The long road to smokefree bars in the Netherlands: Findings from the ITC Netherlands survey 2008-2016

Nagelhout, G.; van Mourik, D.J.; Hummel, K.; Willemsen, M.; de Vries, H.; van den Putte, B.; Fong, G.

Published in: Tobacco Induced Diseases

DOI: 10.18332/tid/83985

Link to publication

Creative Commons License (see https://creativecommons.org/use-remix/cc-licenses):
CC BY

Citation for published version (APA):
12:30–14:00
PS-607-3 The long road to smokefree bars in the Netherlands: findings from the ITC Netherlands Survey 2008–2016
G Nagelhout1,2, DJ van Mourik2, K Hummel2, M Willemsen2, H de Vries2, B van den Putte3,4, G Fong5,6
1IVO Addiction Research Institute, Rotterdam, Netherlands, 2Maastricht University, Maastricht, Netherlands, 3University of Amsterdam, Amsterdam, Netherlands, 4Trimbos Institute, Utrecht, Netherlands, 5University of Waterloo, Waterloo, ON, Canada, 6Ontario Institute for Cancer Research, Toronto, ON, Canada. E-mail: gera.nagelhout@maastrichtuniversity.nl

Background: The Netherlands implemented smokefree legislation in July 2008. However, this legislation was reversed and reimplemented for small bars without employees several times. Since October 2014, the smokefree legislation applies to all bars again, but not all of them comply and designated smoking rooms are still allowed.

Methods: A nationally representative sample of adult smokers from the Netherlands was interviewed each year between 2008 and 2016 as part of the International Tobacco Control (ITC) Survey (n=1246-1773 per year). Trends in perceptions of rules about smoking in bars they visited, seeing people smoke in bars during the last visit, support for smokefree bars, and social acceptance of smoking in bars were examined with GEE analyses.

Results: There was a significant increase in smokers reporting that bars they visited had a total smoking ban (9% in 2008 to 45% in 2016), which was more often reported by older and high income smokers. Between 10 and 18% of smokers reported that they did not know the rules about smoking in bars; this was more often reported by older smokers. Reports of having seen people smoking in bars during the last visit decreased from 93% to 19%. Support for smokefree bars doubled (20% to 43%) and was higher among older and high educated smokers. Social acceptance of smoking in bars decreased (75% to 41%) and was higher among younger and low income smokers.

Conclusions: Eight years after the implementation of smokefree legislation in bars, smoking in bars has decreased but is far from eliminated in the Netherlands. Educational campaigns targeted at younger and lower socioeconomic status smokers are needed to inform these groups about the (need for) rules about smoking in bars. Now that only a minority of smokers think it is still acceptable to smoke in bars, the Dutch government should consider banning designated smoking rooms too.