

LETTERS TO THE EDITOR

Letters intended for publication should be a maximum of 500 words, 10 references, and one table or figure, and should be sent to the editor at the address given on the inside front cover. Those responding to articles or correspondence published in the journal should be received within six weeks of publication.

Restaurant employment boom in New York City

EDITOR.—On 10 April 1995, New York City (NYC) became the largest city in the USA to pass a smokefree restaurant law. This legislation prohibits smoking in the indoor dining area of restaurants with more than 35 seats. Smoking is still permitted in smaller restaurants, bar areas of restaurants, and stand alone bars and taverns.

Opponents of the legislation argued that the law would cause significant adverse economic losses for restaurants. Even in 1995, there were convincing published data to suggest no adverse economic consequences.¹ Since then, virtually all published studies have confirmed these findings,²⁻⁵ including a detailed economic evaluation of the NYC law.⁶⁻¹⁰ Despite these published data, economics is still often the central point of debate among policy makers considering passing smokefree restaurant legislation in their jurisdiction. These arguments are presumably fueled by anecdotal reports and methodologically flawed studies that do indicate adverse economic consequences, thereby leaving the issue in doubt in the minds of many.

On 1 March 2001, a recently introduced bill to expand the NYC law to prohibit smoking in all indoor areas within restaurants, regardless of seating capacity or the presence of a bar, was open to a public hearing. One argument repeated by opponents of the bill was that smokefree restaurant laws are bad for business and that passage of the bill would cause decreases in restaurant employment.

To address this issue, we obtained data from the New York State Department of Labor on the number of restaurant employees (specific industry code 58.12) per month from April 1994 (one year before the

NYC law became effective) until April 1999 (four years after the NYC law) for each of the five NYC boroughs as well as for the nearby counties of Nassau, Westchester, and Rockland. (Nassau had a smokefree restaurant law became effective in July 1998, Westchester's law became effective in September 1996, and Rockland's law became effective in January 1998.) The change in the number of restaurant employees per person (population data obtained from the 1990 census) was calculated between 1994 and 1999 for all eight counties.

Overall, more than 22 000 additional restaurant employees were employed in the city between 1994 and 1999, and per capita restaurant employment increased by 18%. All boroughs increased between 1994 and 1999, led by the Bronx (36%) and Richmond (31%), and growth in each borough outpaced growth in each of the three nearby counties (fig 1).

These findings indicate that restaurant employment in NYC is better than ever, and that nearby counties have followed NYC's lead by implementing their own clean indoor air policies. While these data are not the final word on the economic impact of each specific policy, one thing is clear—the initial doom and gloom predictions for the NYC restaurant industry proved to be unfounded. This finding has been replicated across different communities, with different outcome measures, and with extended follow up time. Policy makers need to make decisions about protecting citizens and workers from secondhand smoke based on health evidence and not on economic fears.

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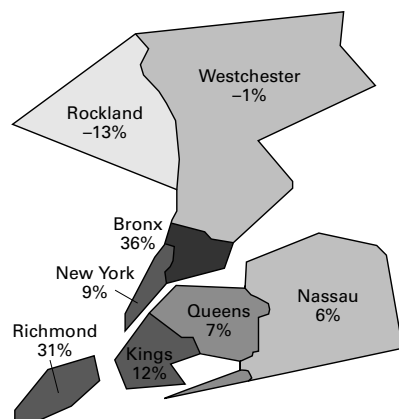


Figure 1 Change in per capita restaurant employment from April 1994 to April 1999 in New York City and nearby counties.

An evaluation of the impact of the introduction of "non-smoking" areas on trade and customer satisfaction in 11 public houses in Staffordshire

EDITOR.—The introduction of non-smoking areas into public places is one of the key recommendations of the white paper "Smoking Kills".¹ However, despite the findings of surveys conducted within the USA and Australia which have shown no adverse economic impact on restaurants after smoking restrictions were implemented,²⁻⁵ pro-tobacco groups have asserted that the introduction of non-smoking areas in public houses (pubs) is commercially untenable and unpopular with customers.

Eleven pubs in Staffordshire, England volunteered to establish non-smoking areas for at least 2-3 months during which the effect on trade would be monitored, and a survey undertaken of customer perceptions. Between 6-12 weeks after implementation, the pubs were visited and a questionnaire distributed to all customers. The questionnaire requested brief demographic details and customers' views on the non-smoking areas. Information on sales at each pub were requested from landlords, and income before the intervention compared with that in the following months.

One pub dropped out after a few weeks claiming the policy unpopular with its predominantly young customers. Three pubs declined to provide financial information but participated in the customer questionnaire.

Three hundred and seventeen customers responded to the questionnaire. Approximately one third of respondents were current smokers, and three quarters described themselves as a "regular" at the pub. Only 25 (8%) respondents described the introduction of non-smoking areas as a "bad" or "very bad" idea, with the majority (234, 74%) stating it to be a "very good" or "good" idea.

Figure 1 shows the monthly sales for pubs C, D, E, F, G, and H. The trend data do not suggest that the introduction of non-smoking areas had an adverse affect on trade. Pub B provided aggregated data for the period April-June 1999 (£42 979, approximately \$62 300) which showed a 10% increase on similar period in previous year (£38 937, approximately \$56 500).

The results of this study suggest that the introduction of non-smoking areas into pubs has the support of the majority of customers and presents no adverse financial impact to landlords. These findings concur with other reports in the literature.²⁻⁵

The conduct of the study was dependent entirely upon the goodwill of the small number of pub landlords who were prepared both to risk the introduction of a non-smoking area into their premises, and also to permit researchers to question customers and analyse confidential and commercially sensitive financial information. Although such self-selection will not impact on the internal validity of the findings, the generalisability of our observations may be limited if landlords only chose to participate if they believed that such an intervention was unlikely to upset their particular customers and/or reduce trade.

No attempt was made to quantify the number of customers in each pub during the conduct of the questionnaire, and thus it has not been possible to estimate a response rate for each pub. It is possible that only customers in favour of the introduction of

- 1 Glantz SA, Smith LRA. The effect of ordinances requiring smoke-free restaurants on restaurant sales. *Am J Public Health* 1994; 84:1081-5.
- 2 Huang P, Tobias S, Kohout S, et al. Assessment of the impact of a 100% smoke-free ordinance on restaurant sales. West Lake Hills, Texas 1992-1994. *MMWR Morb Mortal Wkly Rep* 1995;44:370-2.
- 3 Sciacca JP, Ratliff RI. Prohibiting smoking in restaurants: effects on restaurant sales. *Am J Health Promotion* 1998;12:176-84.
- 4 Bartosch WJ, Pope GC. The economic effect of smoke-free restaurant policies on restaurant business in Massachusetts. *Journal of Public Health Management and Practice* 1999;5:53-62.
- 5 Glantz SA, Smith LRA. The effect of ordinances requiring smoke-free restaurants and bars on revenues: a follow-up. *Am J Public Health* 1997;87:1687-93.
- 6 Hyland A, Cummings KM, Nauenberg E, et al. Analysis of taxable sales receipts: was New York City's Smoke-Free Air Act bad for restaurant business? *Journal of Public Health Management and Practice* 1999;5:14-21.
- 7 Hyland A, Cummings KM. Consumer response to the New York City Smoke-Free Air Act. *Journal of Public Health Management and Practice* 1999;5:28-35.
- 8 Hyland A, Cummings KM. Restaurateur reports of the economic impact of the New York City Smoke-Free Air Act. *Journal of Public Health Management and Practice* 1999;5:37-42.
- 9 Hyland A, Cummings KM. Restaurant employment before and after the New York City Smoke-Free Air Act. *Journal of Public Health Management and Practice* 1999;5:22-7.
- 10 Hyland A, Cummings KM, Wilson M. Compliance with the New York City Smoke-Free Air Act. *Journal of Public Health Management and Practice* 1999;5:43-52.

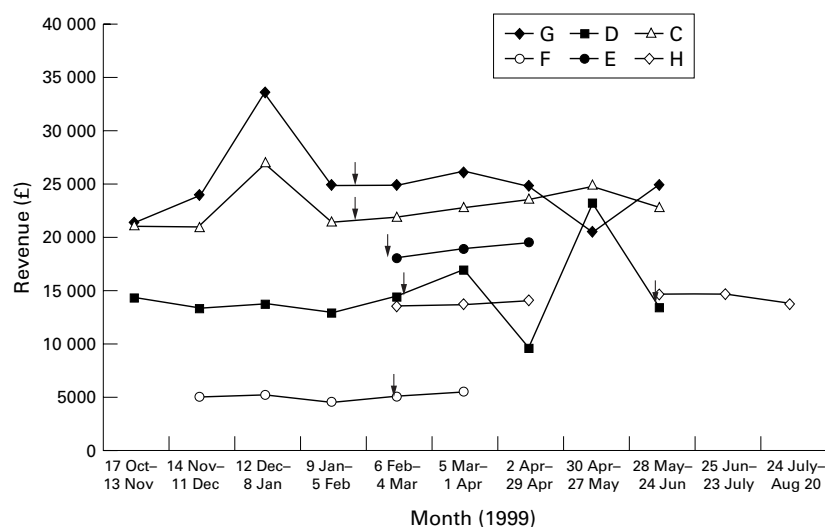


Figure 1 Trends in financial trade at pubs C, D, E, F, G, and H. Arrows indicate when non-smoking area was introduced. Data not available from Pub H for May period.

non-smoking areas responded to the questionnaire. However, a deliberate attempt to minimise the impact of response bias was made by the project worker who endeavoured to ensure that all customers were given, and returned, a questionnaire.

It is possible that the high levels of satisfaction and the effects on trade reported reflect not so much an acceptance of the introduction of non-smoking areas by the existing customer base, but a change in the customer population itself. If this has occurred, and new non-smoking customers have "moved in", then the intervention has achieved greater consumer choice, although any impact on overall health gain may be negated.

No attempt was made to gain an objective measure of the "smokiness" of the atmosphere, and thus the integrity of the

non-smoking areas was not formally assessed. It has been suggested that non-smoking areas will not be respected, and that at weekends and other times when public houses get very busy, it is possible that non-smoking areas could be infringed as smokers seek seating accommodation. However, comments from landlords and staff suggested this not to be the case.

No attempt was made to survey the impact on bar staff who may be adversely effected by the introduction of non-smoking areas.⁶⁻⁸ Adverse effects might be mediated both through the need to "police" the areas, and also through possible increased exposure to smoke—the latter arising as a consequence of bar/serving areas remaining as smoking areas when seating areas are designated "non-smoking". The use of quantitative techniques to assess exposure and to validate the

integrity of the non-smoking areas are required. The utility of ventilation systems as an adjunct to designated non-smoking areas also requires consideration.

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- 1 Department of Health. *White paper on tobacco: smoking kills*. London: HMSO, 1999.
- 2 Glantz SA, Smith LRA. The effect of ordinances requiring smoke-free restaurants and bars on revenues: a follow-up. *Am J Public Health* 1997;87:1687-92.
- 3 US Centres for Disease Control and Prevention. Assessment of impact of a 100% smoke-free ordinance on restaurant sales—West Lakes Hills, Texas 1992-94. *MMWR Morb Mortal Wkly Rep* 1995;44:370-2.
- 4 Biener L, Siegel M. Behavior intentions of the public after bans on smoking in restaurants and bars. *Am J Public Health* 1997;87:2042-4.
- 5 Jones K, Wakefield M, Turnbull DA. Attitudes and experiences of restaurateurs regarding smoking bans in Adelaide, South Australia. *Tobacco Control* 1999;8:62-6.
- 6 Harkshaw AK, Law MR, Wald NJ. The accumulated evidence on lung cancer and environmental tobacco smoke. *BMJ* 1997;315:980-8.
- 7 Law MR, Morris JK, Wald NJ. Environmental tobacco smoke exposure and ischaemic heart disease: an evaluation of the evidence. *BMJ* 1997;315:973-80.
- 8 Doll R, Crofton J, eds. *British Medical Bulletin: tobacco and health*. London: The Royal Society of Medicine Press, vol 52, 1996.



In Lebanon, the WHO "Bob, I've got cancer" poster has been placed around the country and mass distributed to households in packs of Lebanese bread. Photos by Youssef Bassim, Tobacco Control Program, Lebanon.