobacco can lead to lung cancer, it is not the number one cause of death in the Netherlands and therefore, it can be stated that the Netherlands did successfully reach their set up aims, which were a healthier way of living, preventing death causes by smoking tobacco and decreasing the number of tobacco users among grownups and youngsters.

Comparing the smoking bans from the state of California to the Dutch smoking bans, they appear to be quite similar. The only difference is that the Dutch government continuously has raised and

still is raising the taxes on tobacco products where the Californian government sticks to a two-time increase. Other than that, the same sort of policies have been implemented and measures have been taken. Even though the state of California has the strictest smoking laws, -bans and -policies, people can still purchase tobacco products for a very low price and can therefore decide much easier to keep smoking despite being aware of the negative health consequences. What could be given as a recommendation to the Californian government in order to reach their goals easier and faster, is that they should raise the taxes on tobacco products more frequently like the Dutch government does. Most likely, will similar positive results be reached and Californian lifestyle being improved and made healthier.

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8. Appendices

Two appendixes have been submitted as an extra illustration and clarification. Appendix 1, is an official transcript of the Tobacco act known as 'Proposition 99'. Appendix 2, is an, in Dutch written official document, from the minister of the Ministry of Health Welfare and Sports. It is a recent written and published documents, which contains detailed information on the so called action plan of 2011, how to discourage people to start smoking and how to help the people that are already using tobacco products.

Appendix 1

Appendix 2

