

THE NO SMOKING CONTROVERSY HEATS UP

Still recovering from DWI, the industry faces even greater forces working to change how it conducts its business.

The restaurant industry is once again becoming the political battleground for public health advocates. While still recovering from the wave of the DWI movement, the industry faces even greater forces working to change how it conducts its business, as the Surgeon General and other anti-smoking groups campaign to have a smoke-free society by the year 2000. The smoking debate revolves around freedom of the marketplace versus government regulation.

Al Antoch, president of the Connecticut Cafe and Restaurant Liquor Council summed up the feelings of many restaurant and bar operators in a letter to the *Hartford Courant*. "We feel that our industry has been the dump-all for overzealous legislators and law enforcement officers."

"We have had to survive the driving-while-intoxicated obsession, the insurance monster and harassment by the media. Many reputable retailers have had to shut their doors, putting many people out of work.

Is this justice?" Antoch asks. "We think not. We in the industry have been pushed well beyond our limits. We can no longer stand by and watch as our businesses and lives are carelessly toyed with. We will continue to fight our uphill battle at the State Capitol."

While it is difficult to make a direct analogy between beverage alcohol and tobacco use, the hospitality industry

must respond to health advocates or possibly face increased government regulation.

HEALTH, WEALTH AND POWER. Health, wealth, and power are the basic elements of the smoking controversy. Government health departments provide the main opposition to the tobacco industry. On the federal level, the influence of the industry is displayed by the paradoxical subsidy funding to tobacco growers. But most regulation on smoking occurs at the state and local level.

Here groups such as Action on Smoking and Health (A.S.H.) and Group Against Smoking Pollution (G.A.S.P.) work to pass legislation or ordinances to restrict or eliminate smoking in the workplace, public buildings, stores, and restaurants.

ANTI-SMOKING GROUPS. Three other prominent anti-smoking groups are the American Lung Association, the American Cancer Society, and the American Heart Association. Although all three have allocated funds towards anti-smoking campaigns, they were mostly educational. In March 1982, these three groups joined together to form the Coalition on Smoking or Health and a significant lobbying force.

Because of the grassroots nature of these agencies, their influence on state legislators is also becoming stronger

each year. This practice of enacting legislation by health and safety groups at the state level is a new phenomenon, and few such laws were proposed, let alone enacted before 1974. The DWI movement showed the ability of these groups to organize, pass laws, and get media attention.

Today, few can refute the evidence that smoking is detrimental to health. However, tobacco is a legal substance, and individuals have the freedom to choose to smoke or not to smoke.

This basic philosophy prevented legislation which would restrict smoking in public places. In addition, through the 1960s, more than half of all males age 20 and older smoked. Smoking restrictions were passed for fire safety not to accommodate nonsmokers.

It is the mounting, though controversial, evidence about the effect of second hand smoke on the nonsmoker's health as well as the increasing percentage of nonsmokers that led to action in the creation of stricter smoking restrictions.

Probably the most comprehensive statewide law is the Clean Air Act passed by Minnesota in 1975. This legislation was the first statewide restriction on smoking in restaurants, requiring that at least 30 percent of all seating be designated as a no-smoking section. This legislation has become a

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BY JAMES E. PETERS

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model for other states, and restrictions on smoking in restaurants, to some degree, are in place in 15 other states as of 1985.

Walker Merryman, vice president of the Tobacco Institute, believes smoking is not an issue of health nor nonsmokers rights, but rather "an entrepreneur's right to serve the patron as he or she sees fit." According to Merryman: "The restaurant operator is more

Because of poor ventilation we had to decide who we were going to accommodate. Since most of our customers were nonsmokers anyway, our decision was easy."

At first there were some negative reactions, and the Gordon's received phone calls about putting local tobacco farmers out of work, but Gordon believes the new policy has increased their business. "Regular customers appreciated it and we attracted many

seating is no smoking. Would he support a regulation? No. He says he does not want to become a policeman to enforce the law. He provided a no-smoking section to meet the needs of his customers. That is why he is in business.

In Minnesota, where a regulation has been in effect for over 10 years, Jack Kozlak of the Royal Oak Restaurant remembers that he "was adamantly against regulation. I thought 'Why should we get involved?'"

Today, he believes that by complying with the wishes of the customers, he increased his business. More than 50 percent of his restaurant seating is no smoking, even though the law only requires 30 percent.

Besides attracting new customers, Kozlak reports savings in maintenance costs. In addition, his turnover rate on tables is greater, increasing food sales. With Minnesota having one of the lowest smoking rates in the country, his seating has become a reflection of the state's smoking behavior.

FLEXIBLE REGULATIONS. Oregon passed a law in 1983 modeled after Minnesota's, but which eliminated the minimum percentage rule. It requires that a no-smoking section be made available and that restaurants post a sign. The regulation allows the flexibility to accommodate varying sized groups of smokers and nonsmokers. Both William Ross of the Oregon Restaurant and Beverage Association and Betty-Coe DeBrokert of the Restaurants of Oregon, state that the regulation is working. Each comments that many restaurant operators were subsequently surprised by the number of requests for no-smoking sections.

Surveys consistently show that a smaller percentage of the population smokes, and this trend is expected to continue. The following points further indicate the changing times:

The decreasing trend in the rate of smoking began in the early 1960s and continues today. This rate of decline is most significant in men, from 51 percent smoking in 1964 to 34 percent smoking in 1982. Those who earn more than \$25,000 a year and are employed in white collar jobs have a lower rate.

Service professions, particularly bartenders, waiters, and waitresses, have a rate of 41.2 percent, perhaps contributing in some part to the resistance by many working in the restaurant industry to implement a no-smoking policy.

Most people who smoke have tried to quit at least once, and more than 35 million Americans are former smokers. The success rate of quitting smoking is between 20 and 25 percent.

The ability of tobacco companies to fight off opponents is formidable; they spend about \$1.5 billion annually promoting their products. By contrast, the budget of the U.S. Office on Smoking and Health is just \$3.5 million a year.

sensitive to what the customers want than any other industry, and when they recognize it, they react." The availability of decaffeinated coffee, lower fat menu items, and alternative beverages demonstrate how responsive the industry is. "There is no reason for the city, county or state to define what the customer wants. Business should be allowed to respond to the democracy of the marketplace."

T. Jerry Williams, executive vice-president of the North Carolina Restaurant Association agrees: "When a person pays \$60 to \$200 a square foot to open a restaurant, he should be allowed to determine if there is going to be a smoking and no-smoking section."

According to Williams, restrictions on smoking in restaurants is a "non-issue" in his state. His association, however, encourages its members to establish voluntary policies to meet consumer requests.

One such restaurateur did just that. Arthur Gordon's Irregardless Restaurant in Raleigh, NC, is totally no-smoking. According to Samford Gordon, the restaurant was the first in the state to become no-smoking. "It's a small, 90-seat restaurant serving natural foods.

new customers."

All the restaurant trade association representatives interviewed for this article strongly support voluntary policies rather than regulations. However, except for the National Restaurant Association (NRA), none were able to produce any information about how many of their members had a voluntary smoking policy in place. The NRA's 1985 survey of 500 members showed a 21 percent rate having a no-smoking section.

Tom Aldrich, owner of the Chee Chako Restaurant in Damariscotta, ME, says: "While president of the Maine Restaurant Association, I was lobbying our legislators that a voluntary program would be more effective than a regulation. But then I realized that my restaurant did not have a no-smoking section."

NO SPECIAL TREATMENT. Aldrich took a leadership role, and since 1978 his restaurant has had a no-smoking section. "It is important that no one gets preferential treatment. There has to be desirable tables in both sections. Our advertising always displays a 'No Smoking is Available' message, and our reservation policy is to ask for a smoking or no-smoking preference."

Did the policy affect his business? He thinks so. Fifty to 70 percent of his

Of those smokers taking part in a 1985 Gallup Poll, 62 percent agreed with the statement that "smokers should refrain from smoking in the presence of nonsmokers," up from 55 percent who agreed in 1983.

Respondents in a 1984 Gallup Poll were asked about their agreement with the statement "I don't like to be exposed to smoke while I eat" as a reason they do not go out to a restaurant. Thirty percent chose very true

rants with no-smoking sections. Both tobacco and restaurant trade associations encourage the development of no-smoking sections, and restaurant operators report an increase in business when they institute no-smoking sections. Failure of the hospitality industry to accommodate the majority of people who are nonsmokers will most likely result in inflexible and impractical regulations.

With a minimum amount of invest-

The availability of decaf coffee, healthy menu items, and alternative beverages demonstrates how responsive the industry is. Operators who are sensitive to customer demands will voluntarily create no-smoking sections.

and 17 percent chose somewhat true in response to the statement.

Considering these trends, why is it that without a regulation or voluntary policy offering a no-smoking section customers generally don't ask for a no-smoking section?

According to Leonard Borsari, a Massachusetts psychologist: "Because people are generally unassertive. Increased requests after a regulation is passed is consistent with human behavior. People who are assertive would avoid the restaurant that did not provide them with the service."

Borsari believes that "few people are raised in families where they are given permission to make clear statements about what they want and what they need. We raise unassertive people, and encourage that behavior in our school systems and work environments. Putting in a no-smoking section or passing a law gives the unassertive person permission to ask."

Gary Hotchkin, the new executive vice president of the Hawaii Restaurant Association adds: "Posting a no-smoking section sign makes the silent majority bold enough to ask."

Customers increasingly seek restau-

ment and planning, most facilities can be adjusted to satisfy the majority of customers. Many smokers report that they feel more comfortable knowing where it is acceptable to smoke, so setting the boundaries makes everyone feel better.

CAPTURE A MARKET. Louis Richmond, director of public relations for the Seattle Sheraton Hotel & Towers in Washington, saw that "doing something we had to do as a chance to capture a market." Each year during the American Cancer Society smoke-out, their hotel gives a half-price rate for no-smoking guest rooms, offers no-smoking meeting rooms, and gives carrots (a technique recommended for people who are trying to quit smoking) to all of their guests. The payoff—the American Cancer Society uses the Sheraton for meetings and guests visiting the city. In addition, smokers still remained as customers.

By responding to the smoking issue in a proactive way, and with minimal costs, the hotel and restaurant operator can fulfill their basic values of caring for people while also maintaining a profitable business. □

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ESTABLISHING A NO-SMOKING SECTION

The National Restaurant Association has a brochure about establishing a no-smoking section. In addition to these recommendations, the following are key to a successful policy:

1. *Post a sign*—as mentioned, it is important to give the customer permission to ask for a smoking or no-smoking seat. Many restaurant operators complain that they are becoming policemen, and regulations that are passed are unenforceable or take law enforcement personnel away from more serious crimes. However, in most cases, pointing to a sign makes it less of a personal confrontation, and more of a compliance with a social norm. People control their own behavior when presented with guidelines.

2. *Be accommodating to everyone*—reservation clerks and dining room hosts should be trained to ask "No-smoking, smoking or no preference." This simple statement conveys the message that you will accommodate all people and are flexible when there are mixed groups.

3. *Monitor usage patterns*—some restaurants use different colored guest checks or other coding mechanisms to keep track of demand. This allows seating to be adjusted for different times of day or different days.

4. *Use of air cleaners*—when building a new restaurant or renovating an existing one, the architect should consult with ASHRAE, the American Society of Heating, Refrigeration and Air-conditioning Engineers, about Standard 62-1981—Ventilation for Acceptable Indoor Air Quality. This standard specifies minimum air circulation to assure comfort level for nonsmokers and smokers. This standard is often used by state and local regulations to define exemptions from complying with minimum seating.

5. *Train service personnel*—basic conflict resolution skills learned in alcohol awareness programs can be equally applied in circumstances when there is a conflict between a smoker and nonsmoker. Assertiveness training for service personnel is rapidly becoming a requirement for success.

6. *Seeing the world through rose colored glasses*—what some people may view as a problem others will see as an opportunity.

When the ban on Happy Hours was being proposed in Massachusetts, some progressive restaurants voluntarily stopped the practice of discounting drinks. Many of them received media coverage, advertising that could not be bought at any price.