Smoking in cars carrying children: monitoring public attitudes
Smoking in cars carrying children: monitoring public attitudes

November 2013

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Welsh Government Social Research, 2013

ISBN 978-1-4734-0625-4

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Executive summary

Introduction

The issue of smoking in cars carrying children has been a consistent theme in recent Annual Reports from the former Chief Medical Officer for Wales, where concern has been raised about the potential health hazards of second-hand smoke for children. Children are particularly vulnerable to the effects of second hand smoke, which is associated with a multitude of child health problems including sudden infant death, lower respiratory infection, middle ear disease, asthma and meningitis. Research in Wales suggests that childhood exposure to smoking in cars is not uncommon, while evidence elsewhere indicates support for restricting smoking in cars carrying children.

The aim of the research presented in this report was to explore public attitudes to restricting smoking in cars carrying children in the Welsh adult population to inform policy development in this area. Key findings are presented from three waves of data collection conducted between September 2011 and November 2012.

Methods

Questions were included in Beaufort Research Ltd’s adult omnibus survey, which is designed to be representative of the adult population resident in Wales aged 16 and over. Interlocking demographic quota controls of age and social class within sex are employed in each sampling point for the selection of respondents, these quotas being set to reflect the individual demographic profile of each selected point. Interviews are conducted face to face in the homes of respondents utilising Computer Aided Personal Interviewing (CAPI) technology. Fieldwork was conducted during September 2011, March 2012 and November 2012, with 1018, 1007 and 1009 interviews, respectively. Findings are presented for all respondents and by sub-group: gender; age;
whether there are children in the household; socio-economic status; geographical region; and smoking status.

Results

Smoking behaviour in cars
Of those respondents with access to a car, some three quarters reported that smoking was not allowed in their main car, increasing from 71% in September 2011 to 78% in November 2012. Women, older people, those in professional/skilled occupational groups and non-smokers were more likely to ban smoking in their main car.

Attitudes towards smoking and smoking in cars
The vast majority of respondents, around 90%, agreed that second-hand smoke can harm health, that parental smoking can harm health and that parents shouldn’t smoke in front of their children. Two thirds (68% in November 2012) agreed that second-hand smoke can be harmful for up to two hours after smoking a cigarette in a car. Fewer than one in ten agreed that it was okay to smoke in a car carrying non-smokers, children or children with a window open, although the figures were slightly higher for current smokers.

Attitudes towards restricting smoking in cars
Just under half of respondents agreed that smoking should be banned in cars across the three time points (48% in November 2012), rising to four in five for cars carrying children (82% in November 2012). However, around seven in ten agreed that it was an individual’s right to smoke in their car and in a car when carrying children (72% and 67%, respectively, in November 2012). Non-smokers were more likely to agree with a ban on smoking in cars, as were women, older respondents and those in professional occupations.

Likely impact of, and compliance with, restricting smoking in cars carrying children
Of those with access to a car, the vast majority (more than 90% in all three weaves of data collection) reported that a ban on smoking in cars carrying children would not affect them in any way (94% of non-smokers and 85% of
smokers in November 2012). Around four in five smokers (82% in November 2012) reported that they would likely comply with a ban if introduced.

Likelihood of restrictions being enforced
In November 2012, two in five respondents (40%) reported that they thought it likely that a ban on smoking in cars carrying children would be enforced, down slightly from September 2011 (45%). This figure was slightly higher for smokers than non-smokers (e.g. 47% and 38%, respectively, in November 2012).

Discussion
The research provides valuable insights into recent trends in public attitudes and behaviours in relation to smoking in cars and specifically smoking in cars when carrying children. The data suggest that the majority of adults with access to a car do not allow smoking at anytime, with evidence of a slight increase across the three waves of data collection. Differences by socio-demographic factors and smoking status can be seen, suggesting that future messaging of public health campaign work, such as Fresh Start Wales, should continue to focus on specific groups within the wider population.

The case for not smoking in cars would appear to be accepted among most adults in Wales, among non-smokers and smokers, with very few respondents agreeing that it is okay to smoke in cars with non-smokers or with children. Similarly, in terms of potential policy options, the findings indicate that just under half of respondents agreed that smoking should be banned in cars, rising to four in five when children were in the car, although it is important to note the apparent contradiction that a majority of respondents also agreed that it is an individual’s right to choose whether they smoke in their own car, whether carrying children or not. While the evidence suggests that people think it should be their decision, most appear to be supportive of the rationale for taking action and already choose to restrict smoking in their car.
Issues around compliance and enforcement are critical when considering future policy options and around four in five smokers reported that they would comply were a ban on smoking in cars carrying children to be introduced. In contrast, around two in five of all respondents thought it likely that enforcement would be feasible, the figure being higher among smokers. It is suggested that such findings can be explained through social norms, with individuals agreeing that they would likely comply but perhaps others may not do so.

Monitoring public attitudes and behaviours will continue with further waves of data collection, supported by ongoing synthesis of work undertaken elsewhere, as well as building on previously published research into young people’s exposure to second-hand smoke.
1. Introduction

Background

The issue of smoking in cars carrying children has been a consistent theme in recent Annual Reports from the former Chief Medical Officer for Wales (Welsh Government 2011a; 2012a). Concern has been raised about the potential health hazards of second-hand smoke for children as it is associated with a multitude of child health problems including sudden infant death, lower respiratory infection, middle ear disease, asthma and meningitis (Royal College of Physicians Advisory Group, 2012). With little autonomy with which to avoid the effects of second hand smoke, children are more likely to develop long term conditions at an early age with implications for the rest of their lives.

Concentrations of fine particulate matter are more concentrated in enclosed spaces such as cars, exceeding international indoor air quality guidance values (Semple et al., 2012). Furthermore, children are likely to face elevated risks from exposure to second-hand smoke in vehicles, such as increased inhalation of particulates due to differences in respiration and their inability to remove themselves from smoky environments (ASH Scotland, 2013). The current legislation in Wales that prohibits smoking in most enclosed public places includes vehicles transporting the public or carrying more than one employee doing work duties but private vehicles are not required to be smoke free (National Assembly for Wales, 2007).

Research in Wales suggests that childhood exposure to smoking in cars is not uncommon. For example, data from the 2009/10 Health Behaviour in School-aged Children (HBSC) survey show that around one in five 11-16 year-olds reported being exposed to tobacco smoke the last time they travelled in a car (Welsh Government, 2011b). Research exploring the impact of the ban on smoking in public places in Wales has also shown that among primary school children aged 10-11, around 7% reported being exposed to tobacco smoke in
a car the previous day (Holliday et al., 2009), with similar proportions being reported in Scotland (Akhtar et al., 2007).

Smoke-free car legislation is already in place in states, provinces and territories across the world, including Australia, Canada and the USA (ASH Scotland, 2011). Previously published research also indicates support for restricting smoking in cars carrying children (see for example Martinez-Sánchez et al., 2012; Nabi-Burza et al., 2012; Hitchman et al., 2011; Faculty of Public Health, 2010; Thomson and Wilson, 2009). The Tobacco Control Action Plan for Wales states that ‘The Welsh Government will develop a campaign on smoking in cars carrying children and consider pursuing legislative options to ban smoking in cars carrying children if children’s exposure to second-hand smoke does not start to fall within three years’ (Welsh Government, 2012b). To fulfil this commitment, the Fresh Start Wales campaign was launched in February 2012 with the aim of promoting smoke-free cars carrying children and raising awareness among parents and others of the risk that their smoking poses to the health of children.

Aims and objectives

In light of this policy background, the aim of this research was to explore public attitudes to restricting smoking in cars carrying children in the Welsh adult population to inform policy development in this area. Specific issues that the research set out to explore included:

- public attitudes to smoking and specifically, smoking in cars and smoking in cars carrying children;
- current behaviour relating to smoking in cars and specifically, smoking in cars carrying children;
likely levels of support for restrictions on smoking in cars carrying children were they to be introduced and how these vary through time (with the Fresh Start Wales media campaign in mind);

likely levels of compliance with restrictions and views on whether they could be enforced;

socio-demographic variations in these attitudes and current practices.

This report sets out the key findings to emerge from the three waves of data collection to date.

2. Methods

In order to provide national estimates on a regular basis, relevant questions were included in Beaufort Research Ltd’s adult omnibus survey. The survey is designed to be representative of the adult population resident in Wales aged 16 and over. The unit of sampling is Lower Super Output Area (LSOA) and 69 interviewing points throughout Wales are selected with probability proportional to resident population, after stratifying by local authority and socio-economic group.

Within each sampling point, interlocking demographic quota controls of age and social class within sex are employed for the selection of respondents. Quotas are set to reflect the individual demographic profile of each selected point. Interviews are conducted face to face in the homes of respondents utilising Computer Aided Personal Interviewing (CAPI) technology. The questionnaire incorporates both prompted and unprompted questions and where relevant, the order of statements is rotated or randomised between respondents to minimise order effects i.e. responses being consistently influenced by answers to previous questions. Similarly, potential responses are also rotated, randomised or inverted between respondents to avoid bias where respondents see/hear a particular answer first (or last).
Fieldwork for the survey was conducted during September 2011 (Wave 1), March 2012 (Wave 2) and November 2012 (Wave 3), with 1018, 1007 and 1009 interviews, respectively. The data have been weighted by age group (3) within gender (2) within local authority grouping (7), to give each of the resulting 42 cells its correct incidence within the Wales total derived from the results of the 2001 Census.

While the quota sampling approach employed is sufficiently robust for producing the estimates presented in this report, strictly speaking estimates of sampling error cannot be made. This has implications for statistical inference, for example testing whether differences between population group and/or time points are statistically significant. However, to guide interpretation of the survey results and with a focus on change through time, an assessment of change between September 2011 and November 2012 is provided, based on a t-test for proportions\(^1\). These tests are applied for all persons and by smoking status. \(P\) values of less than 0.05 (5%) and 0.01 (1%) are noted in Tables 2 to 14 as appropriate.

Sample characteristics can be seen in Table 1. The results that follow are presented for all respondents and by sub-group: gender; age; whether there is a child (i.e. under 16) in the household; socio-economic status; geographical region; and smoking status. Age is presented for three bands: 16-34; 35-54; and 55 and above. Socio-economic status is based on the occupational status of the chief income earner, with AB representing managerial positions, C1 supervisory or junior managerial positions, C2 skilled manual occupations and DE semi or unskilled manual workers. Five geographical regions are presented, based on groupings of local authorities. These regions are as follows: North Wales-NW (Wrexham, Flintshire, Denbighshire, Conwy, Anglesey, Gwynedd); Mid and West Wales-MWW (Powys, Ceredigion, Pembrokeshire, Carmarthenshire); West South Wales-WSW (Swansea,

\(^1\) Note that the change for the question on whether parents should smoke in front of their children is from March 2012 to November 2012, as this question was only introduced in the second wave of data collection.
Neath Port Talbot, Bridgend); the Valleys-V (Rhondda Cynon Taff, Merthyr Tydfil, Caerphilly, Blaenau Gwent); and Cardiff and South East Wales-CSEW (Torfaen, Monmouthshire, Newport, Vale of Glamorgan and Cardiff). Sub-group estimates should be interpreted with a degree of caution given small sample size, particularly when the analysis is restricted to certain groups (e.g. those with access to a car or smokers).

Tables of results and the questions used in the three survey waves are provided in Annex 1 and Annex 2, respectively.

3. Results
Smoking behaviour

This section presents information on the smoking behaviour of respondents, in order to explore how the views of smokers and non-smokers differed. Respondents were asked about their current smoking status and if a smoker, whether they had tried to give up in the last 12 months and whether they would like to give up altogether. Across the three surveys a small proportion of respondents preferred not to provide their smoking status and have been excluded from subsequent analyses in relation to smoking status.

Figure 1 shows that the proportions are similar across the three surveys, with approximately one in four respondents reporting to smoke on a daily basis, with a further 5% reporting that they smoke occasionally. The proportion of respondents who reported that they had never smoked was slightly higher in the latter two waves of data collection (47%) than in the first wave (42%). The proportion reporting that they were ex-smokers, daily or occasional, remained stable at around one in four respondents.
There are socio-demographic differences in the profile of smokers. In terms of social status, across the three waves of data collection the proportions reporting to smoke daily or occasionally are far higher among those in social group DE. For example, in November 2012, more than two in five (44%) of those in social group DE reported smoking on a daily or occasional basis, compared to less than one in five (18%) among those in social group AB. The proportions reporting to smoke decline with age across the three survey waves. For example, in November 2012, the proportions for 16 to 34 year-olds, 35 to 54 year-olds and those aged 55 or more, were 40%, 31% and 21%, respectively (see Table 2).

The proportion of smokers who reported having tried to give up in the previous 12 months rose slightly across the three waves, such that 43% reported having tried to give up at Wave 1, 45% at Wave 2 and 47% at Wave 3. There was little overall change in those reporting that they would like to give up altogether, the figures for Waves 1 to 3 being 66%, 70% and 68%, respectively. Across the three waves, women, younger people and those with a child in the household were most likely to report having tried to give up and wanting to give up altogether (see Table 3).
Smoking behaviour in cars

Turning specifically to current practice in terms of smoking in cars, respondents were asked whether smoking was allowed in the main car that they used. More than a quarter of respondents reported not driving or not having access to a car (27% at Wave 1, 29% at Wave 2 and 27% at Wave 3). Figure 2 presents the findings for the remaining respondents at each of the three waves. It can be seen that approximately three-quarters reported that smoking was banned in their main car, increasing from 71% at Wave 1 to 78% at Wave 3. In the three waves of data collection, similar proportions can be seen for smoking being allowed in some circumstances or at any time, with just over one in ten responding in this way at Wave 3. It can be seen from Table 4 that women, older respondents and those in social groups AB and C1 were more likely to report that smoking was completely banned in their car.

Figure 2: Current smoking practice in cars

When broken down by smoking status, differences are apparent. At Wave 1, among smokers, similar proportions responded that they did not allow smoking in their car (33%), allowed smoking under certain circumstances (32%) or allowed smoking at any time (34%). In contrast, among non-smokers, the proportions were 83%, 8% and 9%, respectively. However, the
proportions with a complete ban on smoking in their car increased across the three waves, to 89% of non-smokers and 45% of smokers by Wave 3 (see Figure 3 and Table 5).

Figure 3: Current smoking practice in cars by smoking status, Wave 3

Those respondents not allowing smoking in the car (Wave 1, n=523; Wave 2, n=532; Wave 3, n=570) were asked a follow up question as to why this was the case. This question was unprompted, with a wide variety of responses being provided. There was minimal variation between the three waves, as can be seen in Figure 4, with the three main responses being to protect others from second hand smoke, to protect their car and for safety considerations.
Attitudes towards smoking and smoking in cars

Respondents across all three waves of data collection were asked to what extent they agreed or disagreed with a series of statements about smoking and smoking in cars in particular. These statements were as follows: ‘Second hand smoke can cause significant health problems’; ‘Parents’ smoking can harm their children’s health’; ‘It’s OK to smoke in a car carrying non-smokers’; ‘It’s okay to smoke in a car carrying children under the age of 18’; ‘It’s okay to smoke in a car carrying children under the age of 18 as long as the car windows are open’; ‘Second hand smoke remains harmful for up to two hours after smoking a cigarette in a car’; and ‘The dangers of second hand smoke in cars have been exaggerated’. An additional statement, ‘Parents should not smoke in front of their children’, was included at waves 2 and 3.

The overall proportions agreeing or strongly agreeing with the statements across the three time points can be seen in Figure 5. It can be seen that the vast majority of respondents agreed with the statements that second hand smoke can cause health problems and that parental smoking can harm a child’s health, although the proportions were somewhat lower among the older
age-groups, those without children in the household and among social group DE (see Table 6). Similar proportions also agreed that parents shouldn’t smoke in front of their children, although there was little socio-demographic variation with this statement. There was minimal agreement with those statements specifically touching on smoking in cars, with fewer than one in ten agreeing that it is acceptable to smoke in a car with non-smokers, under 18s or under 18s with the windows open. Approximately two in three and one in six respondents, respectively, agreed with the statements that second hand smoke remains harmful for up to two hours after smoking in a car and that the dangers of second hand smoke have been exaggerated. Again, there was no clear socio-demographic patterning for these statements.

Figure 5: Agreement with the following statements about smoking and smoking in cars

There were differences in the levels of agreement with the statements by smoking status at all three time points. To varying degrees, smokers were less likely to agree that second hand smoke causes health problems, that parental smoking can harm a child’s health, that parents shouldn’t smoke in front of children and that second hand smoke remains harmful for up to two hours after smoking in a car, although the proportions of smokers in agreement are still high and increased over time. Conversely, while the
proportions are low, smokers are more likely to agree that smoking in a car with non-smokers is acceptable, that smoking in a car with under 18s is acceptable, with or without the windows open, and that the dangers of second hand smoke have been exaggerated (see Figure 6 and Table 7).

![Figure 6: Agreement with the following statements about smoking and smoking in cars by smoking status, Wave 3](image)

**Attitudes towards restricting smoking in cars**

A second set of statements was presented to respondents, focusing specifically on smoking in cars, with respondents once again asked to consider the extent to which they agreed or disagreed with them. The statements were as follows: ‘Smoking should be banned completely in cars’; ‘Smoking should be banned in cars carrying children under the age of 18’; ‘It is an individual’s right to smoke in their own car’; and ‘It is an individual’s right to smoke in their own car providing children are not in the car’.

The overall proportions agreeing or strongly agreeing with the statements across the three time points can be seen in Figure 7. Just under half of respondents agreed that smoking should be banned in cars, rising to more than four in five when under 18s were travelling in the car. However,
approaching three in four respondents also agreed that it is an individual’s right to smoke in their own car, with similar proportions agreeing that it is an individual’s right to smoke in their own car providing children are not in the car.

The proportions in agreement with a ban on smoking in cars were highest for women, those aged 55 and over and those in social groups AB, although the socio-demographic patterning appears to be less marked in Wave 3. Similar, albeit less pronounced, socio-economic differences can be seen for those agreeing with a ban on smoking in cars carrying under 18s. A reversal of social patterning by gender and age can be seen for agreement with the statements that it is an individual’s right to smoke in their car, whether carrying children or not. In other words, those agreeing are more likely to be male and younger. However, differences by social group are negligible (Table 8).

Differences between smokers and non-smokers are apparent at all three waves, with smokers being less likely to agree with a ban on smoking in cars and a ban on smoking in cars carrying under 18s, although the latter difference is less pronounced. Similarly, smokers are more likely to agree that
it is an individual’s right to smoke in their car, whether carrying under 18s or not, although the extent of the difference would appear to have diminished between the three waves of data collection (see Figure 8 and Table 9).

Respondents were also asked why they agreed or disagreed with the statement relating to banning smoking in cars carrying children under the age of 18. Among those agreeing at Wave 3 (n=832), the most common reason given was that it is harmful to children’s health (59%), with a range of other responses including children needing protecting (11%), second hand smoke being harmful (11%), children having the right not to be exposed to second-hand smoke (8%) and smoking being a distraction when driving (7%). Among those disagreeing with the statement (n=97), the two most common responses were that it is an individual’s right to choose whether to smoke in their car (49%) and that a ban couldn’t be enforced (14%).

**Likely impact of, and compliance with, restricting smoking in cars carrying children**

Respondents were asked whether they thought a ban on smoking in cars carrying children would affect them in any way. Restricting the analysis to those with access to a car, the vast majority (i.e. around nine in ten) at all
three time points reported that it would not affect them in any way, with minimal socio-demographic variation (see Figure 9 and Table 10). Wave 3 data show that of those with access to a car and reporting that a ban would not affect them (n=663), 55% said that the lack of impact could be explained by them not smoking, with 27% noting that smoking wasn't allowed in the car already.

![Figure 9: Would a ban impact on you in any way?](image)

Figure 10 shows that while a small minority with access to a car at Wave 3 agreed that a ban would have an impact on them, smokers were more likely to respond in this way, a pattern also found in the earlier waves of data collection (see Table 11).
Smokers were also asked how likely they would be to comply with a ban on smoking in cars carrying children if introduced. Table 12 indicates that around four in five smokers reported that they would be likely or very likely to comply with a ban across the three waves of data collection. Sub-group analysis is restricted to gender, age-group and children in the household given the relatively small number of smokers but few differences can be seen.

**Likelihood of restrictions being enforced**

Finally, all respondents were asked ‘How likely do you think any proposed ban on smoking in cars carrying children would be enforced if introduced?’. Figure 11 shows that across the three time points, between two in five and a half of respondents reported that a ban would likely (i.e. likely or very likely) be enforced if introduced, the proportions being slightly lower at Wave 3. There was no clear socio-demographic patterning of responses (see Table 13).
Smokers were more likely to report that a ban would be enforced if introduced, although this difference can only be seen in the two most recent waves of data collection (see Figure 12 and Table 14).
4. Discussion

The findings presented here provide valuable insights into recent trends in public attitudes and behaviours in relation to smoking in cars and specifically smoking in cars when carrying children. In terms of current practice, the survey data suggest that more than three in four adults across Wales with access to a car do not allow smoking at anytime, with evidence of a slight increase across the three waves of data collection. While lower among current smokers, this figure increased to just under half of smokers by November 2012, while socio-economic differences could also be seen, with women, older people and those in professional occupations less likely to allow smoking in their car. In terms of future messaging of public health campaign work, such as Fresh Start Wales, a continued focus on these population groups is important.

The evidence on attitudes toward smoking and smoking in cars presented here indicates that the vast majority across all socio-demographic groups agree with the statements that second-hand smoke is linked with health problems, can harm a child’s health and that parents shouldn’t smoke in front of their children. Conversely, very few respondents agreed with the statements that it is okay to smoke in cars with non-smokers or with under 18s, whether the windows are open or closed. The case for not smoking in cars would, therefore, appear to already be accepted among most adults in Wales. Importantly, this seems to be the case among non-smokers and smokers and has been seen where similar work has been undertaken in countries elsewhere.

Thinking specifically about current attitudes towards potential policy options, the data indicate that just under half of respondents agreed that smoking should be banned in cars, rising to four in five when children were in the car. This would suggest widespread support for action being taken, among smokers and non-smokers, although it is important to note the apparent contradiction that a majority of respondents also agreed that it is an
individual’s right to choose whether they smoke in their own car, whether carrying children or not. While the evidence suggests that people think it should be their decision, clearly most appear to be supportive of the rationale for taking action and most already choose to restrict smoking in their car. This is likely to explain the finding that so few believed that a ban would have any impact on their behaviour.

Issues around compliance and enforcement are clearly critical if future action in this area is being considered and around four in five smokers reported that they would comply were a ban on smoking in cars carrying children to be introduced. In contrast, around two in five of all respondents thought it likely that enforcement would be feasible, although this figure was higher among smokers. Perhaps such social norms could have been anticipated, with individuals suggesting that they would likely comply but perhaps others were less likely to do so.

Finally, it should be noted that monitoring public attitudes and behaviours will continue with further waves of data collection, the information collected to date and presented here providing a useful baseline for assessing change through time and areas for particular attention. This work will be supported by ongoing synthesis of similar work undertaken elsewhere, as well as building on previously published research into young people’s exposure to second-hand smoke, providing as robust an evidence base possible to inform policy development in this area of health improvement policy.
5. References


Faculty of Public Health (2010). Healthy nudges-when the public wants change and politicians don’t know it. London: Faculty of Public Health.


Annex 1: Tables

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Change September 2011 to November 2012 (i.e. Wave 1 to Wave 3) for all persons and smokers/non-smokers: *p<0.05, **p<0.01.
Table 1: Sample composition, showing unweighted and (weighted) percentages for the three waves of data collection

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### Table 2: Smoking status

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Base = respondents providing a smoking status
Table 3: Smoking cessation behaviour

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Base = respondents smoking daily or occasionally
Table 4: Current smoking practice in cars

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Base = respondents with access to a car
Table 5: Current smoking practice in cars, by smoking status

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Base = respondents with access to a car and providing smoking status
Table 6: Attitudes towards smoking and smoking in cars (those agreeing or strongly agreeing)

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Base = all respondents
Table 7: Attitudes towards smoking and smoking in cars (those agreeing or strongly agreeing), by smoking status

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<td>85</td>
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<td>Wave 2</td>
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<tr>
<td>Wave 3</td>
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<td>87</td>
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<td>Parents shouldn’t smoke in front of children</td>
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<td>-</td>
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<td>72</td>
</tr>
<tr>
<td>Wave 3</td>
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<td>83**</td>
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<tr>
<td>OK to smoke in car with non-smokers</td>
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<td>OK to smoke in car with &lt;18s</td>
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<tr>
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<td>Wave 2</td>
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<tr>
<td>Wave 3</td>
<td>68</td>
<td>65**</td>
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<tr>
<td>Dangers of 2nd hand smoke exaggerated</td>
<td></td>
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<tr>
<td>Wave 1</td>
<td>13</td>
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<td>Wave 2</td>
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<tr>
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<td>985</td>
<td>278</td>
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<tr>
<td>Wave 3</td>
<td>952</td>
<td>280</td>
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</table>

Base = respondents providing a smoking status
Table 8: Attitudes towards smoking behaviour in cars (those agreeing or strongly agreeing)

<table>
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<tr>
<th></th>
<th>All</th>
<th>Gender</th>
<th>Age Group</th>
<th>Children in Household</th>
<th>Social Group</th>
<th>Region</th>
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<td></td>
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<td>Male</td>
<td>Female</td>
<td>16-34</td>
<td>35-54</td>
<td>55+</td>
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<tr>
<td>Smoking should be banned in cars</td>
<td>Wave 1</td>
<td>46</td>
<td>43</td>
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<td>39</td>
<td>46</td>
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<td></td>
<td>Wave 3</td>
<td>48</td>
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<td>52</td>
<td>42</td>
<td>45</td>
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<td>Smoking should be banned in cars with &lt;18s</td>
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<td>80</td>
<td>83</td>
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<td>67</td>
<td>71</td>
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<td>68</td>
<td>73</td>
<td>72</td>
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<tr>
<td>Individual's right to smoke in own car without children</td>
<td>Wave 1</td>
<td>67</td>
<td>68</td>
<td>66</td>
<td>74</td>
<td>66</td>
</tr>
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<td></td>
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<td>453</td>
<td>556</td>
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</table>

Base = all respondents
Table 9: Attitudes towards smoking behaviour in cars (those agreeing or strongly agreeing), by smoking status

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Smoker</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Wave 2</td>
<td>Wave 3</td>
</tr>
<tr>
<td>Smoking should be banned in cars</td>
<td>44</td>
<td>47</td>
<td>49</td>
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<td>Smoker</td>
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<td>30</td>
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<td>No</td>
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<td>54</td>
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<tr>
<td>Smoking should be banned in cars with &lt;18s</td>
<td>81</td>
<td>83</td>
<td>82</td>
</tr>
<tr>
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<td>73</td>
<td>76</td>
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<td>No</td>
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<td>87</td>
<td>85</td>
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<tr>
<td>Individual's right to smoke in own car</td>
<td>72</td>
<td>74</td>
<td>73</td>
</tr>
<tr>
<td>Smoker</td>
<td>83</td>
<td>82</td>
<td>79</td>
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<tr>
<td>No</td>
<td>66</td>
<td>70</td>
<td>70</td>
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<tr>
<td>Individual's right to smoke in own car without children</td>
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<td>69</td>
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<td>985</td>
<td>952</td>
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<td>Wave 1</td>
<td>292</td>
<td>278</td>
<td>280</td>
</tr>
<tr>
<td>Wave 2</td>
<td>639</td>
<td>707</td>
<td>672</td>
</tr>
</tbody>
</table>

Base = respondents providing a smoking status
Table 10: Would a ban on smoking in cars carrying children affect you in any way?

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Gender</th>
<th>Age Group</th>
<th>Children in Household</th>
<th>Social Group</th>
<th>Region</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Male</td>
<td>Female</td>
<td>16-34</td>
<td>35-54</td>
<td>55+</td>
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<tr>
<td><strong>Yes</strong></td>
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Base = respondents with access to a car
Table 11: Would a ban on smoking in cars carrying children affect you in anyway, by smoking status?

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<td>Wave 3</td>
<td>Wave 3</td>
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<tr>
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<td>92</td>
<td></td>
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Base = respondents with access to a car and providing smoking status
Table 12: Likelihood of compliance with a ban on smoking in cars carrying children among smokers

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<td>79</td>
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<td></td>
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<tr>
<td>Wave 1</td>
<td>14</td>
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<td></td>
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<td>5</td>
<td>6</td>
<td>4</td>
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<tr>
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<td>162</td>
<td>112</td>
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<td>280</td>
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<td>150</td>
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</table>

Base = respondents smoking daily or occasionally
Table 13: Likelihood of a ban on smoking in cars carrying children being enforced

<table>
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<th>All</th>
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<th>Age Group</th>
<th>Children in Household</th>
<th>Social Group</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
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<td>35-54</td>
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<td>47</td>
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<td>5</td>
<td>8</td>
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</table>

Base = all respondents
<table>
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<tr>
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<th>All</th>
<th>Smoker</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td>No</td>
</tr>
<tr>
<td>Likely</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wave 1</td>
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<td>47</td>
<td>45</td>
</tr>
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<td>Wave 2</td>
<td>47</td>
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<td>Wave 3</td>
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<tr>
<td>Wave 1</td>
<td>48</td>
<td>46</td>
<td>48</td>
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<tr>
<td>Wave 2</td>
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<td>42</td>
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<td>53</td>
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<tr>
<td>Don’t know</td>
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</tr>
<tr>
<td>Wave 1</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
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<td>Wave 2</td>
<td>6</td>
<td>6</td>
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</tr>
<tr>
<td>Wave 3</td>
<td>7</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>N</td>
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<tr>
<td>Wave 1</td>
<td>931</td>
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<td>639</td>
</tr>
<tr>
<td>Wave 2</td>
<td>985</td>
<td>278</td>
<td>707</td>
</tr>
<tr>
<td>Wave 3</td>
<td>952</td>
<td>280</td>
<td>672</td>
</tr>
</tbody>
</table>

*Base = respondents providing smoking status*
Annex 2: Questions asked in the research

SHOWCARD A

Q1. Can you tell which of the following best describes you?

- I smoke on a daily basis
- I smoke occasionally, but not every day
- I used to smoke daily but do not smoke at all now
- I used to smoke occasionally, but not at all now
- I have never smoked
- None of the above

Q2. Does anyone else in your household smoke?

- Partner
- Other (please specify) ..........................................................
- No one

IF SMOKE AT Q1. IF NOT, GO TO Q5

Q3a. Have you tried to give up smoking in the last 12 months?

- Yes
- No

Q3b. Would you like to give up smoking all together?

- Yes
- No
- Don’t know

ASK IF YES WOULD LIKE TO GIVE UP (Q3b)
SHOWCARD B

Q4. Can you tell me the main reasons for wanting to give up?

- Because of a health problem I have at present
- Better for my health in general
- Less risk getting smoking related illnesses
- Family/friends want me to stop
- Worried about the effect of second hand smoke on my children
- Because of the smoking ban in public places
- Financial reasons
- Other reasons (please specify)
- Don’t know

The next few questions are about smoking behaviour in cars. We are interested in your thoughts whether you are a smoker or not.

ASK ALL

SHOWCARD C

Q5a. Thinking about the main car that you drive, can you tell me which of these best describes whether smoking is allowed? By main car, I mean the car that you drive most often if you have access to more than one.

- Smoking is completely banned in the car
- Smoking is allowed in the car at any time
- Smoking is allowed in the car sometimes under certain circumstances/situations
- I don’t drive/have access to a car
- Don’t know
SHOWCARD D

Q5b. And which of these apply in terms of when smoking is allowed in the car? You can choose as many or as few as you wish.

- Smoking is allowed if only smokers are present
- Smokers can only smoke if there are no children in the car
- Smokers can only smoke if no-one else objections
- Smoking is only allowed if a window/sunroof is open
- Other (please specify) ........................................

ASK ONLY THOSE WHERE SMOKING IS COMPLETELY BANNED IN THE CAR (Q5a)

Q6. Can you tell me the reasons for not allowing smoking in the car?

[UNPROMPTED]

- Codes not shown to respondents
  - To protect others from second-hand smoke
  - To protect the car (from smell, burns, discolouring)
  - Safety considerations
  - Other (please specify) ........................................
  - Don’t know

ASK ALL

SHOWCARD E

Q7. I’m going to read out some statements about smoking around others and the effects of second hand smoke. Second hand smoke is when you breathe in other people’s smoke. It is also known as passive smoking.
Could you please tell me how much you agree or disagree with each statement (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)?

Order of statements to be rotated:

  Second hand smoke can cause significant health problems
  Parents’ smoking can harm their children’s health
  Parents should not smoke in front of their children
  It’s okay to smoke in a car carrying non-smokers
  It’s okay to smoke in a car carrying children under the age of 18
  It’s ok to smoke in a car carrying children under the age of 18 as long as the car windows are open
  Second hand smoke remains harmful for up to two hours after smoking a cigarette in a car
  The dangers of second hand smoke in cars have been exaggerated
  Don’t know

ASK ALL

SHOWCARD E

Q8. I’m going to read out some more statements that other people have said about smoking around others and the effects of second hand smoke. Could you please tell me how much you agree or disagree with each one (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)?

Order of statements to be rotated:

  Smoking should be banned completely in cars
  Smoking should be banned in cars carrying children under the age of 18
  It is an individual’s right to smoke in their own car
  It is an individual’s right to smoke in their own car providing children are not in the car
Q9. Thinking specifically about a ban in cars carrying children under the age of 18, why did you say that (e.g. strongly agree, agree, disagree etc?)

(record verbatim)
Don’t know

ASK ALL

Q10. What do you think are the main risks if any, to a child’s health from breathing in other people’s cigarette smoke while in a car? [UNPROMPTED]

Codes not shown to respondents

Can cause asthma
Can cause cot death
Is bad for children’s health
Can cause chest infections
Other (please specify) ...........................................
Has no risks or problems
Don’t know

ASK ALL WHO SMOKE (Q1)

Q.11. Since the introduction of the ban on smoking in enclosed public places, has this changed the places where you smoke?

SHOWCARD F

I tend to smoke more inside my home
I tend to smoke more in the garden/just outside my home
I tend to smoke more in my car
I tend to smoke less overall
I tend to smoke more elsewhere (please specify) ....................
None of the above
Don’t know
ASK ALL

Q12a. Do you think a ban on smoking in cars carrying children would affect you in any way?

Yes
No
Not sure

Q12b. Why do you say that?

(record verbatim)
Don't know

ASK ALL WHO SMOKE (Q1)

Q13. How likely would you be to comply with a proposed ban on smoking in cars carrying children if introduced?

Very likely
Likely
Unlikely
Very unlikely
Don't know

ASK ALL

Q14. How likely do you think any proposed ban on smoking in cars carrying children would be enforced if introduced?

Very likely
Likely
Unlikely
Very unlikely
Don't know