

The Social Construction of the
Problem of Second-Hand Smoke Exposure for
Bar and Bingo Hall Employees in Newfoundland and Labrador

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This paper adopts a social constructionist approach to exploring the current controversy related to the proposal to ban second-hand smoke exposure in bars and bingo halls in Newfoundland and Labrador. The construction of second-hand smoke in the workplace as a social problem is taking place at global, national, and provincial scales, with some variation in the timing, nature, and outcomes of this process in different contexts. This variation is one indication of the extent to which this problem is socially constructed, rather than simply the product of awareness of the “truth” about second-hand smoke exposure. A social constructionist approach explores the history of the development of public problems by examining claims and counter-claims, claim-makers, and the claims-making process. This research draws on information from the World Wide Web, local print media, and from participation in and review of documents associated with a government public consultation in Newfoundland and Labrador from February 2005. A search of the World Wide Web provides the larger, global context for understanding the problem, and the other two media provide accounts of how social groups in Newfoundland and Labrador have articulated the problem. Research into the social construction of this problem is important in understanding how groups in Newfoundland and Labrador, and elsewhere, have responded to the global problem of second-hand smoke in relation to workplace health and safety.

Introduction

Second-hand smoke, environmental tobacco smoke, involuntary smoking, and passive smoking are all terms used to refer to the material a non-smoker inhales in the presence of a smoker. This honors paper is primarily about the social construction of the problem of second-hand smoke, with a particular focus on its elaboration in relation to bar and bingo hall workplaces. The study was prompted by the eruption of a debate concerning legislation banning smoking in bars and bingo halls in the Canadian province of Newfoundland and Labrador in 2004-2005. The analysis uses this debate as a case study of the larger issue.

The construction of second-hand smoke in the workplace as a social problem is taking place at global, national, and provincial scales with some variation in the timing, nature, and outcomes of this process in different contexts. This variation is, in itself, one indication of the extent to which this problem is socially constructed, rather than simply the product of awareness of the “truth” about second-hand smoke exposure. Research into the social construction of this problem is important in understanding how groups in Newfoundland and Labrador and elsewhere have responded to the global problem of second-hand smoke in relation to workplace health and safety.

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Theoretical Approach

This paper adopts a social constructionist approach to exploring the current controversy related to the proposal to ban second-hand smoke exposure in bars and bingo halls in Newfoundland and Labrador. This approach was initially developed by Spector and Kituse in the 1970s. It has since been used by Gusfield (1996) to understand alcohol problems in the United States as well as by other researchers to understand such problems as child abuse, infertility, drugs, and domestic abuse. This theory has also been applied to the social problem of smoking (Best, 1989).

Social constructionists note that while social problems have always existed in our society, when and how they become public issues varies from problem to problem, and place to place. Thus, social constructionists pay less attention to the validity of claims about the nature and extent of particular social problems. Rather, they pay attention to the circumstances under which claims about social problems emerge, the nature of those claims and related counter-claims, the claims-makers, and the claims-making process related to defining social problems and turning them into public issues.

Although social problems have been studied for many decades, the research has often lacked a strong supporting theory. In a study conducted in 1929 of what social problems were discussed in sociology classes, there were major commonalities in the classrooms. Poverty, crime, immigration, disease, and labor problems were among the thirteen most popular social problems that were taught (Best, 2004, p. 15). Professors seemed to agree that these were social problems, but were less clear about how these social concerns came to be defined as problems. The first response to this question was that the definition of a social problem was very subjective. There are two criticisms about defining social problems subjectively. First of all, a social problem is not a problem until someone recognizes it as such. Best (1989, p. xvi) gives an example of the depletion of the ozone layer. The problem existed before scientists brought it to the public's attention; however, it only became a public problem when the public recognized it. The second criticism is that the problems usually selected have very little in common. This lack of commonality suggests that anything could potentially become a public problem.

Functionalist theory and labeling theory are social theories that have attempted to come to terms with this problem. Functionalism is based on the assumption that society is composed of many related parts. A second assumption is that when all of these parts are at optimum functioning, society reaches a state of equilibrium (Nelson, 2002, p. 87). Robert Merton relates this theory to the study of social problems by stating that social problems are the result of a discrepancy between society's standards and what actually exists (Best, 2004, p. 15). Social problems are thus created when society is not functioning at its optimum point. Labeling theory is often referred to in a discussion of social problems. This theory, developed by Howard S. Becker in 1963, states that social problems exist because of how society defines or labels a social condition (Best, 2004, p.

18). The labeling process reflects the values, interests, and beliefs of the group doing the labeling. According to Rubington and Weinberg (1977), “a social problem is ultimately the attention it receives from the public or from social control agents ...” (197).

These social theories share one weakness: they still define social problems based on subjective terms or on opinions of the dominant group in society. Functionalism has a subjective list of what causes society to be stable and labeling theory focuses on subjective decisions about what gets labeled as a social problem. Social constructionist theory has roots in labeling theory. Both theories recognize that social processes influence which social problems become public issues and which do not. However, labeling theory simply recognizes that society names the problems; whereas social constructionist theory goes a step further by exploring how and why things get labeled as social problems (Best, 2004, p. 21).

Social constructionist theory, contextual constructionism, or the constructionist stance are all ways of referring to a theory that centers on the social construction of social problems. The first articulation of this perspective was by Spector and Kituse (1977) who defined social problems as “the activities of individuals or groups making assertions of grievances and claims with respect to some putative conditions” (75). This has been interpreted by Best (1989) to mean that social problems are not the result of social conditions per se, but rather “conditions are the subject of claims” (xviii). The most important and defining feature of this perspective is that people make certain claims about conditions in society. These claims say that certain social conditions are problematic. The existence of the problem is not the defining feature of social or public problems, but how claims are made about the problem (Best, 1989, p. xviii). Through this definition we can infer that any social condition has the potential to become a social problem.

The constructionist theory has three main components, naming or defining the problem, the claim-makers, and the claim-making process (Best, 1989, p. 250). The process of naming or defining the claim can occur in many different ways. Gusfield (1989, p. 433) suggests that “social problems are also an object of attention, a source of news interest and mass entertainment”. The media play a very important role in naming the claim because a medium is needed to express opinions about social concerns. Due to its global capacity print and visual media are the most effective ways to make a claim heard. Best identifies seven ways in which claims are made, most of which derive from the media. Press coverage in the form of print or visual media, academic books or journals, popular media, such as talk shows or magazine articles, governmental testimonies, ephemeral materials, public opinion polls and interviews with claim-makers all aid in naming the claim (1989, p. 250).

The media are one means through which claims are transferred, as well as, a research tool to measure the importance of a claim at any given time. The media can aid in quantitative incidence research as recording the number of times a social concern appears in the media could indicate whether or not the concern should be elevated to a social problem. The more the media reports a social concern, the more likely it is to become a social

problem (Best, 1989, p. 250). In addition, the more incidents reported the more there appears to be a consensus that the problem does exist. If the majority agrees that there is a problem, then it would be deviant to go against it (Gusfield, 1989, p. 434). This helps in differentiating between a social concern and a social problem, because if the majority is in agreement that there is a problem it is easy to convince people that a problem does exist.

The second aspect of the social constructionist theory is the claim-maker component. Social constructionists try to identify who are the claim-makers, whether they reflect a particular ideology, and how they shape their claims (Best, 1989, p. 250) to give substance and background to the claim. In answering the question, who are the claim-makers, Gusfield (1989, p. 432) states that there exists a troubled persons industry. These are professionals who interact with people in need on a daily basis. Doctors, counselors, social workers, and psychologists could all be characterized as working in a troubled persons industry. Claim-makers possess a certain amount of power, the power to define and the power to influence. The power to define is not available to everyone who works in a certain profession; claim-makers must be knowledgeable and credible about information relating to the claim (Gusfield, 1989, p. 433). The power to influence is related to the power to define. People will be attentive to claims and therefore influenced by the amount of knowledge and credibility of the claim-maker.

A historical example of claim-makers would be the physicians who influenced the re-emergence of child abuse, in the form of physical abuse, in the 1960s in the United States. Pediatric radiologists worked in a troubled persons industry as they regularly saw people in need. They were members of a respected profession, knowledgeable about the body, and could thus present credible evidence that the problem existed. Dr. Kempe was the primary physician who identified the problem in an article in a medical journal where he defined it as the "battered baby syndrome" (Best, 2004, p. 20-21).

The final component in the constructionist theory is the claim-making process. This component is less concrete than the previous two because it can take on many forms. The commonality between these forms is that each has a beginning and an end. The process always begins with the claim-maker making a claim and hopefully ends with some kind of social change, whether attitudinal, behavioral, legislative or some combination of these. What occurs in between these bookends depends upon many variables. One variable is whether the claim-maker proposes a particular solution to the social problem. If this is the case, then the process is consumed with how to reach that solution. Another variable is how well the public accepts the claim. As knowledgeable and credible as the claim-maker may be, it is possible for the public not to accept the claim; the process then becomes about how to convince the public that the problem exists. Counter-claims are a part of the claim-making process and can influence the process (Best, 1989, p. 251) by prolonging it or changing the solution through public support. The claim-makers addressing the government will create a different process from the claim-makers addressing other institutions, such as the family or schools.

Constructionist theory differs substantially from previous approaches to social problems where the primary focus was on identifying the problem. By paying attention to how the claim is made, who makes the claim, and the evolution of the claim, the theory helps us understand the development of social problems. We can gain insights into the social problem of second-hand smoke exposure in the workplace by using this theoretical perspective to inform our research. The fact that second-hand smoke is detrimental to people's health has been an accepted fact among some groups since the early 1980s. However, how the claim has been made, who has made the claim, and why and how the process has developed are also important to our understanding of this issue. These processes can vary from place to place. The social constructionist approach can thus offer a new perspective on an old social concern.

Methodology

The methodology for this study has three main components: a web search, local media, and notes taken during a public consultation in St. John's NL related to a proposed ban on smoking in bars and bingo halls. The web search provides data on the development of the international claim, the claim-makers, and the claim-making process. This larger historical framework provides background for a discussion of the social construction of second-hand smoke exposure in bars and bingo halls in Newfoundland and Labrador in the contemporary context of 2004-2005. Data for this second component are drawn from a review of media coverage, reports and other documents related to this issue, and notes taken during a public consultation held by the Government of Newfoundland and Labrador Department of Health and Human Services, in February 2005. The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans states that, "Research about a living individual involved in the public arena, or about an artist, based exclusively on publicly based information, documents, records, works, performances, archival materials or third-party interviews, is not required to undergo ethics review" (1998, p. 1.1). Therefore, since all of the information used in this paper was publicly available approval from the departmental ethics committee for undergraduate research was not required for this work.

Web Search

The Internet was used to obtain information about the social construction of the problem of second-hand smoke in the workplace from a global and national perspective. The primary search engine used was www.google.ca. There were many combinations of search terms used to obtain information about the topic. The search began with the broad terms of 'smoking', 'second-hand smoke', 'environmental tobacco smoke', 'involuntary smoking', and 'passive smoking'. Then, a combination of terms was used, such as 'smoking and health', 'smoking and ban', and 'smoking and legislation'. There were millions of hits produced from each search therefore only a random sample of pages was selected for viewing. The terms second-hand smoke, environmental tobacco smoke, involuntary smoking and passive smoking have all been used over time to describe the smoke exposures to others associated with smoking. The web search found that second-hand smoke yielded 1,080,000 hits, environmental tobacco smoke 855,000 hits,

involuntary smoking 249,000 hits, and passive smoking 875,000 hits. This suggests that second-hand smoke is currently the most commonly used term and thus is the term that will be used throughout this paper. Additional information about the claim-makers was also available through the Internet on the websites of the particular organizations. The Internet also served as a tool for retrieving information about the future of the claim as the Government of Newfoundland and Labrador website outlined the proposed path for responding to the public issue.

Review of Media Coverage

The Center for Newfoundland Studies in the Queen Elizabeth II (QEII) library has a vertical file entitled 'smoking', which contains clippings from several key Newfoundland and Labrador newspapers and magazines. Clippings related to second-hand smoke were searched and used to identify the progression of the problem in Newfoundland and Labrador. They also provided insights into the current debate relating to the relationship between second-hand smoke and the safety of bar and bingo hall employees in the province. Newspapers provided the information relating to testimonies, results of public opinion polls, and interviews with claim-makers used in this paper. Claims are also made through the television, popular magazines, academic journals, and pamphlets or handouts. Information from these sources was obtained from pamphlets and handouts from various organizations and academic journals that were present in the QEII library and the Health Sciences library.

Observation of Public Consultation

The Government of Newfoundland and Labrador held public consultations across the province in February 2005. I attended and took notes during the St. John's consultation where many organizations, companies, and individuals were given a platform to share their opinions on the issue, publicly making their claim. These notes and documents presented to the public consultation served as a good source of information as I was able to hear first hand about the claim-makers' and counter-claim-makers' positions.

Findings

Ronald J. Troyer (1989) published an analysis of the resurgence of the problem of smoking in the United States in the 1980s. In that analysis, he presents a chronological timeline of the history of the construction of this social problem. Troyer discusses how the 1981 Presidential election created an environment that favored smoking with certain pro-smoking advocates placed in office (Troyer, 1989, p. 160). As a result, antismoking advertisements were cancelled, and the organization Action on Smoking and Health (ASH) was fearful that the progress made in earlier decades would be threatened. Despite this reversal, the Surgeon General claimed in a report released in 1982 that smoking is the leading cause of preventable deaths in the United States (Troyer, 1989, p. 161). The tobacco industry responded, with a counter-claim, stating that it was not proven that smoking and cancer are linked. Despite their opposition, a couple of Senators promoted and succeeded in passing a Bill requiring labels on cigarette packages warning consumers

of its health risks. The tobacco industry again responded with counter-claims of insignificant scientific research (Troyer, 1989, p. 162).

In the following years, the Surgeon General released several reports focusing on disease and negative respiratory consequences in children in 1984, cigarette smoke as the greatest health risk for workers in 1985, and the health consequences of so-called “involuntary smoking” in 1986 (Troyer, 1989, p. 163). The director of the U.S. Department of Health and Human Services proposed a ban on smoking in public places stating that a failure to act “on the evidence we currently have would be to fail in our responsibility to protect the public’s health” (Troyer, 1989, p. 163). In response to such reports, anti-smoking advocates pressured governments to introduce legislation in all sectors from advertising and sales to legislation related to smoking in airplanes and other workplaces (Troyer, 1989, p. 164). The claim-making process was varied with many possible solutions to the problem of second-hand smoke exposure. Articles in the *Phillip Morris Magazine* and *Tobacco Observer* continued to assert the standard counter-claim, of the tobacco companies at the time, emphasizing shortcomings in existing scientific research. Newspapers such as the *Washington Post* and the *Chicago Tribune* ran pro-smoking advertisements paid for by People United for Friendly Smoking (Troyer, 1989, p. 166). Their counter-claim was that banning smoking in certain public places would create a social stigma around the behavior of smoking and, as a result, people would smoke less, putting others who work in the industry out of business (Troyer, 1989, p. 171).

The health risks associated with second-hand smoke exposure have been a public concern since the Surgeon General brought it to the public’s attention in 1986. One of the first claim-makers to acknowledge the negative health effects of smoke exposure was the U.S. Department of Health and Human Services in the 1986 book, Health Consequences of Involuntary Smoking (Hamel-Smith, 1989, p. 5). The report referred to second-hand smoke exposure as “involuntary smoking”. It defined what it meant by this, summarized existing medical research on the potential health consequences of involuntary smoking, and recommended policy as a solution. According to that report, smoking produces a combination of mainstream and sidestream smoke. Mainstream smoke is the tobacco that the smoker inhales and sidestream smoke is what burns from the end of the cigarette (U.S. Department of Health and Human Services, 1986, p. 7). Cigarette smoke contains chemicals such as ammonia, benzene, and carbon monoxide. This report showed that these chemicals are more prevalent in sidestream smoke, which is inhaled by others. These chemicals are known as carcinogens. Carcinogens cause carcinogenesis, which is the process of a healthy cell transforming into a malignant cell and then reproducing at an uncontrolled rate (1986, p. 28). Second-hand smoke was also labeled a Group A carcinogen in this report, which is a cancer causing substance. Thus, this process can result in cancer. Exposure to this smoke, and thus the chemicals it contains, is associated with lung cancer, respiratory illness, and irritation. Respiratory diseases are a possible result as constant irritation of the lungs can eventually lead to diseases such as bronchitis and pneumonia (1986, p. 10). In the case of children, exposure to second-hand smoke prior to the age of two can affect lung development resulting in lungs that function at a lower level than among children who are not exposed and contributing to acute and chronic respiratory diseases. Irritation occurs most frequently in the eyes, nose, and

airways and can be experienced while in the presence of second-hand smoke. The report makes the claim that involuntary smoking is a cause of disease in nonsmokers, and in the case of children, that they have an increased likelihood of respiratory illness and decreased lung functioning. The report also concluded that simply separating smokers and nonsmokers would not eliminate exposure to sidestream smoke and hence health risks (1986, p. 13).

The Health Consequences of Involuntary Smoking also made the claim that second-hand smoke exposure could have health consequences for workers. Occupational health was discussed in the latter part of the report stating that due to the length of time adults spend at work and constraints on their ability to choose between exposure and non-exposure, regulation of smoking at work is necessary. The report stated that there were smoking regulations in about 40% of private sector businesses and some governmental businesses (1986, p. 285) at the time. Interestingly, the regulating of smoking in public places is also discussed in the report and although these public places, such as retail stores, hospitals, schools, all contain workers, the focus of the report is on the safety of consumers, preventing damaged merchandise, and discouraging youth from smoking (1986, p. 278-285).

Since 1986, additional studies have appeared in other countries. In 1997, the National Health and Medical Research Council of Australia released “The Health Effects of Passive Smoking – A Scientific Information Paper”, which outlined many health related illnesses due to second-hand smoke exposure. The paper is a compilation of various studies that have all yielded the same or similar results pertaining to passive smoking and health concerns. Lung cancer, heart disease, and pregnancy were among the issues discussed, and were related to smoking in homes. The paper reviewed 34 studies that related to lung cancer among non-smokers who live with smokers relative to those who live without. It found that such exposure could produce about 12 new cases of lung cancer and 11 deaths in adult, Australian, nonsmokers annually. The paper does not include the size of the populations studied; however it can be assumed that the increase in new cases is more important than the overall number with respect to the population. They also argued that there is a 24% higher risk of heart disease in non-smokers who live with smokers compared to those who live without, based on 16 studies. Second-hand smoke exposure was estimated to cause 132 hospitalizations and 77 deaths among adult, Australian, non-smokers. Again, the size of the populations studied was not specified in the paper. Pregnant women exposed to second-hand smoke can experience complications such as low birth weight and eventual asthma in their children.

The World Health Organization (WHO) has addressed second-hand smoke exposure and the workplace in the Framework Convention on Tobacco Control. The WHO agrees with the U.S. Department of Health and Human Services’ conclusions, stating that second-hand smoke exposure can cause death, disease, and disability, and that separating smokers and non-smokers is not an option because of inadequate ventilation (Blanke, 2004, p. 102). The WHO is an international claim-maker which recognizes that public places are also workplaces and that, therefore, regulating smoking in public places also affects the workers. The WHO claims that smoking should be restricted, and worker

protection is the foremost concern. A safe work environment, the reduction of sickness among employees, and the involuntary nature of the workplace are other reasons for restricting smoking at work. At this point, the WHO advocated restricting smoking to designated areas (Roemer, 1993, p. 110). National legislative action is suggested by the WHO and the claim-making process has ended with some countries taking action.

In 1974, Poland banned smoking in all units of Health and Welfare Services (Roemer, 1993, p. 111). Legislation introduced in 1988 in Norway restricted smoking in public transport, meeting rooms, and places where two or more people work. This was amended in 1988 to include restaurants and hotels (Roemer, 1993, p. 113). New Zealand implemented a *Smoke-Free Environment Act* in 1990, stating that all employers had to consult with employees and prepare a written document describing ways the workplace would be changed to protect non-smokers from second-hand smoke exposure (Roemer, 1993, p. 112). In 2002 Ireland, Zimbabwe, Thailand, Pakistan, and Romania implemented full or partial smoking bans in all public places. In 2003 and 2004 Iran, Uganda, Sweden, and Norway joined the list (Sibbald, 2003).

In Finland, about 10% of workers are exposed to second-hand smoke. A study by Dr. Markku Nurminen in 1996 concluded that 250 deaths could be attributed to second-hand smoke exposure at work. He divided the deaths into 100 from heart disease, adverse effects to blood circulation to and in the brain caused 80 deaths, and 50 deaths from lung cancer (“Passive smoking at work”, 2002). According to the study, exposure to second-hand smoke increases the risk of heart disease by a factor of 1.3, because most of what the non-smoker inhales is in the gas form, which is easily accepted by the body and more difficult for the body to expel. The risk of limited blood circulation and lung cancer increases by 1.8 and 1.3 respectively. In 1995, prior to this study, Finland had imposed new legislation intended to decrease workplace exposure to second-hand smoke by 20% (“Passive smoking at work”, 2002).

The WHO encourages legislation as a solution, however, legislation can be created to prohibit smoking or to restrict it to certain areas. Ventilation is often viewed as a viable option for reducing exposure, as designated smoking rooms are combined with a filtration system to dilute the tobacco filled air. Claims have been made worldwide regarding second-hand smoke exposure for workers, largely from health and governmental officials. There has also been a response to the claim from the tobacco industry. One powerful counter-claim is that it is not smoking that needs to stop but rather ventilation that needs to become more effective. Tobacco companies, such as Phillip Morris funded research on ventilation systems to develop a system that could eliminate second-hand smoke. “Tobacco industry success in preventing regulation of secondhand smoke in Latin America: the ‘Latin Project’” is a research paper that outlines how Phillip Morris International and British American Tobacco funded medical and science consultants to prove that second-hand smoke was not as deadly as recent data suggested. The “Latin Project” took place in the early 1990s and also entailed lobbying the American government and giving presentations to officials to counteract the second-hand smoke exposure claims (Barnoya, 2002, p. 311).

Counter-claims are also evident from non-profit organizations that favor smokers and the right to smoke. *Forces* is an international organization that seeks to protect consumers' right to purchase cigarettes. This organization is present in the United States, Canada, New Zealand, and Europe, and offers other services such as informing customers on places to eat or stay that accommodate smokers. They advocate pro-choice and the consumers' right, and are against "lifestyle control" (Forces International, 1995).

The international evidence and conventions on second-hand smoke have contributed to the formation of lobby groups for changes in behavior and legislation in Canada over the past two decades. In 1989, the School of Industrial Relations at Queen's University in Kingston, Ontario released a research study entitled "Smoking Restrictions in the Workplace". The research paper acknowledges that there are increased health risks for those exposed to second-hand smoke. This coupled with the changing attitudes towards smoking and changing attitudes towards the workplace have caused groups to lobby for legislative action. Attitudes have changed due to an increased awareness of the health consequences of second-hand smoke exposure and in the workplace employers are required to care for their employees well being (Hamel-Smith, 1989).

Studies have also been completed in Canada relating to the negative health consequences of second-hand smoke exposure. In 2001, the Ontario Tobacco Research Unit released "Protection from Second-Hand Tobacco Smoke", a report that reviewed the health effects of environmental tobacco smoke. It also reviewed the best practices regarding the issue. The report is congruent with other studies, as it outlines adverse health conditions, such as heart disease, lung cancer, nasal and sinus cancer, stroke, breast cancer, cervical cancer and miscarriages. It estimates that exposure to second-hand smoke causes between 1100 and 7800 deaths per year in Canada.

In a 2002 report, Physicians for a Smoke-Free Canada, a dominant claim-maker in the debate, stated that there is no safe level of exposure to second-hand smoke. The organization argued that ventilation is not a viable option as the most popular ventilation method still exposes employees to 20,000 times the acceptable amount of second-hand smoke. They emphasized that ventilation systems simply dilute the already polluted air instead of completely removing it. They estimate that a restaurant employee who is exposed to 10 smokers in a 300m² room, smoking 160 cigarettes in an eight hour period would inhale about 14 carcinogens and 21 other chemicals that could have other negative health consequences.

Health Reports published an article "Second-hand smoke exposure – who's at risk", in 2004, that addressed the issue of workplace health and safety in Canada (Perez, 2004). They reported that a survey of Canadians 15 years of age or older, carried out in 2003, found that 33% of Canadian non-smokers said they had been exposed to second-hand smoke and 11% of these nonsmokers said they were exposed to it at work (10). This data was then broken down by province. In Newfoundland and Labrador, 16% of nonsmokers reported being exposed to second-hand smoke at work. The findings of this study indicated that the likelihood of exposure varied by sex and age. Thus, Canadian non-smoking males were exposed to more second-hand smoke in the workplace at 16%, than

non-smoking females at 6%. This sex difference is attributed to the fact that men traditionally work more in jobs that are conducted in the outdoors, where non-smoking regulations rarely apply. With respect to age, the highest rate of reported second-hand smoke exposure was among younger and older workers. The study found that more than 50% of those 15-20 years of age worked in the service or sales industry, such as bars or restaurants, where restrictions vary across Canada. Older employees work in areas such as sales, service, trade, and transport and equipment operation where smoking regulations also vary, and often do not exist (11).

Parts of Canada responded to the occupational health and safety debate about work-related exposures in the late 1980s. The claim-making process has generally ended with legislation. In 1987, Vancouver was the first city to pass a by-law restricting smoking in the workplace to designated smoking areas. This by-law was the first of its kind in Canada (Hamel-Smith, 1989, p. 18). Toronto soon followed suit with their own by-law in 1988, which required all workplaces to prepare a written smoking policy. The purpose of this policy was for the employers and employees to come to a consensus about what would work for the individual workplaces (Hamel-Smith, 1989, p. 19).

Although these cities were the first to take action in Canada, the Ontario government followed suit introducing the *Smoking in the Workplace Act* in 1989. It limited smoking to designated smoking rooms (“Workplace smoking legislation in Canada”, 1994, p. 16). Ontario had the first legislation directed towards workers; however there were other pieces of provincial legislation directed towards public spaces prior to this. In 1987 Quebec passed an *Act Respecting the Protection of Non-smokers in Certain Public Places* and in 1990 Manitoba introduced an *Act to Protect the Health of Non-Smokers*. These Acts protected some non-smoking workers but were more directed at the health and well being of all non-smokers, not necessarily workers.

In 1989, the federal government passed the *Non-Smokers Health Act* that restricted smoking to designated smoking rooms in all government buildings. This piece of legislation applies to all people who are working for the federal government. Although designated smoking rooms are allowed, there are assigned places that are smoke-free such as offices and enclosed work spaces (“Workplace smoking legislation in Canada”, 1994, p. 2).

The 1990s saw a more direct approach to second-hand smoke exposure as an occupational health and safety issue in Canada. Smoking was banned in schools, healthcare facilities, shopping malls, public transportation, and other workplaces (Department of Health and Community Services, 2005, p. 3). The momentum carried into the next decade as bars and restaurants banned smoking across the nation. Victoria was the first in 1999, followed by the Waterloo region in 2000, Ottawa in 2001, Winnipeg and British Columbia in 2002, Prince Edward Island and Nova Scotia in 2003, the Northwest Territories, Nunavut, New Brunswick and Manitoba in 2004 and Saskatchewan in 2005 (Department of Health and Community Services, 2005, p. 4).

Workplaces in some provinces voluntarily changed their smoking policies. In 1990, Alberta did not have a workplace smoking restriction (“Workplace smoking legislation in Canada”, 1994, p. 10) however 40% of people employed in Alberta indicated that their workplaces had smoking restrictions, and 24% indicated they had a total ban on smoking, according to a survey conducted by the University of Alberta sociology department (Krahn, 1991, p. 17).

Due to the global scope of the problem of work-related second-hand smoke exposure, it is possible for there to be hundreds of ways the claim is made, as well as variations in claim-making processes. Section 92(9) of Canada’s Constitution Act 1867 grants provinces legal jurisdiction over “shop, saloon, tavern, auctioneer, and other licenses for the raising of revenue for provincial, local or municipal purposes” (Department of Justice, 1867). Provinces also have jurisdiction over occupational health. The remainder of this paper studies the social construction of the problem of second-hand smoke exposure for bar and bingo hall employees in Newfoundland and Labrador. Although national organizations are referenced, particular attention will be paid to the provincial branches of these organizations.

The Social Construction of Second-Hand Smoke in Newfoundland and Labrador Bars and Bingo Halls

Newfoundland and Labrador is a province on the east coast of Canada with a population of approximately 512 000 as of 2003. The people of Newfoundland and Labrador are spread out over 402 720 square kilometers making it largely rural (Young, 2003, p. i). The province is experiencing significant economic growth largely due to the export of goods and services. In 2002 there was a Gross Domestic Product increase of about 13.4 percent and the province led the country in GDP increase in the five years preceding 2003 (Young, 2003, p. 27).

In Newfoundland and Labrador, the time-line of claims and counter claims relating to second-hand smoke goes back over a decade. In 1994, Newfoundland and Labrador introduced the *Smoke-Free Environment Act* that banned smoking in retail stores, healthcare facilities, daycare or nursery schools, primary and secondary schools, public transportation, and food establishments without a liquor license (“Workplace smoking legislation in Canada”, 1994, p. 26). In January 2002, smoking was banned in all food establishments, shopping malls, transportation terminals, hotel or motel common areas, games arcades, public libraries, and boys and girls’ clubs. Bars and bingo halls had a liquor license and were thus excluded from the 2002 ban (Department of Health and Community Services, 2005, p. 3). In May 2004, the Newfoundland and Labrador government added correctional facilities to the list of banned areas (Government of Newfoundland and Labrador, May 19, 2004).

The provincial government first targeted areas that children frequented for regulation, but the legislation would have also benefited workers in these establishments. The more recent amendment to ban smoking in bars and bingo halls that came into effect July 1,

2005, is more focused on the workers and their health. There are health organizations, advocacy groups, and labor organizations making the claim that second-hand smoke is harmful to the health of employees of the bar and bingo hall sector. There are also counter-claims from the business sector that banning smoking in their establishments will negatively affect their businesses. The business sector says that the result will be layoffs and closure of businesses. The discussion below is organized into three sections dealing with the claim, the claim-makers, and the claim-making process, including counter-claims.

Claim

The claim that second-hand smoke in bars and bingo halls is detrimental to the health of the employees was first brought to Newfoundland and Labrador's attention in late 2000. The Alliance for the Control of Tobacco (ACT) was hired by the provincial government to do a survey on smoking in indoor public places. The one million dollar project was the beginning of the claim (Curtis, 2000). The claim lost some momentum as the province-wide ban on any public place without a liquor license was enacted. Bars and bingo halls were excluded due to the predicted revenue loss. The focus of the ban was not workers' health and safety but rather protection of children and youth. Since children and youth are prohibited from entering bars and bingo halls because of an age restriction, bars and bingo halls were not included. Patrons of such facilities are supposed to be 19 years of age and older (Hilliard, 2001). The claim resurfaced in 2004 when the city of St. John's appointed a smoking ban task force committee to address smoking in bars and bingo halls. July 2004 saw city counselors, a chief commissioner, legal advisor, and director of building and property management form a team to properly address the claim ("Smoking ban task force committee appointed", 2004). Through many discussions it was suggested that although St. John's could implement a by-law, it would be harmful to businesses as patrons would simply go to neighboring Mount Pearl or Conception Bay to smoke in bars and bingo halls.

The claim was taken to the provincial government at the annual convention of the Newfoundland and Labrador Federation of Municipalities (NLFM) ("NLFM pushing province to impose smoking ban", 2004), as a province-wide ban seemed to eliminate obvious concerns about uneven economic effects. Soon many groups such as ACT, the Newfoundland Medical Association (Roberts, 2004), the Music Industry Association, and other health and labor groups in the province began to support the task force's call for action against smoking in bars and bingo halls. The claim was made by different people in various ways, and a process had begun.

In the current claim the government of Newfoundland and Labrador is suggesting that bars and bingo halls are the last public arena in the province where second-hand smoke exposure occurs, and that this needs to change. The Minister of Health, John Ottenheimer, is quoted as saying, "today, I am announcing our government's commitment to 'shutting the last door on second-hand smoke'" (Government of Newfoundland and Labrador, December 6, 2004). This claim is actually incorrect as a discussion paper by the Department of Health and Community Services (2005, p. 3)

states that long term care facilities, psychiatric facilities, and some workplaces still permit smoking. Second-hand smoke exposure also occurs in private homes.

Claim-makers

The claim-makers play an integral role in turning a social problem into a public issue. It is the claim-makers who initially bring the claim to a particular audience, and the media often present it to the public. There may be one individual claim-maker, one organization or a few people making the claim, or groups of organizations or professionals consisting of many people making the claim. Without claim-makers, claims would not exist; therefore, information about the claim-makers is very important to an analysis of the social construction of a public issue. They can be leaders, representatives of organizations, activists, professionals, or simply part of an interest group. The claim-makers may have alliances or links that can drastically shape the way the claim is presented. Alliances can also be related to a particular ideology that is aligned with the claim-makers. Ideologies can shape the entire claim, claim-makers' beliefs will affect how the claim is presented, when the claim is presented, and through what medium, as well as the proposed solution. The history of the claim-makers, whether they have presented a claim before, and the similarities or differences between them, can shape their ideology, and thus the way the claim is presented. Who the claim-makers say they represent is also important because they could claim to speak for someone who does not share the same ideology or they could be giving the voiceless a platform to be heard. Lastly, the proposed solution of the claim-makers, with respect to the claim, can aid in shaping the progress and outcome of the claim. The success of the claim often lies in the hands of the claim-makers, as it will only be successful if it is the preferred outcome of the claim-maker (Best, 1989, p. 250-51).

The claim about second-hand smoke being detrimental to the health of bar and bingo hall employees in Newfoundland and Labrador has been presented by four main categories of people – the advocates, the medical profession and their organizations, the workers' associations, and the government. The strongest force supporting the claim is the advocates. Led by the Alliance for the Control of Tobacco (ACT) and their executive director Kevin Coady; they have been involved in fighting for smoke-free public places since their creation in 1999. ACT is funded by, and therefore allied with, the provincial government. ACT is composed of people from various professions such as health, education, labor, social services, and government departments. All other claim-makers have a single perspective from which they present the claim, whereas ACT incorporates the perspectives of all the other claim-makers combined. The primary leaders of this coalition of partners at the time of this study were Kevin Coady, executive director, Melissa Moore, program coordinator, and Gary Milley, the ACT chair (Alliance for the Control of Tobacco, <http://www.smokingsucks.ca/act/corporate.html>). Their claim centers on the awareness and education about the dangers of smoking.

The short history of ACT in Newfoundland and Labrador has been filled with many campaigns to combat the harmful effects of smoking. In 2002, they supported a campaign entitled "Smoking Sucks", followed by a \$450,000 province-wide campaign in 2003

called “Second Hand Smoke. It Kills”, and then the 2004 campaign “Let’s Shut the last door on second-hand smoke!” Along with their campaigns they have also completed studies for the government including a \$1 million survey on indoor public smoking (Curtis, p. 5). ACT claims to represent the workers whose health is being compromised without the implementation of a smoking ban, stating that “bar and bingo hall staff are three times more likely to develop lung cancer” in their slogan, on their posters. Their proposed solution is for government to implement a complete smoking ban in bars and bingo halls in the province. The success of this campaign would be measured not by a change in attitude or behavior as with their previous campaigns, but rather through a strict policy change by government (Consultation notes, February 16, 2005).

The health organizations that are presenting the claim to the public are the Newfoundland and Labrador Medical Association, the Newfoundland and Labrador division of the Canadian Cancer Society, and the Lung Association of Newfoundland and Labrador. However, support from health professionals does not stop here. The public consultation that the government held in February 2005 saw the Association of Registered Nurses, family physicians, Real Time Cancer, and the St. John’s Regional Wellness Coalition also join this claim-making group. Several claim-makers are associated with these organizations, and are usually senior management. Thus, at the time of the study, Dr. Andrew Major was the President of the Newfoundland and Labrador Medical Association, Peter Dawe was the executive director of the Newfoundland and Labrador branch of the Canadian Cancer Society, Elizabeth Dunn was the volunteer president of the Lung Association of Newfoundland and Labrador. These groups and David Allison from the St. John’s region of Health and Community Services were important claim-makers. Members of this list are primarily health professionals, but are also aligned with their respective organizations. Alliances for these organizations include larger national bodies and funding comes from membership, community fund-raising, and investments. The government does provide some funding to certain organizations including, for example, the Canadian Cancer Society (Canadian Cancer Society, 2004). However, it is assumed that this funding is from the federal, not the provincial government. It is important to remember that these organizations are largely non-profit and receive charitable donations.

Organizations of health professionals emphasize the health of the public and of workers in their claim. Ideologies are relatively consistent among health organizations. They seek to increase awareness of various health concerns and promote prevention wherever possible. The Canadian Cancer Society’s mission is to eradicate cancer and enhance the lives of people living with cancer (Canadian Cancer Society, 2004). The Lung Association’s mission is to achieve healthy breathing for people living in the province through education, research, and advocacy (Lung Association of Newfoundland and Labrador, n.d.). With respect to an increase in youth smoking, past president, Dr. Susan King shared this ideology of prevention in her statement that, “smoking is the leading cause of preventable death in communities and it is the government’s responsibility to protect” (“ACT moves to ban smoking”, p. 2). Such statements reflect a focus on awareness, prevention, and government responsibility. The history of health claim-makers is quite extensive. These organizations have been present in all issues regarding

smoking and workers in the province in the past decade, and have made claims relating to the workers' health as well as the health of patrons.

Labor organizations presenting the claim are associations and unions such as the Music Industry Association of Newfoundland and Labrador (MIANL), the Newfoundland and Labrador Association of Public and Private Employees (NAPE), and the Newfoundland and Labrador Federation of Labor. Labor organizations have moved more slowly than health professionals to support the ban. It appears that it was not until after the provincial government decided to ban smoking in restaurants in 2000 that NAPE publicly supported the claim (Jones, 2000, p. 8). Likewise, when the city of St. John's wanted to implement a by-law to ban smoking in 2004 the MIANL spoke in support of this on behalf of their member musicians and singers (Kelly, 2004, p. 3). Some musicians and singers along with bartenders and bingo hall workers are allied with and are represented by these labor organizations.

These claim-makers are not all presenting the same solution to the claim. The secretary-treasurer of NAPE claimed that they were in support of a city by-law (Burke, 2004, p. A6), while the MIANL thought that anything short of a province-wide ban would be cheating musicians of their health (Kelly, 2004, p. 3). The first mandate of the MIANL is "to address key issues affecting the Newfoundland and Labrador music industry in order to implement positive change by presenting a strong voice to government, business, and the community at large" (MIANL, 2000), therefore it is their responsibility. These organizations not only claim to represent workers and businesses, but they are also interested in lobbying government to make policy changes regarding issues that relate to their members.

The fourth set of claim-makers is located within the provincial government. On December 6, 2004, the Minister of Health, John Ottenheimer, made the claim that second-hand smoke will cause 784 hospitalizations and 112 deaths this year in Newfoundland and Labrador. These statistics are often related to how much the government spends on healthcare, which Ottenheimer stated would be \$11.9 million in 2004. Due to such figures, the government claimed they were committed to "shutting the last door on second-hand smoke" (Government of NL, December 6, 2004), which means introducing legislation to ban smoking in bars and bingo halls. The government's goal is to create a 100% smoke-free environment in all indoor public places and worksites. The claim-maker is the Minister of Health who is allied with the current Conservative government of Newfoundland and Labrador on this issue; however, this has very little significance as it was a Liberal government that introduced a smoking ban in 1994 ("Liberals call for smoking ban", 2004, p. A4). It is evident that every government will see health as an important issue and a safe topic to deal with. Addressing the health and safety of provincial citizens will positively impact the province and voters.

The Minister of Health claims to represent the interests of the people of Newfoundland and Labrador and to be responsible for advocating the health and wellness of the province's citizens. Ottenheimer states that the purpose of this particular claim is to "offer more protection for our hospitality workers who are routinely exposed to harmful

effects of second-hand smoke” (Government of NL, December 6, 2004). It is interesting to note that the Department of Health is making the claim on behalf of workers instead of the Department of Labor which was, at the time of the study, responsible for occupational health and safety legislation in the province.

Claim-making process

The claim-making process includes how the claim is presented, by whom, and the response to the claim. Best (1989) provides six examples of how claims are made that are relevant to this paper. Press coverage is the primary way, because of its wide scope or ability to reach a lot of people. Press coverage includes visual media, such as news coverage and news-related programs, and print media, such as newspapers. The health consequences of second-hand smoke for bar and bingo hall workers have been widely publicized using these media. Between fall 2004 and July 2005, the NTV Evening News hour regularly held segments updating the public on the progress of the claim. Print media was the most popular form of press coverage. The claim was made in various newspapers province-wide, such as *The Telegram*, *The Western Star*, *The Northern Pen*, and *The Newfoundland Herald*. *The Telegram* published an article in January 2003, early in the claim-making process, about a musician who played in bars and was re-thinking his career because he was concerned about the health risks. Dave McHugh, a musician with a 17 year career stated that it was not a moral issue but a health issue (Callahan, 2003). Similarly, in October 2004, *The Telegram* published an article quoting an estimate of the number of people who die from second-hand smoke in Newfoundland and Labrador. The groups making this claim were all health organizations concerned about workers’ health (Roberts, 2004). The main focus of the claim-making process related to the proposed ban on smoking in bars and bingo halls has been the health and wellness of workers. Presenting the issue from the perspective of health and safety will be of interest to the public, and therefore, the newspapers will be read.

Popular treatment is a second approach to making claims. This is a broad category the contents of which can vary from context to context. However, in Newfoundland and Labrador, popular treatment can be defined as Newfoundland-produced media that Newfoundlanders watch or read in large quantities. Two examples of popular treatment of the second-hand smoke issue were found in the *Newfoundland Herald* magazine and on the Rogers Cable television show, *Out of the Fog*. On September 26, 2004, *The Newfoundland Herald* published an article entitled “Smoke and mirrors”, which discussed the public’s changing perception of smoking in bars and bingo halls. According to this article, there were already bars in downtown St. John’s that had voluntarily designated themselves smoke-free, and they still received business and functioned well (Kelly, 2004). *Out of the Fog* organized a panel discussion about the topic in the fall of 2004, where presenters spoke about the issue from different points of view. These examples of popular treatment of the issue seem to present the problem from a very neutral perspective – speaking more to what is happening rather than aggressively presenting the claim. This is understandable because in order to maintain broad popular support and interest, these sources must present the public something they can agree with or at least offer no contentious solutions.

The third way in which claims are made, according to Best, is through individual and government testimony. Testimonies of people who have been affected by the problem can play a critical role in the creation of a public problem. Testimony gives a personal account of how the social problem affected a particular individual. Daniel Boorstin (1992) in his book The Image discusses the importance and power associated with using personal testimonies in advertising. What one is selling must be believable and first-hand experience that the product works can increase the believability of the claims about the product. Similarly, first-hand accounts of how the social problem has affected someone can increase the believability of the claim. There is yet to emerge a testimony from a Newfoundlander about how second-hand smoke has negatively affected their health while working in the service industry. However, a testimony from a woman in Ontario has been used by the provincial government in the Newfoundland and Labrador debate. Heather Crowe is a 57 year old woman who worked in the service industry in restaurants, for more than forty years. She describes sometimes working more than twelve hours a day between three jobs, in smoke-filled restaurants. Crowe noticed some lumps on her neck and, after a little persuasion from her daughter she went to see a doctor. Her doctor told her she had lung cancer which had spread to her lymph nodes. Initially, the physician was convinced that the disease was from Crowe's personal smoking habit, however he was incorrect. Crowe's smoke-filled lungs were not the result of her own smoking, as she had never smoked a day in her life. Instead, Crowe's account attributes her illness to her exposure to second-hand smoke. Her inoperable lung cancer has caused her to go through painful chemotherapy and radiation. Crowe's testimony has been used in Health Canada's anti-smoking programs. In Newfoundland and Labrador, ACT asked her to speak to the provincial government about her experience as part of its lobbying efforts for banning second-hand smoke exposure for workers (Page, n.d.).

A fourth claim-making process involves the use of pamphlets, flyers, and handouts, as well as posters, ads, and public service messages to present the claim to the public. These are particularly useful in bringing the claim to the public, because unlike reliance on the media and other sources, this approach allows the claim to be presented in a way that the organization producing the materials wishes. ACT, the Newfoundland and Labrador branch of the Canadian Lung Association, and the provincial Department of Health and Community Services all have such material that is in circulation throughout the province. ACT has the most extensive library of material, including everything from posters in schools and universities to newspaper advertisements.

These organizations directly addressed the claim with slogans like 'Let's shut the last door on second-hand smoke' in their material. ACT also has access to other organizations that offer medical information about second-hand smoke. The Lung Association and Health and Community Services have taken a more passive approach to the claim, as they have disseminated information about how second-hand smoke can affect one's health and how to quit. Based on their pamphlets, handouts, etc., the latter two organizations seem to have approached the claim as a general problem with health consequences, not a problem for workers, and more specifically bar and bingo hall employees *per se*.

Similar to testimonies, public opinion can be used as proof to a claim and to increase the believability or validity of a claim. The difference between testimonies and public opinion, however, is that testimonies are often strategically planned whereas public opinion is not. The variability of public opinion means that it can support a claim or rival the claim. Public opinion can also be planned and used to present a claim in a particular way. This situation exists when, for example, claim-makers conduct public opinion polls. Statistical results from polls can be used for or against the same topic as the results of public opinion polls are often used to persuade an audience for or against a particular agenda. In exploring the use of such polls, certain variables must be taken into consideration such as the geographical location where the poll took place, the socioeconomic status and education of the people polled, and how the poll was conducted. Public opinion polls or surveys are generally constructed to serve a purpose. Vision Research conducted a survey in 2003 about the public's support of a ban on smoking in bars and bingo halls. The reported results were that support for such a ban had increased by twelve percent from the previous year to 58.2 percent in favor. Only 403 Newfoundlanders were surveyed and the survey was commissioned by ACT ("Most support smoking ban", 2003). Insufficient information about the poll is publicly available to assess the accuracy of the results.

The last way in which claims are made, often through the media, is through the use of interviews with the claim-makers. The claim-makers are the organizations that associate with the claim. Individuals within such organizations are interviewed, usually the executive director, president, or coordinator. Organizations that are allied with the claim are health organizations, labor organizations and anti-smoking organizations. The claim is presented by such groups as addressing a health concern for all people involved, employees and patrons. Andrew Mayor, the President of the Newfoundland and Labrador Medical Association said in an interview with the *Advertiser* that "tobacco [is the] most significant health issue facing [the] province today". The health issue is often backed up with statistics about death rates and hospitalizations. In a newspaper interview Major stated that "a hundred people per year die from carcinogens in second-hand smoke in Newfoundland and Labrador" (Roberts, 2004).

Labor organizations, such as the Music Industry Association of Newfoundland and Labrador (MIANL) and NAPE have presented the claim with a singular focus on worker safety. In an interview with the *Workers Voice Magazine* the executive director of the MIA, Dennis Parker, stated that, "the issue is pretty much a no-brainer. It is a question of health and safety of our members" (Butler, 2004, p. 26). This statement clearly lays out the opinions of those who are aligned with the employees; the issue is health and safety.

Counter-claims

The claim-making process includes responses to the claim, and often the responses go against the claim. The claim that second-hand smoke exposure is detrimental to the health of bar and bingo hall employees has some opponents. The opposition has been less directed at the claim and more towards the proposed solution to the claim: a legislated ban on smoking in bars and bingo halls across the province. The fact that second-hand

smoke is detrimental to the health of bar and bingo hall employees has not been contested. Studies have shown and reports outlined how employees can have grave health consequences if they continue working in a smoke-filled environment. One focus of the counter-claims relates to claims about the potential negative impacts of the legislation on the industry and related employment. The Canadian Federation of Independent Business argues that the legislation banning smoking in bars and bingo halls would also ban patrons and thus hurt Newfoundland and Labrador's economy in the process. Overall, the primary organization opposing the ban is the Beverage Industry Association (BIA) of Newfoundland and Labrador led by their president, Marcel Ethridge. They are reported to have strong connections to privately owned bars in the province and are supported by bar owners, and also some employees, in the province. The BIA contacted 200 bars owners in 2000 and Ethridge stated that they found at least 99% are against a smoking ban in their establishments (Hilliard, 2000).

There are four main elements to the counter-claims that the BIA and its supporters have raised related to prohibiting smoking in bars and bingo halls. The first and perhaps most prominent argument is that if the government were to legislate against smoking in bars and bingo halls it would be attempting to legislate morality rather than concentrating on the root of the problem. In 2000, Ethridge stated that government should be focused on changing social attitudes instead of banning smoking (Curtis, 2000). Jeff Peddle, of Dooley's bar and billiards, stated at the public consultations in 2005 that if smoking is the problem then why is tobacco not banned? (Consultation notes, February 16, 2005). By addressing private businesses instead of tobacco, Ethridge has said that the government is undermining a fundamental principle of private businesses, which is the right to choose what to offer your customers (Butler, 2004).

The second component of the counter-claim is that the government is denying smokers the right to choose. In other words, they claim that by enacting a smoking ban the government will be restricting the rights of smokers. Fabian Power, a Westside Charlie's franchise owner, stated this at the public consultations (Consultation notes, February 16, 2005). The threat of lost jobs is a third component linked to the counter-claim. Prohibiting smoking will lead to a loss of jobs, says the BIA. *The Sunday Independent* newspaper ran an article that outlined how businesses lost money and people lost jobs because of smoking bans in other areas. In Thunder Bay, Ontario, it argued, 93% of bars suffered an economic loss of 43% and all the business had to lay off staff. In Dublin, Ireland, the article claims, sales dropped by 16% and over 2,000 jobs were lost. Norway, New York, Florida, and New Brunswick were other places that are reported to have showed an economic loss due to smoking prohibition. (Morrissey, 2005).

The last component of the counter-claim is about who will enforce the ban. Ethridge worried that it would be the staff at the bars who would be required to do this, which, he argued, could pose more danger (Jackson, 2004). At the public consultations, several bar owners at the public consultation stated that enforcement was a concern. Jeff Peddle, of Dooley's, said that the government should postpone the legislation until they had an enforcement strategy in place (Consultation notes, February 16, 2005).

Various bar owners claimed that they were already meeting their customers' needs and the solution should be designated smoking rooms. Eric Skinner, owner of Cheers in Harbor Breton, claimed that 90% of his customers smoke (Hunt, 2004). Similarly, Connie Rose of the Glynmill Inn stated that allowing smoking would meet the needs of her customers. She also stated that the trend should be towards non-smoking rooms (Callahan, 2003).

The BIA and provincial bar owners have claimed that designated smoking rooms should be the answer because they are the only way to reduce risk without threatening businesses. The government and those in support of the claim have argued that a total prohibition is the only way to sufficiently protect workers.

A representative of the bingo hall sector also spoke at the public consultations. Gerry Connolly, of Atlantic Service Satellite Bingo, presented a different claim than the bar industry. He stated that the ban would keep people away from bingo games, which are a substantial source of charitable funding. He said that charitable funding has significantly decreased and who would make up the difference (Consultation notes, February 16, 2005).

As with the claims-making process, not all counter-claims come from the primary organizations leading the counter campaign. Unplanned reactions can come from wider audiences. The NL government held public forums to discuss the implementation of the smoking ban. At the St. John's forum on February 16th, 2005, a participant challenged the government's claims. Doug Kemp described government's interest in banning second-hand smoke in the workplace as just another way the government is trying to invade people's lives.

Discussion and Conclusion

Medical research has linked second-hand smoke to health problems for two decades. It has pointed to many adverse health effects including lung cancer, heart disease and lung irritation. More recent research has linked second-hand smoke exposures to other diseases. The synthesis and communication of the results of this research by the Surgeon General and the U.S. Health and Human Services have contributed to growing awareness and concern for the health of people who regularly come in contact with second-hand smoke. Employees who are involuntarily being exposed to high levels of second-hand smoke have an increased risk of contacting various diseases and negative health conditions.

As demonstrated in this paper, the social constructionist theory provides important insights into social and historical differences in the identification of public problems and responses to those problems. Instead of taking the existence of social problems for granted, the theory asks how and when society defines a problem as a public issue. Society plays an important role in the formation of social problems. Claims must be presented by various claim-makers, claims can vary from place to place, there are often

counter-claims, and the processes and outcomes of claim-making can vary from problem to problem, over time, and from place to place.

In the late 1980s the problem of the health consequences of second-hand smoke exposure surfaced in the public in the United States. The claim had a broad focus as the concern was for everyone who came in contact with second-hand smoke exposure. This claim was made by claim-makers such as international governments, international medical organizations, and the World Health Organization. Within Canada, the claim-makers have also been medical organizations, such as Physicians for a Smoke-Free Canada, the federal government, and a tobacco research unit. The claim-making process began with medical reports and statements by doctors and researchers. The Canadian government advanced the process by legislating against smoking in specific places, such as schools, boys and girls clubs, and other areas frequented by children. Legislation by the federal and, soon after, the Newfoundland and Labrador and other provincial governments gave a clear message that the claim was more serious for children. The Canadian government then legislated against smoking in federal buildings and the national focus changed to second-hand smoke exposure for workers. The workers among those lowest on the list were those who worked in adult-only recreation facilities, such as bars and bingo halls.

In Newfoundland and Labrador, the claim that second-hand smoke exposure is detrimental to the health of bar and bingo hall employees began to take shape in the year 2000. The media was instrumental in bringing the claim to the public. Claim-makers such as advocates, health and labor organizations, and the government readily used the media to present the claim. Most presented it as a Newfoundland and Labrador health issue, while others presented it as an employee health and safety issue. The process continued with a response to the claim that was as strong as the claim.

The BIA along with many bar owners joined forces to develop counter-claims that focused on the economic side of the issue. Emphasis on potential loss of revenue and thus a loss of jobs was a pronounced emphasis in their counter-claim. Individual bar owners were especially concerned about the economic side of the debate, as they claimed a ban would force them to lay off staff and possibly close their businesses. Other counter-claims include the argument that government should be legislating against tobacco instead of against the behavior of smoking; that government is denying smokers the right to choose; and an emphasis on the enforcement challenge. The alternative solution proposed by the BIA and bar owners was to allow designated smoking rooms with adequate ventilation. Counter to this claim are studies showing that such mechanisms are not enough to reduce negative health consequences.

Second-hand smoke exposure is a problem for anyone's health and especially the health of employees who have to endure it for hours during long work days, such as bar and bingo hall employees. However, society does play an important role in how the problem is defined and ultimately dealt with. The health risk is the same across Canada, but the timing and approach to identifying and solving the problem has varied across sectors and regions. The timing of interventions, the justification for interventions, and the nature of interventions reflect claim-making and counter-claim making processes. Overall, this

research on the social construction of the problem of second-hand smoke exposure for bar and bingo hall employees helps to provide a comprehensive look at the social construction of the problem that can help us understand the outcomes of provincial and other debates about such exposures.

Despite strong opposition, the Newfoundland and Labrador government enacted legislation banning smoking in all bars and bingo halls in the province, including outdoor decks and patios, on July 1, 2005. The final outcome reflects the relative power of different groups and the dynamics of the claims-making process. The implementation of this ban suggests that the power of the government and the claim-makers was greater than that of the opponents but more research is needed into those power dynamics. As indicated by the early American experience and by variable outcomes related to the same public problem elsewhere, the outcome might have been different. The government might have been less eager to legislate, there might not have been strong anti-smoking advocates in the province, and citizens might have put up a strong fight against the ban.

Historically, arguments that protecting occupational health could lead to job loss appear to have influenced legislative outcomes. This is not surprising in a province with a history of high unemployment and employment uncertainty. The counter-claims posed the problem in terms of jobs and individual rights versus health. They also down-played the health risk by arguing that smoking rooms could solve the problem. The number of customers that are brought into any given business is largely dependent upon marketing strategies that can be changed and tweaked at any given time. Although there are studies that show an economic decline in the bar industry after the implementation of a smoking ban, there are also studies that show that given enough time (and perhaps change in business strategy) businesses return to a point of economic stability. In British Columbia, 720 jobs were initially lost when a smoking ban was implemented, however as time went on there was actually a 4% increase in sales (Curtis, n.d.).

More research is needed into the social construction of second-hand smoke exposure in Newfoundland and Labrador and elsewhere. With respect to how the claim is presented, there was not a lot of media attention or response to the claim from bingo hall owners even though they were included in the legislation. The media tended to focus on the bar industry. The workers were relatively invisible as claim-makers or rival claim-makers. During the public consultation that the government held in St. John's in February 2005, there were workers in attendance. Those who spoke about their views tended to express disappointment that those presenting the claim did not speak to them either about the health consequences or about possible consequences of the legislation for their employment and incomes. There is a need for further research into how the employees form and negotiate their work identities. Another point for further research is the meaning of their relative invisibility within the claims-making process. Does their invisibility represent agreement with the claim, vulnerability, lack of interest, or lack of education about the claim?

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