Attitudes and experiences of restaurateurs regarding smoking bans in Adelaide, South Australia

Kelly Jones, Melanie Wakefield and Deborah A Turnbull

Tob. Control 1999;8;62-66

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Abstract

***Objectives*—To determine compliance with a voluntary code of practice (VCP) for restricting smoking in restaurants and to canvass the attitudes of restaurateurs towards tougher smoking restrictions.**

***Design*—Cross-sectional survey conducted in 1996 using a telephone questionnaire.**

***Setting*—Metropolitan restaurants and cafés in Adelaide, South Australia.**

***Participants*—276 (86.8%) of a sample of randomly selected owners and managers.**

***Main outcome measures*—Restaurant non-smoking policies, reported and anticipated change in business, and restaurateurs' attitudes towards smoking restrictions.**

***Results*—26.8% of restaurants had a total smoking ban; 40.6% restricted smoking some other way; and 32.6% permitted unrestricted smoking. Only 15.1% of restaurants with a ban or restrictions had used the VCP to guide the development of their policy, and only half of these were complying with it. Although 78.4% of those with bans and 84.4% of those with restrictions reported that their non-smoking policy had been associated with either no change or a gain in business, only 33.3% of those allowing unrestricted smoking expected that this would be the case, if they were to limit smoking. A total of 50.4% of restaurateurs, including 45.3% of those with no restrictions, agreed that the government should ban smoking in all restaurants.**

***Conclusions*—The VCP made an insignificant contribution to adoption of non-smoking policies, and compliance with the code was poor. Despite concerns about loss of business, there was considerable support for legislation which would ban smoking in all dining establishments.**

(*Tobacco Control* 1999;**8**:62–66)

Keywords: smoking restrictions, restaurants, environmental tobacco smoke, Australia

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Introduction

Although restrictions and bans on smoking in public places are increasingly becoming more widespread in Australia and many other countries,[1–3] the hospitality industry remains considerably more resistant to change. Several studies have demonstrated that self-regulatory codes aimed at reducing exposure to environmental tobacco smoke (ETS) are ineffective,[4 5] so that efforts to introduce legislation which would ban smoking in restaurants has been advocated. A history of opposition by the hospitality industry to attempts to introduce legislation to ban smoking in restaurants has been based on concerns about significant losses in trade. However, although such concerns have not been realised where bans have been introduced in the United States,[6–8] this provided small comfort to the South Australian restaurant industry, particularly given the role it plays in the lifestyle and business of the state as the second largest retail sector.[9] As the capital of South Australia, Adelaide has a population of approximately one million people, and enjoys a reputation for fine wines and food.

It has been six years since the 1991 landmark judgement of the Australian Federal Court, made on epidemiological and clinical grounds, that passive smoking causes lung cancer, asthma attacks, and respiratory disease in children.[10] This decision subsequently laid the foundation for successful claims of negligence or breach of a general duty of care by employers under both federal and state civil and statutory laws for failing to provide a safe environment for the public and employees.[11] The dilemma for restaurateurs has been to weigh up the risks of failing to provide a duty of care for staff and the public by providing a safe working and dining environment, against the perceived cost of failing to provide an acceptable dining environment for smoking patrons.

Local research has confirmed the results of studies elsewhere, in finding considerable public support for smoke-free dining.[4 12 13] However, restaurateurs grossly underestimate this level of support[4] and anecdotal observation indicated that provision of smoke-free areas was uncommon in South Australian restaurants. Where bans or restrictions are not provided, it requires that people assert their preferences for a smoke-free environment, which many are not disposed to do.[14–16] The provision of at least separate smoking and non-smoking areas in restaurants facilitates public choice and was thought to be a useful intermediate step towards a more comprehensive policy on smoking in restaurants. In 1991, this thinking led to the introduction of a voluntary code of practice (VCP) in South Australia.[17]

The VCP was developed by a collaborative group consisting of hospitality industry, unions, and public health representation. It

required participating restaurants to provide at least a third of their restaurant as smoke-free dining, increasing to at least two-thirds after one year. For participating restaurants, window signage was required to be prominently displayed at the public entrance and smaller signs were provided for tables. All customers were to be asked, either at the time of booking or entry, if they would prefer a smoking or non-smoking area. By coincidence, the VCP was launched on the same day that the Australian High Court ruling was handed down,[10] so that media coverage was extensive. The VCP was promoted to all restaurants in South Australia, and signage was provided free of charge.

In 1996, given increasing community support for tougher restrictions[18] and a perception that the VCP was not being complied with, it was decided to undertake a survey of restaurateurs with the aims of determining the status of non-smoking policies and the experience and attitudes of restaurateurs with respect to such policies. In particular, we sought to determine the uptake and compliance with the VCP, to compare reported and anticipated changes in business with the introduction of smoking restrictions, and to assess the level of support for legislation which would ban smoking in restaurants.

This paper reports on the results of the survey, which provided the government with information that led in early 1997 to the passage of South Australian legislation banning smoking in restaurants.[19]

Methods

The sampling frame for this survey was the listing under "restaurants" in the 1996 Adelaide metropolitan area telephone book. To be eligible for the survey, listed restaurants also needed to be excluded from the listing under "hotels", which would have signified that they were primarily a bar, rather than a restaurant. Sampling of restaurants was then undertaken using a table of random numbers. An information letter introducing the study was sent to all of the randomly selected restaurants. Mailing was sequenced to ensure that all interviews were conducted within two weeks of restaurateurs receiving the letter. When contacted, those restaurants that did not provide sit-down meals (primarily take-away establishments) were excluded from further questionning. Up to eight telephone callbacks were made throughout the survey period to contact restaurant owners and managers.

A structured 20-minute telephone interview schedule was developed on the basis of existing research and interviews with public health practitioners, and included forced-choice and open-ended research questions. Respondents to the questionnaire were owners of dining establishments; however, managers were interviewed if owners were not available.

The schedule consisted of four distinct sections, whereby part 1 sought information about restaurant size, alcohol licensing arrangements, average cost of a meal, and existence of a policy. Part 2 consisted of a stream of questions for those who indicated they had some type of non-smoking policy and asked about the proportion of table space allocated for non-smoking patrons, the effect of the policy upon business, the use of the VCP in development of the non-smoking policy, and the length of time the policy had been in place. Part Three was sequenced for respondents who did *not* have a formal non-smoking policy. This stream questioned respondents as to why they did not provide smoke-free areas in their establishment and what effect they believed such a policy would have upon their business. The final part was asked of all respondents and included questions about perceived preferences of patrons and staff for working and dining in a non-smoking environment, plus statements about hypothetical restrictions on smoking in dining areas.

Data were analysed using the statistical package SPSS version 6.0 and comparisons between proportions were mostly undertaken using conventional χ^2 tests, although χ^2 tests for trend were used when indicated.

Of 457 randomly selected restaurants, contact was made with 383 and of these, 65 were not eligible (closed, take-away, function centres), leaving 318 contactable and eligible restaurants. Of these, 276 (86.8%) completed the interview.

Results

CURRENT PRACTICE

Of the 276 restaurants in the survey, 26.8% (95% confidence interval (CI) = 21.7 to 31.8) of restaurants had a total ban, 40.6% (95% CI = 34.8 to 45.9) had some routine provision for non-smoking customers (separate room for non-smokers, 5.1%; permanent segregated area for non-smokers, 32.2%; smoking not permitted until after main dining period is over, 3.3%) and 32.6% (95% CI = 27.1 to 38.1) made no such provision. Of those restaurants with a policy (n = 186), 22.2% reported that the policy had been in place for less than one year, 46.5% for between one and three years, and 31.4% for more than three years. Of restaurants with a smoke-free area (n = 103), two-thirds allocated 50% or less of their table space to non-smoking dining.

Restaurant size was coded into four groups; up to 40 people, 41–80 people, 81–120 people, and 121–600 people. As the size of the restaurant increased, it was more likely to have only some provision for non-smokers (seating <40: 15.8%, seating 41–80: 39.6%, seating 81–120: 45.2%, seating >120: 61.1%), as opposed to being totally smoke free (χ^2 trend = 21.4, df = 1, $p<0.001$). The smallest restaurants (capacity up to 40 people) tended either to have no provision at all (40.4%) or to be totally smoke-free (43.9%).

VOLUNTARY CODE OF PRACTICE

Only 15.1% (n = 28) of the establishments with a smoke-free area or premises had used the VCP to guide the development of their policy. Those who indicated that they had used the code (n = 28) were questioned further to determine the degree to which they were com-

Table 1 Attributed and anticipated effect of provision of a non-smoking policy on business, by present non-smoking policy

	Attributed effect of policy (by those with policy)		*Anticipated effect of policy*
	Some routine provision, n = 109 % (SE)	*Total ban, n = 74 % (SE)*	*No routine provision, n = 90 % (SE)*
No difference to business	69.7 (4.4)	52.7 (5.8)	31.1 (4.9)
Gain in business	14.7 (2.6)	25.7 (5.1)	2.2 (1.5)
Loss in business	6.4 (1.8)	10.8 (3.6)	46.7 (5.3)
Don't know/Can't say	9.2 (2.1)	10.8 (3.6)	20.0 (1.3)
Total	100.0	100.0	100.0

$\chi^2 = 6.0$, df = 2, p>0.1 (some provision *vs* total ban).
$\chi^2 = 59.1$, df = 3, p<0.0001 (some provision *vs* no restrictions).
$\chi^2 = 41.4$, df = 3, p<0.0001 (total ban *vs* no restrictions).

plying with the provision that at least two-thirds of the premises should be allocated to smoke-free dining 12 months after adoption. Of those using the policy, 50.0% were adhering to it as outlined. Of those respondents who had some kind of smoking policy, only 18.3% did not know that the VCP existed.

REPORTED AND EXPECTED EFFECT OF POLICY ON BUSINESS

Most restaurants with some provision for non-smokers (84.4%) or a total ban (78.4%) reported that the introduction of the non-smoking policy had had no effect on business or had led to a gain in business (table 1). Only a small percentage of restaurants with some provision or a total ban reported that they had suffered a loss of business which they attributed to the policy.

Table 1 also shows a mismatch between expected consequences of the introduction of a non-smoking policy and the actual effect on business by those who have implemented such policies. Participants whose establishment did not have a non-smoking policy (n = 90) were asked whether they believed the introduction of a smoke-free area or premises would lead to a loss or a gain in business or would make no difference. Almost half (46.7%) believed that a loss in business would result if a non-smoking policy was implemented; however, 33.3% believed that it would either have no effect or lead to a gain in business.

When restaurateurs who permitted unrestricted smoking (n = 90) were asked in an unprompted fashion why they had no policy, allowing two reasons, fear of a loss of business was a prime concern (43.3%), followed by structural constraints (38.8%), a perception that there was no demand (26.6%), and a belief that segregation was ineffective in reducing exposure (13.3%). Of these restaurants, 15.6% had in fact attempted to introduce a policy in the past, and 35.6% indicated that they had thought about introducing a policy in the future. Of the small subgroup of respondents who had attempted to introduce a non-smoking policy in the past but no longer implemented it (n = 14), 20.8% said they no longer had a policy due to concerns over loss of business.

HOSPITALITY INDUSTRY RESPONSES

Respondents were asked a series of questions about their attitudes towards restricting smoking in restaurants (table 2). Most restaurateurs supported the notion that they should provide areas for non-smoking customers. Although support was stronger among those who had already made provision for non-smoking customers, even those without provision had high levels of agreement.

A total of 51.7% of respondents agreed that a law banning smoking in restaurants and cafés would have a negative effect on the industry, with this view strongest among those without provisions in place for non-smokers. However, 50.4% agreed that the government should ban smoking in public eating areas, including 45.3% of those with no restrictions. Most agreed that an 'even playing field' regarding smoking restrictions would be best for the hospitality industry.

Discussion

The aim of this study was to determine the extent of provision of smoke-free dining in Adelaide restaurants and cafés to assess the success of the voluntary code of practice, and to canvass the attitudes of restaurateurs towards tougher smoking restrictions. The strengths of the survey include the acceptable consent rate (86.8%) and the fact that the sample included a representative cross-section of restaurants, including family chains which represent about 25% of the usual dining-out venues for South Australians.[13]

The data indicate that changes have taken place in the restaurant industry since 1991, with 26.8% of restaurants being totally smoke-free and a further 40.6% having some type of provision for non-smokers in 1996. The results suggest that restaurateurs are acknowledging the strength of public opinion and show a partial response to customer demand, although this continues to be grossly underestimated.

Table 2 Proportion of respondents in agreement to statements about non-smoking policy, by type of policy

	No routine provision n = 86, % (SE)	*Some routine provision n = 111, % (SE)*	*Total ban n = 73, % (SE)*	*Overall total n = 270, % (SE)*
Restaurants should provide smoke-free areas for non-smoking customers.*	64.0 (5.2)	93.7 (2.3)	91.8 (3.2)	83.7 (2.2)
A law banning smoking in all restaurants and cafés will have a negative effect on the restaurant industry.†	60.0 (5.3)	55.9 (4.7)	35.6 (5.6)	51.7 (3.0)
There should be a government ban on smoking in all restaurants and cafés.‡	45.3 (5.4)	46.8 (4.7)	61.6 (6.0)	50.4 (3.0)
An "even playing field" regarding smoking restrictions in restaurants, cafés and hotel dining areas would be best for the restaurant industry.§	70.6 (4.9)	76.4 (4.0)	63.9 (5.6)	71.2 (2.8)

*$\chi^2 = 37.3$, df = 4, p<0.001.
†$\chi^2 = 14.6$, df = 4, p<0.001.
‡$\chi^2 = 13.0$, df = 4, p = 0.01.
§$\chi^2 = 12.9$, df = 4, p = 0.01.

It is clear that the VCP made an insignificant contribution to adoption of non-smoking policies, and compliance with the code was poor. This is consistent with the findings of evaluations of voluntary arrangements elsewhere.[4 5]

Although a loss in business was frequently expressed as a barrier to introducing non-smoking policies, the experience from the mouths of most restaurateurs who had introduced a policy was that this simply does not happen. Most reported no change or an increase in business, which they attributed to the policy. One limitation of this study is that restaurateur reports about change in business are exactly that: non-verifable, self-reported perceptions of how business has done over time. The extent to which restaurateurs are able to attribute a cause to any change in business is complicated by the fact that the restaurant industry itself is highly volatile. For example, a study of New York City restaurant owners found business decreases over the two-year period after the introduction of a smoke-free restaurant ordinance to be reported by around a third of restaurant owners under jurisdiction and not under jurisdiction of the law.[20] Studies of sales tax data show seasonal fluctuations in restaurant business[21–23] and it may be difficult to make attributions of change over time against these background variations. In addition, attributions about the impact of such policies are correlated with attitudes towards such policies, with negative attitudes being associated with reports of decreased business.[20]

Nonetheless, these self-report data complement findings of studies of more objective taxable sales data which demonstrate no adverse economic impact on restaurants after smoking restrictions were implemented.[6–8 21–23] These data are also consistent with surveys of the public in the United States and Australia which show that, faced with a ban on smoking in restaurants, smokers intend to dine out less frequently and non-smokers intend to dine out more often, so that there is an overall increase in restaurant patronage.[24 25] Another study which surveyed restaurant patrons soon after the implementation of the New York City Act found similar changes in dining out patronage among smokers and non-smokers, resulting in no overall change.[26] In contradiction to these studies, two dissenting studies exist, both funded by the National Smokers' Alliance, using the method of interviewing restaurateurs.[27 28] Both studies found reported declines in business soon after the implementation of the New York City Act. However, since these studies were undertaken shortly after the law took effect, seasonal or transient changes in the economy were not taken into account. The evidence from the most rigorous studies suggest no overall adverse effect on restaurant trade.

Despite holding fears about loss of business, there was a high degree of support in the present study for restrictions and bans, with half believing there should be a government ban on smoking in all restaurants and cafés. It was notable that even among restaurants with no smoking restrictions, 45.3% thought there should be a government ban, perhaps indicating that these restaurants are waiting for government intervention before they will act. Many of these were small restaurants, which are constrained in their capacity to provide a workable or effective area for smoke-free dining. This was reflected in the tendency of small restaurants to have either opted for a total ban or to permit unrestricted smoking.

The passage of 1997 legislation to ban smoking in restaurants, to be implemented from 1 January 1999, effectively galvanises the remainder of those establishments who had not yet risked a move to action but were waiting for, and are supportive of, the imposition of legislation. It is important that the legislation be subject to evaluation to reassure restaurateurs and government policymakers that bans offer real benefits, which ought not to be eroded by the vocal concerns of forces complicit with the tobacco industry.

The study was funded by a grant from the South Australian Health Commission. The views expressed in this paper represent those of the authors alone. The authors express appreciation to Dana Teusner for her assistance throughout the research.

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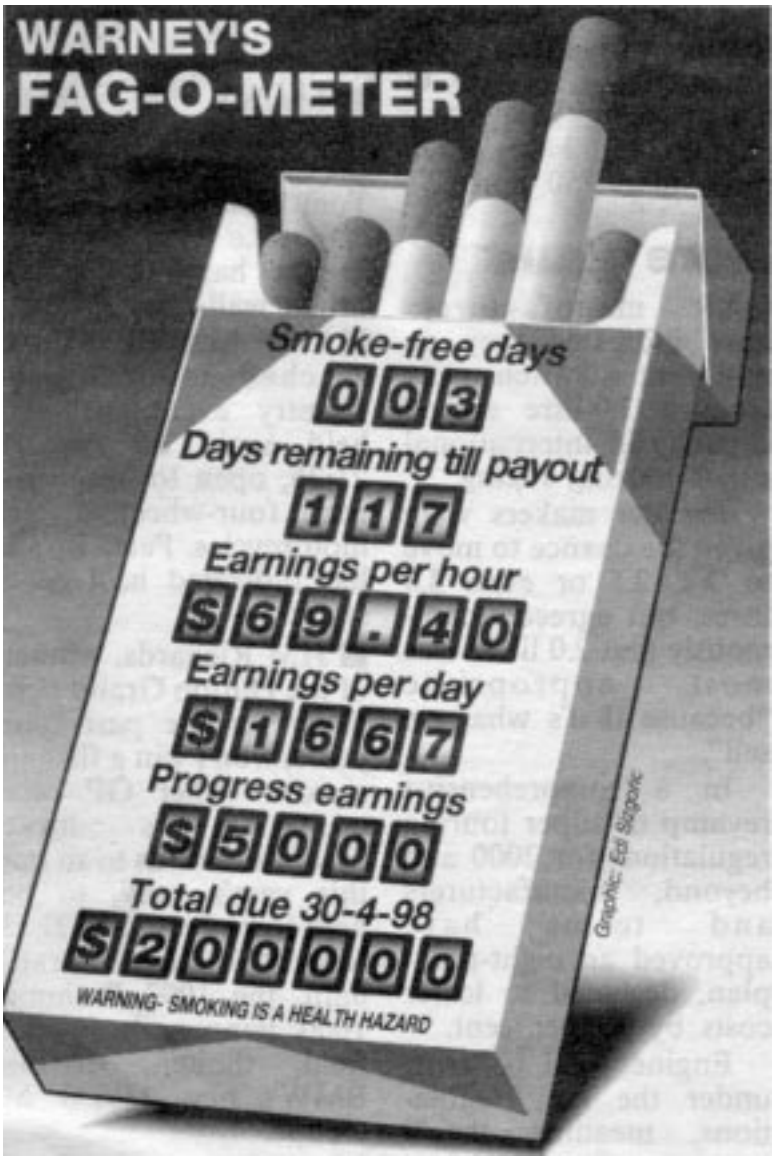

Australian test cricket bowler Shane Warne has been given A$200 000 by Pharmacia-Upjohn, makers of Nicorette, to quit smoking and to talk about it in public. Here's how the Sydney "Sun-Herald" depicted Warne's progressive earnings on day three of his new year's resolution