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Abstract

With the rise of smoking restrictions and bans in the hospitality industry the author discusses solutions that are implemented to protect the workforce and guests from involuntary smoking. Historical and societal contexts are drawn, and enforcement of smoking bans as well as their economic impact is explored in an international perspective, primarily since US researchers have propelled the research on smoking and health issues. The author illustrates that there has been no way to avoid enforcements of strict smoking restrictions, and the struggle to do so could just delay the process and waste resources.

Keywords

Smoke-free. Restaurants, Bars, Hoteols, Smoking Bans

Smoking restrictions, bans rise in hospitality industry

by Reidar J. Mykletun

With the rise of smoking restrictions and bans in the hospitality industry, the author discusses solutions that are implemented to protect the workforce and guests from involuntary smoking. Historical and societal contexts are drawn, and enforcement of smoking bans as well as their economic impact is explored in an international perspective, primarily since U.S. researchers have propelled the research on smoking and health issues. The author illustrates that there has been no way to avoid enforcements of strict smoking restrictions, and the struggle to do so could just delay the process and waste resources.

Cigarette and cigar smoking has traditionally been seen as glamorous. Kelly noted celebrities smoked, and hawked cigarettes, adding to their glam image. As early as 1929, PR man Edward Bernays puffed up sales by hiring women to pose as suffragists smoking cigarettes while parading down New York's chic Fifth Avenue; decades later, Virginia Slims would target feminists with the same message: Modern independent women smoke.... Brides were gifted

with tabletop lighters, and there were few smoke-free zones.¹

Ashtrays were found in private homes, offices, and, of course, restaurants, where owners and employees wanted to provide the best hospitality and service to their customers. Smoking was an integrated part of the meal experience in restaurants, and even more part of the total ambience of bars and pubs.

The first research article demonstrating smoke-related health risks appeared as early as 1906, and from 1930 to 1949 a few scientific papers were presented almost every year.² A major increase in published studies on smoking and health issues is noticed from 1950 onward. At the forefront of this process were U.S. researchers; the world outside the U.S. learned from them.

In 1953 great publicity was given to an experiment reported from the Sloan-Kettering Institute which succeeded in inducing cancer

in rats by painting their backs with tars from cigarette smoke. The number of popular articles on the issue increased rapidly. Among the most influential was Miller and Monahan's lead article in *Reader's Digest* in July 1954.³ A sharp drop in cigarette consumption was seen, but in 1955 consumption was again on the rise.

The first congressional hearings on smoking and health in the U.S. occurred in 1957, and in 1962, the important Advisory Committee on Smoking and Health was established and presented its report in January 1964, stating that:

Cigarette smoking is a health hazard of sufficient importance in the United States to warrant immediate action. Cigarette smoking is casually related to lung cancer in men; the magnitude of the effects of cigarette smoking far outweighs other factors. The data for women, although less extensive, points in the same direction.⁴

The report created shock waves, and tobacco consumption decreased. By the mid-'60s, 42 percent of the adult U.S. population smoked, dropping to 23 percent in 2001.⁵ An extensive list of efforts has been undertaken to reduce the ill effects of smoking on health. Advertising was abandoned by a large segment of the media throughout most of the Western world. Additionally, tobacco was labeled with notes of warning about health hazards. Some states and nations introduced special taxation on tobacco to reduce the request for the products. For example, in

today's Norway, the levying of special tobacco taxes has increased the price for 20 Camel cigarettes to more than US\$10. In hindsight, it is fair to claim that the restaurant industry should have foreseen this upcoming change and been proactively meeting this new situation. Lack of adaptive capacities in the industry will appear as an even a more serious problem when considering the research on passive (involuntary) smoking.

Passive smoking is hazard

Ambient smoking, also called involuntary smoking, passive smoking, second-hand smoking, or side smoking, refers to the tobacco smoke that contaminates the atmosphere in the area where smoking takes place (also called environmental tobacco smoke). The documentation of ambient smoking health hazards led to a second important turn both in consumer behavior and in legislative policies. Research on this problem lagged behind that of active smoking. In 1972, the U.S. General Surgeon passed a second report summarizing research based on evidence from 1957 onward which concluded that atmospheres contaminated with tobacco smoke might be sufficient to harm the health of the persons exposed to it. The length and density of exposure determines the health hazards.⁶

Statements like this had a great impact on smoking policies, but still the restaurant business did not react. United Airlines was the first airline to introduce separate

cabin areas for smokers and nonsmokers in April 1971. Later that year the U.S. Interstate Commerce Commission limited smoking to the last five rows on interstate buses. Canadian federal authorities were the first to impose a national ban on smoking on all Canadian airlines due to health risks for the cabin crew.

In 1973, Arizona was the first state to introduce smoking prohibition laws, thus protecting the non-smokers in public areas such as elevators, theaters, libraries, museums, art galleries, and buses. In 1975, 48 U.S. states passed legislation on cigarette smoking and tobacco products.⁷ Soon smoking bans in parts of the Western world were to be enforced in public places and later in workplaces. Generally speaking, however, Europe lagged behind the U.S.

In 1989, the European Community passed EC Resolution 89/C189/01 recommending that all membership states prohibit smoking in indoor public areas. Membership states have gradually followed these recommendations, but with a variety of firmness and restrictions. England and Germany still constitute exceptions, having no national restrictions on smoking. Australia enforces smoking restrictions at territory levels. For instance, in Victoria state, workplace smoking bans faced 17 percent of the workforce in 1988, increasing to 66 percent in 1995, with white collar workers enjoying a higher rate of protection

compared to blue collar workers. Restaurants and hotels were among the industries to be least likely to have smoking bans. The rapid growth in smoking bans, however, was between 1988 and 1993.⁸

Documentation grows

The smoking restriction trend gained more fuel as researchers continued to build massive documentation of the effects of passive smoking. In 1995, 26 out of 33 published epidemiological studies linked second-hand smoking to lung cancer, and so did six different meta-analyses.⁹ In 2002, The World Health Organization (WHO) institute IARC concluded that environmental tobacco smoke causes cancer and coronary heart disease.¹⁰

The health hazards of passive smoking are higher than commonly believed. Mainstream smoke is that which is inhaled by the smoker. A leisurely smoked cigarette takes seven to 10 minutes. The smoker is inhaling the smoke from his cigarette for only approximately 20 seconds (about 1 percent of the time it takes to smoke one cigarette), and burning about 50 percent of the tobacco. The remaining 50 percent of the tobacco burns and produces smoke for the atmosphere around the smoker for 99 percent of the time the cigarette is lit. This side stream is what contaminates the atmosphere and exposes the accidental bystander to passive smoking. Added to this is the smoke that the smoker is breathing out, and the gasses diffused through the paper of the cigarette. Moreover,

during 99 percent of the time that the smoker is not inhaling his smoke, the tobacco burns with a lower temperature and less oxygen. It means that the increase of nicotine and cancer-inducing tar components in the smoke around is three times higher, while the concentration of the cancer-inducing benzene is increased from five to 10 times. Also, the nitrosodimethylamine is increased from 20 to 100 times. Filter-tipped cigarettes make no difference regarding the side stream smoke.

Employees feel impact

Research has documented that non-smoking employees in restaurants may have an impact from side stream smoke equal to smoking 2.5 cigarettes when it comes to nicotine levels, and 15 to 25 cigarettes when talking about nitrosodimethylamine. For non-smokers, immediate effects may be observed in several parts of the body, including blood capacity to transport oxygen and changes in the inner cells of the veins. In fact, non-smokers exposed to passive smoking share all the negative health effects of the active smokers, including lung cancer (estimated risk increase of 14 to 30 percent), respiratory organ diseases, and heart attack.¹¹

Estimates like these have been heavily criticized for the uncertainties that are present in the models used,¹² but the results are supported by epidemiological studies.¹³ The hazards of passive smoking led to debates and concerns about the health of the workforce and were

turned into important work environment issues. Even though it may be argued that the restaurant business is unique, health issues should be given priority. Moreover, guests were also victims of passive smoking, but the risk of not being overly attractive to non-smokers was not paramount in the arguments posed by the hospitality business.

Research has focused the effects of tobacco smoking on the working environment and its impact on restaurant staff. Brauer and Mannelje reviewed three studies comparing restaurants and other areas regarding environmental tobacco smoke. In general, restaurant areas showed higher concentration of environmental tobacco smoke than public and office buildings where smoking was allowed; likewise, bars showed higher concentrations than restaurants. In their own study they assessed the effects of three different conditions (non-smoking, restricted areas, and unrestricted) on indoor restaurant atmospheres in Vancouver. As expected, they found that environmental tobacco smoke concentrations were higher in the unrestricted restaurants, as were the number of cigarettes smoked, compared to non-smoking areas in restricted restaurants. The differences between the latter and the smoke-free restaurants were small due to a certain amount of particulants probably spread from the kitchen area into the non-smoking area. They concluded that "data indicate the potential for high

particular exposures in restaurants and suggest that additional measures, combined with smoking restrictions, are required to reduce exposure.”¹⁴ According to Robinson and Speer, the exposure to atmospheric tobacco smoke is four times higher than average at restaurants and 10 times higher in bars and lounges as compared to office workplaces.¹⁵

Workplace danger high

Three different studies on atmospheric smoke levels were undertaken in Norwegian restaurants from 1997 - 99. They showed great variability in levels of atmospheric nicotine. The highest levels were observed in unrestricted smoking areas, while lower levels were observed in the non-smoking areas. However, in the latter, some areas were as intoxicated as the unrestricted areas. In their proposition for a new law on smoking in restaurants the Ministry of Health and Social Affairs claimed that restaurant staff is exposed to very high concentrations of nicotine in the atmosphere in the workplace, with consequent risks for developing cancer. They estimate that each year a minimum of 22 out of 1,000 staff, on average, would die from this intoxication. They further claim that the estimate might well be a conservative one, and for some especially intoxicating bars, the risk may reach 22 out of 100, as it has also been estimated in research studies from the U.K. and Ireland.¹⁶ The restaurant workforce has the shortest life span expectancies

among all occupations in Norway, and they also rank top in risks of cancer in general, and lung cancer in particular. The same has been observed in the U.S. In the year 2000, the Supreme Court in Norway supported a claim against a restaurant company from a female bartender who for 15 years had been exposed to passive smoking while working in a bar and developed lung cancer. The effects of passive smoke on her development of cancer were estimated to be 40 percent, while her own consumption of 10 to 15 cigarettes per day was estimated to contribute by a maximum of 60 percent. This was the first case of its kind at the Supreme Court, and as such it constitutes a standard for future trials. The situation definitely called for firm action, and the debates on smoking bans were intensified.

With such evidence, it would be unethical to continue exposing the restaurant workforce to such a hazardous working environment. In Norway, it would also be illegal since the Working Environment Act states that the workforce should not be exposed to threats to life and well being as they relate to working conditions.

Indeed, the hospitality business was lagging seriously behind other industries in imposing restrictions on smoking, and also in other workplace health and safety issues. The image of the serious workplace could be at stake. It was also obvious that stronger measures had to be taken by central authori-

ties, since the worldwide hospitality business refused to change its smoking policy. The industry argued that strong restrictions would reduce sales due to fewer visits and shorter stays, resulting in a reduced number of pre-dinner drinks, less wine with meals, fewer desserts and coffees, and fewer after-dinner drinks.

States pass laws

In the United States, authorities at the state and municipal levels may impose smoking restrictions on restaurants. For instance, California was the first state to enforce a restaurant smoking ban in 1995. In 1998 it was extended to include all facilities serving guests food or drinks. The protection of the health of the workforce was the main argument used. Violators of the law were fined. The effectiveness of the law is claimed to be about 90 percent. Delaware enforced similar bans in 2002. However, before California, Flagstaff, Arizona, was the first city to go smoke-free in restaurants in 1993. No average negative effects were observed for the business' total revenue in that area; 56 percent of the operations were stable with regard to sales.¹⁷

In 1995, New York City enforced smoking bans for restaurants with a seating capacity of 35 or more, but accepted smoking in separate bars, outdoors, and in lounges where food was not served. A high number of municipalities and cities have enforced smoking bans in restaurants and bars;

among these are 25 percent allowing smoking in separate rooms with sufficient ventilation systems. The remaining 75 percent are total bans. Miami, Florida, was the latest newcomer, introducing a total ban on restaurant smoking in 2004. Some areas, such as Mesa, Arizona, allow hardship exceptions for bars demonstrating a significant loss of sales due to the ban.

Similar to the U.S., Canadian states are entitled to impose regulations on the restaurant business. Since 2002, British Columbia has claimed that restaurants allowing smoking can do so in separate rooms, and that the workforce may work inside these rooms a maximum of 20 percent of their working hours. Ottawa enforced a general smoking ban for all public places, including bars and restaurants in 2001.

Australia also has the same decentralized system for regulating smoking in restaurants. The restrictions vary from state to state, and depend upon the type of service provided by the restaurant. Although fines are applied to enforce these regulations, the effectiveness is not as expected. In New Zealand, the Smoke Free Environment Act in 1990 established at least 50 percent of the restaurant tables and casino areas as smoke free; however, a total ban has now been proposed.

Europe is different

For Europe, the picture looks entirely different. Sweden is proposing a partial ban in 2005, but

allows special rooms for smokers. Finland has had regulations since 2001 requiring 50 percent of the restaurant area to be smoke free. In Iceland people have been legally entitled access to smoke free environments since 2001, which include smoke free zones in restaurants and other areas operated for entertainment.

The pressure to prohibit smoking in public areas has reached the United Kingdom as well. In the U.K., politicians, hospitality and restaurant associations, and health organizations have been debating the issue, and in 1995 the Courtesy of Choice Program was launched hoping to avoid the tension that enforcement of legislation had provoked in the U.S. The idea was to provide effective ventilation for smokers and non-smokers in the same area, while avoiding smoke going into smoke-free zones. However 53 percent of the restaurateurs conceived the solution as impractical, while 29 percent claimed they would have to redesign their installations.¹⁸

Cuthbert and Nickson,¹⁹ applying a qualitative approach, observed that some U.K. restaurants went smoke free and took advantage of their strategy by competing with mainstream restaurants still allowing smoking. These smoke free restaurants would not appreciate a smoking ban, destroying their newly acquired competitive advantage. More than 60 percent of U.K. citizens are expected to support a restaurant smoking ban. The

Health and Safety Commission has recommended an all-out smoking ban in workplaces and other public places, including restaurants where dining occurs. The Government Chief Medical Officer has called for such a ban. The director of public health in the West Midlands, Rod Griffiths, has argued that Birmingham, the second biggest city in the U.K, should follow the example set by New York City. However, the pub and hospitality business is lobbying against the ban and has so far been effective in its efforts.²⁰

Some have total bans

Only two of the smallest European countries have instituted total smoking bans for the restaurant business. Ireland was the first to abandon smoking on March 29, 2004, as a part of smoking ban law imposed on all workplaces and public places, including restaurants, bars, and pubs. The ultimate goal was to make Ireland smoke free. Especially for the restaurant business, the enactment was motivated by the reduction of health hazards for the workforce; 80 percent of this population, as well as 60 percent of smokers and the Restaurant Workforce Union, supported this total ban. The Licensed Vintners Association (owners' association) tried to delay the enactment, but has lately urged its members to abide by the law. Different solutions have been proposed to get around the smoking ban, for instance patios with covers and heaters, and a "Happy

Smoking Bus” parked outside the pub where guests may enter with their drinks and have their cigarettes. Herbal cigarettes are selling well as they are not banned.²¹

Norway followed Ireland with enforcing a total smoking ban as of June 1, 2004. There have been big debates with the hospitality associations and the tobacco industry defending the current practices. Unlike Ireland, however, Norway has debated the issue for 30 years, allowing a slow adaptation to the new situation, and also placing Norway as a forerunner in the smoking ban development process in Europe. The first law on protection against tobacco damages was passed as early as 1973, aimed at making Norway a smoke-free society. The motivation behind the approach was to reduce health risks for smokers by eventually getting rid of all tobacco smoking in the country.

Results from research on health hazards due to passive smoking made the Ministry of Health and Social Affairs issue new regulations in 1988 instituting a general smoking ban for all public transportation areas, workplaces, meeting rooms, institutions, and places accessible to the public, where more than two people gathered. The focus had now shifted to health hazards for non-smokers. An exception was made for restaurants and bars, allowing them five years to organize their indoor space with at least one-third of the tables, and the common public areas as smoke-free zones.

In 1988, however, the Ministry got Parliament’s support on proposing “...in the near future, the hotel and restaurant industries will constitute only smoke free areas.” Three years later the regulations were gradually sharpened by requiring sufficient ventilation, 50 percent of the tables in smoke-free zones, smoke-free areas to access the smoke-free zones, and also smoke-free zones at the bar counter and counters where food was served.²²

In June 2004, a total smoking ban in Norwegian restaurants went into effect, 14 years since it was first announced by the government. Referring to the Work Environment Act, the main reason was to reduce health hazards for the workforce, but also to shelter guests from passive smoking. The law was expected to reduce smoking in general, especially by abolishing an arena where the youngsters were exposed to a social setting that dragged them into smoking.

Both patrons and restaurateurs were surprised and aggravated when the ban actually was proposed. The Hotel and Restaurant Workers Association supported the ban, arguing that this was the only acceptable strategy to protect the workforce from the hazards of passive smoking. A similar stand was taken by 107 organizations who voiced their opinions during public hearings. Central among these were the Public Health Services and other organizations working with health issues; 11 opposed the ban,

including the Norwegian Hospitality Association. They advocated smoke-free zones combined with ventilation systems and "air curtains" to protect both the staff and non-smoking guests, while also being able to service both of these groups. Separate smoking lounges with self-service drinks were not seen as an alternative by the association. Moreover, they argued for a governmental inspection system to license the operations for smoking, and that operations not meeting the requirements should be smoke free. Tobacco companies also opposed the proposed ban, as did five municipalities.

Guests react differently

As illustrated by Corsun and coworkers in the New York City study,²³ a smoking ban is likely to change the patterns of restaurant patronage, but it still remains open whether the total economic effects will be negative, zero, or even positive, and also which conditions will benefit the individual restaurant, bar or pub. As smokers constitute a minority of the population (about 23 percent in the U.S. and higher in European countries), it is likely that restaurants could please a majority of the population with a ban.

Corsun and coworkers profiled restaurant patrons into five categories: The largest single group, 47 percent of the sample studied, were non-smokers who could not tolerate smoking and would avoid restaurants where smoking was allowed. After the ban they dined out more often than before. This was the

largest consumer group, spending most on dining overall. The second single group, 27 percent of the sample, consisted of non-smokers who could tolerate smoking and would not actively avoid restaurants where smoking was allowed; this group reported a minor increase in their patronage.

On the opposite side were three groups of smokers. Their customer behavior changed after the smoking was imposed; they reduced their frequency of dining out, and changed from "dining" to "eating" in the sense that they spent a shorter time at the restaurant. Those who would adapt and observe the rules (10 percent) reported dining out slightly less frequently after the ban. Those who would avoid restaurants where smoking was prohibited (6 percent), and who were the biggest spenders per meal, showed a sharp drop in dining out; the violators (11 percent) who would not observe the rules and who were the biggest spenders per week also reduced their number of restaurant visits, but increased their patronage in stand-alone bars.

Of the non-smokers, 77 percent were in favor of the law, compared to 13 percent of smokers; 21 percent of non-smokers believed that the ban would harm the restaurant industry, compared to 68 percent of smokers. Smoking bans in taverns and bars received only limited support from all groups of patrons. Thus, smokers and non-smokers differ radically

in their attitude toward the change, although 60 percent of smokers believed that second-hand smoking was hazardous to one's health. Also of interest is the fact that the New York City restaurant smoking ban led to the publication of two guides on dining out with smoking in the city.²⁴

Other regions are similar

The findings from the Corsun study are well in concert with findings from a study on a random sample of Massachusetts's citizens²⁵ reported by Biener and Siegel; 30 percent of their respondents predicted increased use of restaurants and 20 percent increased patronage of bars if a smoking ban was imposed. In contrast, 8 percent announced a reduction in visits to restaurants, and 11 percent would reduce their bar stays. Moreover, 40 percent reported having avoided bars or restaurants because of second-hand smoke, as contrasted to 8.5 percent having avoided bars or restaurants because of their non-smoking policy. They concluded that they had found a potential market for restaurants and bars wanting to attract non-smoking clientele.

In general, smoking bans have gradually gained support from U.S. citizens over the years.²⁶ Residents in the tobacco belt are less likely to favor smoking bans, as are whites, the less educated, and those with lower incomes. Cooperation between the tobacco industry and the restaurant business in

opposing smoking bans in Massachusetts for more than 20 years has been documented.²⁷

In a study of attitudes toward smoking bans in fast-food restaurants, only 22 percent opposed the ban, while 54 percent strongly favored a ban. Again an effect was observed from the regions researched: 72 percent of San Francisco residents were positive, while only 41 percent in the tobacco region of Greensboro, North Carolina, favored it. Near one fourth of fast food restaurant visitors would be likely to visit a restaurant more frequently if a smoking ban was in place, as compared to 16 percent who would most likely avoid the place.²⁸

A study of a random sample in Norway found that 55 percent of respondents reacted positively toward smoke-free bars and pubs, and 70 percent would sustain their patronage of restaurants if smoke free; 11 percent would increase their restaurant patronage. However, 50 percent of respondents under the age of 30 were quite negative toward having smoking bans in bars; 54 percent of smokers and 77 percent of non-smokers thought of separate smoking rooms without waiters as a good alternative to smoking bans.²⁹ Even smokers dislike staying in rooms filled with tobacco smoke.³⁰ More often smokers also prefer to breathe smoke-free air when not actually engaged in smoking; additionally, there is reason to believe that passive smoking constitutes an additional

health risk for active smokers³¹ as well. From a consumer behavior perspective it is obvious that restrictions and bans on smoking will change patronage of bars, pubs, and restaurants. The average turnover for the business may be stable or even increase, but it is likely that some operations will lose clientele, while others will be winners.

Who enforces ban?

The New York City restaurant smoking ban was expected to be self-enforced. Restaurateurs would be fined from \$100 to \$1,000 on repeated offenses for not policing smoking guests. Guests could be fined up to \$100 for smoking in smoke-banned restaurant areas. In spite of these fines, in some instances restaurant operators may be likely to disregard the law. In the New York City study by Corsund and co-workers, the restaurant managers personally policed the smoking guests in 27 percent of the violations reported, and non-management workers disciplined the smokers in 46 percent of the instances. Other guests interfered and disciplined smokers that lighted up in non-smoking zones or smoke-free restaurants, and such corrections were reported in 27 percent of all instances.

Having violated the law without being asked to stop was reported by 63 percent of the smokers, and half the non-smokers reported to have seen smokers lighting up without being policed. Obviously the self-

policing strategy leads to leniency regarding the enforcement of the law. Restaurateurs might be caught in a high-risk situation of losing customers when strictly enforcing the ban. Smokers violating the law reported that the complaints came from other customers in 25 percent of cases, while non-smoking guests claimed that the complaints came from other guests in 40 percent of the cases. Smokers probably do not like to be ridiculed by non-smoking fellow diners when lighting up cigarettes in a smoke-free restaurant, and this may explain the discrepancy in figures displayed above.

A pub in Ireland organized a mock funeral wake the evening before the ban was enforced. After loud discussions, the Irish have accepted the ban. However, the owners' Licensed Vintners Association has warned that it will prove impossible for pub owners to prevent smoking in pubs. They have advised their members not to get into any aggressive situations with possible smoking guests.

Two evaluations were carried out in Norway during 1998 and 1999, the time period the government was preparing for enacting the total smoking ban. It was found that the restrictions were not effective.³² Restaurants serving meals were the most loyal ones, offering the best indoor air quality, while pubs, bars, and restaurants frequently violated the law. At least 30 percent of the municipalities did not practice any govern-

mental inspection of the restaurant compliances with the smoking restrictions, allowing the least loyal operators a competitive advantage. Every second governmental inspector claimed that there was no way the restrictions could be enforced.

The operators themselves were dissatisfied with the restrictions since their guests did not pay attention to the smoke-free areas but smoked everywhere in their restaurants. They did not want to police their guests too hard, since they found this to be inconsistent with the role of hospitality and service providers. The practical aspects of enforcing restrictions and bans on restaurant smoking has not found its form, which is likely to cause different standards between operations, and in some instances be a tool to gain competitive advantages. The recent Norwegian proposal about training a special "smoke-police force" may be a safer solution than leaving the disciplining to the business itself; however, expenses will be high for a solution like this.

Economics not effected

A main concern for the restaurant business as a whole is how results turn out in economical terms. Dr. Howard P. Glauert, professor in the Graduate Center for Nutritional Sciences at the University of Kentucky, authored the "Effect of smoke-free ordinances on restaurant and bar sales"³³ included in this issue. Dr. Glauert reviewed one Australian and nine U.S. studies sampled only

from peer-reviewed journals to reassure the quality of the research. The author concludes that these studies demonstrate no influence on sales in restaurants, at least not in the cities studied when enforcing restaurant smoking bans. However, this is an area of research that will be still debated. For example, Evans criticized the Corsun study and argued that it was likely that the smoking ban had made the NYC restaurants experience a reduction in revenue up to 15 percent as a consequence of the smoking ban. In a reply to Evans, Enz and coworkers³⁴ suggested a weekly increase in turnover for the same restaurants from \$8 to \$11 per person. The latter estimates were supported by findings from another study of the NYC restaurant industry, showing an 18 percent increase in number of restaurant jobs between 1993 and 1997, as compared to 5 percent for the rest of NY State.³⁵ The controversy clearly demonstrates how estimations like this can be influenced by a multitude of issues.

Dunham and Marlow³⁶ researched how bars, taverns, and restaurants might be differentially affected by smoking laws. They criticized previous research on methodological reasons for not being able to show which type of operators would lose business and which ones would gain or even show no change from the new conditions. Their research demonstrated that bars and taverns would experience adverse effects more than twice as often as restaurants. The adverse effects were

likely to be experienced by restaurateurs who offered fewer seats for non-smoking guests, while neutral and even positive effects would be experienced by those who offered a relatively large number of tables to non-smokers.

Thus, the research on economic impacts is still not quite conclusive. The area is also very difficult to document, as smoking restrictions vary from place to place, and laws vary between operations and districts. Compensatory measures such as the newly-announced Miami restaurant outdoor smoking patios³⁷ may be convenient in some areas and difficult or very expensive in others, depending most of all on climatic conditions. The latter also applies to outdoor tables for smokers observed in New York City. Climates as found in the northern United States, in Canada, and in the Scandinavian countries make these solutions impracticable.

Hazards have history

Solid documentation of health hazards due to passive smoking has built up over the last 30 years, and for 40 years it has been obvious that cigarette smoking is dangerous to several aspects of one's health. Gradually smoking restrictions have been enforced in various forms, mainly because of the health risks for involuntary smokers breathing the tobacco smoke from the active cigarette smokers. A general reduction in smoking frequency and preventing younger patrons from starting smoking have also been seen as

arguments for restrictions. The U.S. has led the way both in documenting health hazards and implementing restrictions and bans on smoking, resulting in the lowest frequencies of active smokers. Oceania, Australia, and New Zealand also lead the way. In Europe, only Ireland and Norway have been in the lead, followed by Sweden, Finland, and Iceland.

Smoking restrictions and total bans have gradually meant that restaurant businesses, by means of good lobbying, have been able to delay restrictions taking effect for a while. However, they are now lagging behind when measured on working environment quality socio-cultural trends regarding smoking. The voices arguing for working environment aspects have reached a level that makes the enforcement of restrictions impossible to avoid. Restrictions take on many faces, from total bans for the entire business to bans for restaurant areas while bars and pubs go free. However, any operation allowing smoking will still face health risk problems. Some operations have purchased expensive ventilation systems to prevent non-smokers from the atmospheric intoxication created by smokers, but it is hard to find efficient systems.

Struggle delays ban

The restaurant business and hospitality organizations have been trapped on the dark side of the debate on smoking restrictions, and the tobacco industry has coop-

erated in preventing smoking restrictions being put in place. In hindsight it is obvious that the struggle has delayed the restrictions and bans for some time, but it could in no way stop it. The most interesting question is why restaurants worldwide have taken this conservative stand. The restaurant business adapts rather well to new trends in food and drinks, as well as to fashion and design. How could they possibly overlook the anti-smoking trend? Is all their energy invested in survival in a highly competitive market, or are they absorbed into the culinary arts? Are the magic connections between smoking, alcohol, and meals so well established in the workplace culture that it is not really a matter of discussion? Do their attitudes toward this change reflect a mixture of traditions and habits, basic ideas of hospitality and service, and the fear of lost revenue? Is resistance reflecting the professional pride of the host, where patrons' smoking traditionally was left to the proprietor's discretion? It is also evident that the policing of restrictions and bans has been complicated, and this may be another important reason why restaurants seldom went smoke-free before they were forced to do so. These are questions that further research should try to answer.

Restaurateurs and other hospitality operators update their products continuously, responding to changing market demands. On the smoking issue, the adaptation has

so far been the establishment of smoke-free zones, ventilation and air curtains, with only a few operations becoming smoke free. The latter is the only alternative that can be accepted from a workforce health protection point of view. From the guests' perspectives, health protection can best be handled in a smoke-free environment, since research on effects of ventilation systems have so far not provided consistency in granting non-smoking guests clean air to breathe. Moreover, investments in ventilation systems and separation of smokers from non-smokers by either space or walls are expensive, and in some instances impractical. Outdoor arrangements for smokers may be organized where space and climate allow for it, which would be a way of omitting bans and also reducing health risks of passive smoking. It is also likely that restaurateurs will be sued by staff developing health problems related to passive smoking.

The restaurant industries in several continents and countries find themselves caught in a painful dilemma. Increasingly they see smoking bans enforced upon them. Research has shown that there will be room for a restaurant business after a smoking ban is imposed, but bars, pubs, and taverns will probably face harder times with a smoking ban. There are serious arguments for operators in the hospitality industry to take a positive approach to these changes in their organizational environments and

proactively use the change for a new smoke-free market approach. New concepts must be developed emphasizing the positive sides of the smoke-free life where taste organs work better, there is no need for guests airing wardrobes after dining out, and restaurateurs will see savings on cleaning, painting, and other maintenance. A part of this dilemma is the observation that making the restaurant operations themselves responsible for policing smokers will be unpleasant and incompatible with their images of the host role. Leniency may give some operations competitive advantages if they used to serve a far higher number of smokers than non-smokers. In turn, it is likely that this will contribute to undermining the law.

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