A second report on exposure to environmental tobacco smoke (ETS) in restaurants and the demand for smoke-free eating places in Hong Kong

TH Lam, B Chan, SY Ho
Department of Community Medicine, The University of Hong Kong
Introduction

A total of 1,078 respondents completed telephone interviews from November 1999 to January 2000. These subjects were randomly selected from the Chinese Cantonese speaking population of Hong Kong, aged 15 or above. The overall response rate was 78%. The sample was representative of the general population in terms of major demographic characteristics.

Information provided by the respondents are presented below to describe the public's knowledge, attitudes towards and opinions on legislation by Government about non-smoking areas in restaurants; the prevalence of exposure of the public to ETS in restaurants and its influence on the health of restaurant patrons and their use of restaurants; and the public's perceptions of the hazards of smoking and passive smoking. The results of this second study were compared with those in the first study completed in 1995.

Opinions on legislation designating non-smoking areas in restaurants

(1) Stronger support for this legislation was found in this survey than in 1995. 94% supported the proposal that half the seats in all restaurants should be designated as non-smoking areas. 69% supported the second proposal that all seats in all restaurants should be smoke-free (Fig. 1). Although the overall proportion for either "strong agreement", or "agreement", with all seats being smoke-free was slightly higher in 1995 (74%), the proportion with strong agreement had increased from 45% to 47%.

Knowledge of the current legislation designating non-smoking areas in restaurants

(1) The public was not fully aware of the current legislation: only 54% knew that all restaurants must display a sign at their entrances showing whether non-smoking areas are available, and 61% knew that restaurants with non-smoking areas have to display sufficient number of "No-smoking" signs in their non-smoking areas. Only 34% were aware that restaurants with more than 200 seats must designate at least one-third of the seats as non-smoking areas (Fig. 3).
Opinions on the current legislation designating non-smoking areas in restaurants

1. 76% thought the current legislation was not sufficient (Fig. 4).

2. 75% said the legislation was insufficient for protection of citizens from ETS exposure in restaurants with more than 200 seats (Fig. 5).

3. 71% said all restaurants should have non-smoking areas (Fig. 6).

4. As for the size of non-smoking areas, 22% said all seats should be smoke-free, 33% said two-third of the seats, 33% said half, and only 11% supported the present level of one-third of the seats being smoke-free (Fig. 7).

Frequency of eating-out in restaurants per week

1. 13% of the respondents had 10 meals or more in restaurants per week. 26% had 7-10, 25% had 1-3, and 8% had less than one. The frequency of eating-out with children was lower: 59% had less than one meal and 33% had 1-3 meals per week. The frequency in this sample was quite similar to that in the 1995 survey.

Exposure to ETS in restaurants and its influences

1. The prevalence of exposure to ETS in restaurants during the past month was high: 38% were often exposed and 31% were sometimes exposed. The prevalence of frequent exposure in this survey was slightly lower than that in the 1995 survey (Fig. 8).
(2) The most experienced feelings or actions related to ETS exposure in restaurants was "tobacco smoke smell bad" (83%); followed by "thought of finding another seat to avoid the smoke" (63%); "felt that tobacco smoke affected appetite and mood" (61%); "finished meal fast and left that restaurant" (58%); "felt that tobacco odour would be left on clothes and hair" (51%); "got bad impression of that restaurant" (28%) and "thought of avoiding that restaurant in future" (25%) (Fig. 9).

(3) The most commonly experienced health problems due to ETS exposure in restaurants were nose irritation (25%) and throat irritation (25%), followed by cough/phlegm (23%), eye irritation (16%), breathing difficulty (13%), headache/dizziness (9%), and asthma/wheezing (2%) (Fig. 10). About one-quarter of the respondents often experienced at least one of the seven problems mentioned above, and 47% often or sometimes experienced these problems.

Common practices in eating-out and choice of restaurants related to non-smoking arrangements

(1) If all restaurants were smoke-free, 20% would go to restaurants more often, 77% would not be affected, and only 3% would go less.

(2) Given a choice of three restaurants with the same type of service but different non-smoking arrangements (a smoke-free restaurant, one with non-smoking area, and one with no restriction on smoking), the smoke-free restaurant was voted by the respondents as being the cleanest (86%), serving the cleanest food (61%), and having the best image (76%).

(3) If there were two restaurants offering the same type of service, 84% would choose the one with the non-smoking area, which was higher than that in the 1995 survey (Fig. 11).

(4) When the respondents were accompanied by children, 82% would choose a smoke-free restaurant, which was also higher than that in the 1995 survey (Fig. 12).
(5) 52% of the respondents had left a restaurant because there was too much tobacco smoke there. Only 4% had left a restaurant because smoking was not permitted there.

(6) 85% would choose to sit in non-smoking areas (Fig. 13).

![Figure 13: Would you choose to sit in non-smoking area if available?](image)

(7) When the respondents who wanted to sit in a non-smoking area were asked what they would do if the only available seats in that restaurant were in the smoking permitted area, 30% would leave that restaurant, 23% would wait until non-smoking seats are available, and 41% would eat at the smoking permitted area.

Knowledge of the hazards of smoking and passive smoking

(1) 97% agreed that smoking is hazardous to health. When they were asked whether smoking can cause the following diseases, the proportions of correct responses were as follows: lung cancer (86%), chronic bronchitis/emphysema (73%), other cancer (66%), smoking in pregnant women retards fetal growth (95%). Few knew that smoking can cause impotency/sterility in males (14%), and about half knew that smoking can result in increased skin aging (53%).

(2) When asked about whether passive smoking can cause the following diseases or health hazards, the proportions of correct responses were as follows: lung cancer (77%), heart disease (68%), hazards to the health of pregnant women and the fetus (93%); hazards to children's health (95%); hazards to health in general (97%). More people gave the correct answers in all these categories in this survey than in the 1995 survey.

Conclusions

(1) Compared with the results of the 1995 survey, stronger support for smoke-free restaurants was found in this survey. More people supported the proposal that half of the seats should be designated as non-smoking areas, and more than two-thirds supported all seats being non-smoking. Moreover, the degree of support for an extension of the legislation has increased. More people agreed that the purpose of the legislation was to protect citizens’ health and that it would not infringe citizens’ rights.

(2) The public was not fully aware of the current legislation intended to protect them from ETS exposure in restaurants.

(3) The majority (64%) thought that the current legislation was insufficient and ineffective in protecting people from ETS exposure in restaurants. Most agreed that the legislation should be expanded to cover more restaurants and to increase the size of non-smoking areas.

(4) The prevalence of exposure to ETS in restaurants was high (69% often or sometimes exposed), but frequent exposure was slightly lower than that in the 1995 survey (77% often or sometimes exposed).

(5) Actions to avoid tobacco smoke, negative feelings towards restaurants with ETS and health problems from exposure to ETS in restaurants were commonly experienced by the public.

(6) The slightly lower prevalence of exposure to ETS in restaurants in this survey might be due to the increasing availability of non-smoking areas in restaurants and/or increased avoidance of tobacco smoke by the public. But there is still an urgent need to reduce exposures to ETS in all catering facilities.

(7) Most people would choose restaurants with non-smoking areas, especially when accompanied by children, and most would choose to eat in non-smoking areas.
(8) This survey confirms the 1995 findings that restaurant owners could expect an increase in customers if smoking was banned in all restaurants. This is because the proportion of people who would go more often is much greater than the proportion who would go less. Moreover, the public viewed smoke-free restaurants as being the cleanest, serving the cleanest food, and having the best overall image.

(9) An increase in the public's knowledge of the hazards of smoking and passive smoking was found in this survey, but there were many important gaps in knowledge which need to be targeted.

Recommendations

(1) All restaurants should be made totally smoke-free for the protection of public health.

(2) At least two third of the seats of all restaurants should be smoke-free. This is strongly supported by the public, and 85% of the population are non-smokers.

(3) The public should be better informed about the current legislation so that they know more about their right to be protected from ETS in restaurants.

(4) The public should be encouraged to strongly demand smoke-free seats in restaurants and to refuse being seated in smoking areas.

(5) The results of this survey should encourage restaurant owners to expand the non-smoking areas in their restaurants or to make their restaurants entirely smoke-free, since there would be substantial gains in both customers and image. Smoke-free restaurants are good for business.

(6) Health education about the hazards of smoking and passive smoking should continue. This survey shows important gaps in public knowledge about the hazards of smoking. These should be addressed urgently. For example, a new wave of health education should focus on the fact that smoking damages respiratory and sexual health, causes many different cancers in addition to lung cancer, and rapid aging of the skin.

References

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