

# **A Qualitative Analysis of Compliance with Smoke-free Legislation in Community Bars in Scotland: Implications for Public Health**

**Running Title:** Compliance with Smoke-free Legislation in Scottish Bars

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## **A Qualitative Analysis of Compliance with Smoke-free Legislation in Community Bars in Scotland: Implications for Public Health**

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### **ABSTRACT**

**Aim:** To explore compliance with the smoke-free legislation within a cross-section of community bars in Scotland.

**Design:** Ethnographic case study combining unobtrusive observation and in-depth interviews conducted pre- and post-introduction.

**Setting:** Eight Scottish community bars in three contrasting study communities.

**Participants:** 10 bar proprietors, 16 bar workers and 44 customers.

**Measurements:** Observations and participant reports of compliance over the first 12 months of the smoking ban.

**Findings:** All eight study bars endeavoured to enforce the ban, but with varying enthusiasm. Compliance varied, with violations more prevalent in those bars serving deprived communities. Most violations occurred in peripheral areas and generally went unchallenged. Six bars reported some form of complicit behaviour with staff and customers smoking together, either in the

entrance area or during 'lock-ins' when access to the bar was restricted to regular customers. Three factors were particularly important to explaining variance between bars; smoking norms, management competency, and management attitudes towards the ban. The first and last were related to social disadvantage.

**Conclusions:** Official data provide only a crude assessment of compliance in licensed premises. Data from this study offer a detailed picture of the nature and levels of compliance, and suggest a need for more sophisticated surveillance methods, greater enforcement and use of prosecutions where merited, and targeted support for bars serving deprived communities to help ensure the major gains already achieved are retained and built upon. It is also suggested that acceptance of the smoke-free legislation could be enhanced by complementary initiatives targeting support to smokers in deprived communities. Those planning to introduce smoke-free legislation need to set in place these measures in advance in order to realise the benefits of full compliance.

**MeSH terms:** tobacco smoke pollution, legislation, Scotland, workplace, qualitative research, poverty

## INTRODUCTION

Smoking in nearly all wholly and substantially enclosed public buildings in Scotland was outlawed in March 2006.<sup>[1]</sup> The legislation aimed to improve health by reducing exposure to second-hand tobacco smoke and consumption of tobacco products.

The decision to include licensed public bars (hereon referred to as ‘bars’) in the smoke-free legislation was fiercely contested. Many in the licensed trade opposed the measure arguing that it would harm business,<sup>[2]</sup> whilst public health suggested it would have significant preventive and protective health effects. It is known that smoking behaviour is heavily influenced by social contexts. For example, it has been shown that social situations can promote smoking initiation and consumption,<sup>[3]</sup> and can jeopardise cessation attempts, especially when combined with alcohol.<sup>[3,4]</sup>

It is also known that bars can be a particularly hazardous workplace: data on exposure to second-hand smoke in a range of entertainment establishments, including bars, indicate that airborne nicotine concentrations can be up to 18.5 times higher than in offices or domestic residences.<sup>[5]</sup> Prior to the legislation, it was estimated that around 70% of drinking establishments in Scotland – the highest percentage of any work sector – did not restrict smoking, consequently for many employees exposure to second-hand smoke in the workplace was unavoidable.<sup>[6]</sup> UK wide research estimated that one bar worker a week was dying as a result, and smoke-free legislation has been shown to greatly reduce these risks.<sup>[7,8,9]</sup>

It is also suggested that creating smoke-free workplaces helps reduce smoking and potential exposure to second-hand smoke beyond the public spaces in which it is implemented,<sup>[10,11,12,13]</sup> especially when supported by other tobacco control measures such as cessation support and media campaigns.<sup>[14,15]</sup> These additional measures formed part of the national implementation plan in Scotland.

The smoke-free legislation also offered the scope to examine how the licensed trade and health authorities might work together to improve public health. Publicans already have a proven role in promoting safe drinking environments, research consistently points to the importance of sound management in reducing violence in licensed premises.<sup>[16,17]</sup> The legislation therefore offered an opportunity to examine how this role could be expanded to cover another key area.

Finally, there were significant inequality gains at stake. As has been frequently noted,<sup>[18,19]</sup> smoking is strongly related to socio-economic status; this means that control measures that are equally applied across society will bring disproportionate gain to the least well off. However, in the case of smoke-free legislation this assumes consistent implementation. In practice, smoke-free bars might be more readily accepted in affluent areas where prevalence is relatively low, but prove more problematic in low income areas where up to two thirds of the population smoke.

All of these public health gains depend on widespread and uniform compliance. However, long term success will require not just tolerance but also acceptance of the legislation. Ultimately its real power will be measured by its ability to bring about cultural change. This study, therefore, aimed to explore how management, customers, and workers from across the social spectrum

received and responded to the new measures over the 12 months following the ban, and formed part of a broader evaluation of the Scottish legislation.<sup>[20]</sup> The study specifically sought to identify and explain differences in compliance across bars serving communities with contrasting socio-economic characteristics in relation to both the attitudes and behaviour of bar staff and customers, and differences in bar layout and design.

## **METHODS**

The study was conducted in three contrasting communities located in one local authority area to ensure proprietors were subject to the same licensing regime. The local authority area was selected to provide a range of communities with characteristics that were thought may affect compliance and enforcement, namely different levels of deprivation,<sup>[21]</sup> different smoking norms and prevalence<sup>[22]</sup> and contrasting urban and rural environments. A total of eight community bars were then selected from within the communities for study. In two areas, all the community bars in the study area were recruited to take part, while in the third covert visits were made to all licensed premises in the area to identify those with a local customer base.

The research employed a pre- post- design, combining semi-structured observation and qualitative interview data using an ethnographic approach. Individual and paired interviews were conducted with a cohort of bar customers and bar staff (proprietors and bar workers) over two and three stages respectively, to provide multiple perspectives on compliance, enforcement and acceptance of the legislation (see Table 1). Bar customers were recruited door-to-door from within the local community and interviews conducted in the customer's home to minimise the

potential for social desirability bias. A short screening questionnaire was used to assess respondents' social grade<sup>[23]</sup> (based on the occupation of the household's chief wage earner), smoking behaviour (as non-, ex- or current smoker) and drinking patterns. Customers were defined as drinkers if they frequented one or more of the study bars at least once a week. Efforts were also made to stratify the sample to broadly represent the smoking and gender profile of each study bar using baseline observation data as a guide. The interviews were conducted by three researchers, two researchers undertook the customer interviews and one the interviews with bar staff. Separate interview topic guides were devised for each sample group using a core set of research themes, and revised at each stage. Minimal cueing was employed to avoid pre-judging or framing interviews to represent a particular position on the legislation. Interviews were digitally recorded and audio-files transcribed for thematic analysis.

Analysis of full transcripts for the customers and staff data sets was led by the chief investigator responsible for each research component, and a core set of themes based on the research questions and topic areas was agreed at the outset. As the analysis progressed, reliability of themes was established via cross-examination. Discussions between investigators allowed areas of interpretative disagreement to be identified and addressed through redefinition of key concepts. The bar workers and proprietors' transcripts underwent two stages of analysis. Firstly, they were organised using the shared thematic framework and emerging themes identified through a process of thorough familiarisation with transcript texts. Then the transcripts for all participants interviewed on two or more occasions (typically before and after implementation of the ban) were analysed separately to build a series of individual narratives and case histories. These analyses allowed the investigation team to identify patterns across the data as a whole as

well as to develop site specific case studies. The analysis of the customers transcripts underwent a parallel process and was supported by purpose designed software. This facilitated the large amount of data collected to be stored and organised in a way that allowed both emerging ideas and the demographic characteristics of individual participants to be linked to the data. In addition, it also enabled comparisons of discourses across data collection stages and between respondent groups, for example by study bar and smoking status.

#### TABLE 1 ABOUT HERE

Unobtrusive observation techniques were used to supplement the interview data and to provide an additional means of assessing compliance. These took the form of five one-hour observations for each study bar conducted at peak business times over the same 18 month study period. To facilitate comparisons over time and by study bar, repeat observations were conducted by the same observer, on the same day of the week and time of day, and data recorded on a structured observation protocol and floor plan to plot specific incidents and changes to provision and layout, covering both enclosed and unenclosed areas. Concealed note taking on a newspaper was used as a memory aid and verbally expanded by the researcher immediately following the observation on Dictaphone. To protect the observer's identity and to ensure data integrity, data collection was restricted to physical observation of the bar environment and customer and staff behaviour, and the researcher's involvement in the study limited to undertaking the bar observations. The observer, a middle-aged male, adopted the customer dress code of the bar under observation and was recruited from outside the study area to maintain his anonymity. This element of the study presented specific ethical and methodological challenges which were

highlighted as part of the lead institution's university ethics approval process and are discussed in a separate paper alongside the experiences of investigators involved in evaluating other effects of the Scottish legislation in the bar setting.<sup>[24]</sup>

## **RESULTS**

All study bars sought to enforce the ban, with the majority of participants reporting fewer violations than anticipated. High public awareness, licensee liability and perceptions that the legislation had been imposed on the licensed trade helped staff challenge customer violations, as did having outdoor drinking areas to which smokers could be directed. Fear of prosecution was the main motive for enforcing the ban, although knowledge of enforcement process, fines and personal liability was poor. Many over-estimated the financial value of fines. Some bar workers were more confident than others about implementing the new legislation, which meant marginal violations could sometimes go unchallenged.

Most commonly reported instances of non-compliance were unintentional, the majority being attributed to attention lapses or absent-mindedness, typically by older customers and customers under the influence of alcohol lighting up in the bar. Cases were also reported of customers with learning disabilities experiencing more persistent problems adapting to the new regime, and of customers from outside of Scotland failing to comply due to low awareness. In most cases such errors were quickly resolved, often without any need to intervene, or by fellow customers or staff members issuing a brief reminder. Bar staff also noted instances of customers mimicking this behaviour in the early stages to test staff resolve to implement the ban.

Table 2 summarises violations, or intentional rule-breaking from participant reports and researcher observations, with the main source bar worker reports, reflecting high levels of information sharing and time in the bar setting by this sample group: many workers were also regular drinkers and members of the social networks in the bars where they worked. The majority of violations took place in peripheral areas such as washrooms and more concealed parts of the service area; most occurring in covered doorways and entrance areas. In almost half of the study bars customers were seen lighting cigarettes as they exited the service area. In many instances these peripheral violations went unchallenged, either because the behaviour was concealed or tolerated, or because smoking in these areas was not seen to contravene the legislation. In contrast, customer violations in the main service area, such as lighting up at the bar, were relatively rare and normally dealt with firmly, with either a warning or ejection from the premises. There were exceptions to this. Three sites reported cases of customers being permitted to smoke (and drink) in the main service area during late night or early morning ‘lock-ins’, when access to the bar was restricted to a selected group of regular customers. In these cases bar staff were also permitted to smoke. In three other sites complicit behaviour was witnessed when the bar was open to the public, typically in the entrance area. In one site older, less mobile customers were permitted to smoke in the drinks cellar during periods of wet weather, and in two sites staff reported having an illicit smoke in private before opening or after closing.

TABLE 2 ABOUT HERE

Overall compliance varied between study bars. Those in deprived study communities tended to show lower compliance and less support for the legislation compared with the relatively affluent community, but there were exceptions to this. A number of factors help to explain these variations. Some specific violations were explained by structural and logistical differences such as bar layout, availability of outdoor drinking facilities and staffing levels. However, differences in level of compliance between study bars were explained by three main factors; management competency, management attitudes towards the ban, and smoking norms within the bar prior to the legislation. The latter two factors were interrelated, with bar staff smoking status often reflecting the smoking norms of the local bar and surrounding community. Consequently, these factors are particularly significant to explaining differences in compliance between deprived and affluent communities. Boxes 3, 4 and 5 present three Cases that illustrate how management and smoking norms affect compliance.

#### BOXES 3, 4 AND 5 ABOUT HERE

Case A illustrates how strong management, careful forward planning and a commitment to full implementation can result in a successful transition to smoke-free drinking indoors. Whilst smoking norms within the bar were conducive to the desired change, the smooth transition was largely due to the actions and authority of the licensee. Five specific actions were instrumental to achieving full compliance: assuming a public stance against smoking; introducing a partial no smoking ban to help customers acclimatise to the full ban; clear briefing of staff in advance of the legislation; addressing violations promptly, firmly and publicly; and setting an example in dealing with customer violations.

The management in Case B declared a similar intent. However, in this instance full compliance was not achieved. Whilst smoking norms proved a major obstacle, shortcomings in the way in which implementation was managed explains many of the difficulties experienced. In particular there was a failure to establish a coherent management structure with the necessary authority to implement and follow through the ban. This had a destabilising influence on the bar's social structures, with disputes amongst bar workers about how to implement the ban fuelling tensions within the wider customer population over the legitimacy of the legislation. Underlying these problems was the decision to attach a higher priority to finding ways to attract new customers following the ban.

Cases B and C have many similarities, most notably high levels of smoking and customer hostility towards the ban. However, unlike Case B the licensee in Case C also shared many of the reservations expressed by his customers, which was reflected in his lack of commitment to enforcement. He adopted a policy of partial compliance, strictly enforcing the ban during peak business periods supported by outdoor smoking facilities, and offering concessions to regular customers during those periods when trade was slow by allowing them to smoke behind closed doors. Complicity was premised on a belief that risk of detection was significantly lower with loyal customers who were less likely to report violations, and at times out with normal working hours when local enforcement authorities were inactive. In this case, the bar management exploited their considerable skills to find ways to accommodate smoking that presents minimal business risk.

## **DISCUSSION**

The findings reveal a picture of general compliance and some support for the new legislation, but also some defiance and difficulties implementing the ban. Perhaps predictably, these problems are most apparent with bars in deprived communities, where a pro-smoking culture remains entrenched. These disparities have implications for the legislation's ability to reduce people's exposure to second-hand smoke in these communities and the associated health benefits that accrue from this.

Government data indicate over 98% compliance by licensed premises with Scotland's smoke-free legislation.<sup>[25]</sup> This research confirms that bars are indeed enforcing the central tenets of the act, but also indicates that acceptance is limited, most particularly in deprived areas. This can lead to minor, or occasionally, major violations. Longer term there is a danger that these coalesce into more systemic abuses, undermining the significant gains already made<sup>[26]</sup> and perpetuating current health inequalities. Shortcomings in the implementation of bans in other parts of the UK could also pose a threat to compliance with the Scottish legislation.

Although some specific violations can be explained by certain structural factors, (e.g. presence of outdoor seating areas or bar layout), most can be attributed to attitudinal and managerial factors. Community smoking norms, managerial attitudes to going smoke-free, and managerial competence seem particularly important, with the former two factors often interrelated.

These findings have important implications for both those considering, and at the early stages of implementing, smoke-free legislation. The first factor, smoking norms, has major implications for health inequalities. It suggests that in low income communities, which still have high prevalence rates and widespread pro-smoking attitudes, additional efforts should be made to combat these with complementary initiatives such as targeted public education, proactive cessation services and community outreach. In essence, smoke-free legislation is likely to benefit from additional support in deprived areas.

The managerial issues also need attention. This study suggests that strong management is as crucial in implementing smoke-free as it is in minimising problems of drunkenness and disorder. More negatively, it also shows that unsupportive managers can subvert it. One response to this may be to have more robust enforcement that combines more sophisticated surveillance of bars with formal warnings and increased prosecutions activity for those licensees who prove uncooperative. Publicising the enhanced threat of prosecution could also have a deterrent effect for licensees who deem the risk of detection to be low. Crucially, for smoke-free legislation to be effective in all communities these measures need to be put in place before the behaviours outlined become entrenched.

A more profound, and in the longer term more effective, response would be to do more to win the hearts and minds of publicans. Training courses and skills development for publicans prior to implementation could help to establish compliance from the outset and maximise benefits of legislation, particularly in more deprived communities. With adequate training and support publicans have the potential to become an effective and valuable partner in this key public health

measure. Moreover, this type of training could be extended to cover a broader public health role for publicans in, for example, promoting safe drinking environments. An important feature of any such development is the need for joint industry and public partnerships to develop and deliver models of best practise for the recruitment and training of bar staff, strategies for dealing with customer non-compliance, design of secure outdoor facilities and use of surveillance equipment to monitor unregulated spaces. Similarly, business support, advice and grants could help publicans, particularly those serving deprived communities, exploit opportunities such as outdoor facilities and the potential for attracting new customers.

Finally, these findings point towards a need for long term studies to assess levels of compliance and acceptance of the smoke-free legislation, and for more effective routine monitoring of licensed premises which cover all open hours, not just regular office hours, and which employ covert surveillance methods. Research is also needed to represent a wider spectrum of licensed premises, extending beyond community bars to include city centre venues such as circuit pubs, nightclubs and bingo halls.

### **Study Limitations**

The study was designed to provide detailed insights into implementation of the ban in community bars with contrasting customer profiles. Whilst the small number of bars involved means the study does not provide a representative view of the licensed trade across Scotland, the multiple perspectives offered by interviewing customers, bar workers and proprietors operating in the same study sites brings strong internal validity to the findings. This strength is considered particularly important given the focus on law breaking behaviour. Internal validity is also

provided by the bar observation data and the ethnographic approach, and in particular the use of repeat interviews and open-ended interviewing techniques, which enabled the researchers to establish the trust and rapport necessary for probing personal compliance and enforcement behaviour. In view of these issues, the generalisability of the results arises not from the sample's representativeness, but from the reliability of the compliance and enforcement concepts and their value to assessment in a wider range of settings.

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**REFERENCES**

1. *Smoking Health and Social Care (Scotland) Act 2005*, asp13. Edinburgh: HMSO.
2. Scottish Parliament Finance Committee. Official Report 8<sup>th</sup> February 2005: Smoking, Health and Social Care (Scotland) Bill: Financial Memorandum. SP OR FI/S2 8 February 2005, col 2309-2333. Online:  
<http://www.scottish.parliament.uk/business/committees/finance/or-05/fi05-0502.htm>.
3. MacAskill S, Stead M, MacKintosh AM, Hastings GB. “You cannae just take cigarettes away from somebody and no’ gie them something back”: Can social marketing help solve the problem of low income smoking? *Social Marketing Quarterly* 2002;VIII(1):19-34.
4. Wiltshire B, Bancroft A, Parry O, Amos A. ‘I came back here and started smoking again’: Perceptions and experiences of quitting among disadvantaged smokers. *Health Education Research* 2003;18(3):292-303.
5. Seigel M, Skeer M. Exposure to second-hand smoke and excess lung cancer mortality risk among workers in the ‘5B’s’: bars, bowling alleys billiard halls, betting establishments and bingo parlours. *Tobacco Control* 2003;12:333-8.
6. Russell K, Granville S. *Smoking in Public Places: A Consultation on Reducing Exposure to Second Hand Smoke Evidence Report*. Edinburgh: Scottish Executive, 2004.

7. Jamrozik K. Estimate of deaths attributable to passive smoking among UK adults: database analysis. *BMJ* 2005;330(7495):812-
8. Pickett MS, Schober SE, Brody DJ, Curtin LR, Giovino GA. Smoke-free laws and secondhand smoke exposure in US non-smoking adults, 1999-2002. *Tobacco Control* 2006;15(4):302-307.
9. Eisner M et al. Bartenders' respiratory health after establishment of smoke-free bars and taverns. *JAMA* 1998;280:1990-1994.
10. Fong GT, Hyland A, Borland R, Hammond D, Hastings G, McNeill A, Anderson S, Cummings KM, Allwright S, Mulcahy M, Howell F, Clancy L, Thompson ME, Connolly G, and Driezen P. Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: Findings from the ITC Ireland/UK Survey. *Tobacco Control* 2006;15(Supplement 3):iii51-iii58.
11. Allwright S, Paul G, Greiner B, Mullaly BJ, Pursell L, Kelly A, Bonner B, D'Eath M, McConnell B, McLaughlin JP, O'Donovan D, O'Kane E and Perry IJ. Legislation for smoke-free workplaces and health of bar workers in Ireland: before and after study. *BMJ* 2005;331(7525):1117.
12. Borland R, Mullins R, Trotter L and White V. Trends in environmental tobacco smoke restrictions in the home in Victoria, Australia. *BMJ* 1999;8:266-271.

13. Levy DT, Romano E and Mumford EA. Recent trends in home and work smoking bans. *Tobacco Control* 2004;13(3):258-263
14. Gilpin EA, Farkas AJ, Emery SL, Ake CF and Pierce JP. Clean Indoor Air: Advances in California, 1990-1999. *American Journal of Public Health* 2002;92(5):785-791.
15. Evans WD et al. Media and secondhand smoke exposure: results from a national survey. *American Journal of Health Behavior* 2006;30(1):62-71.
16. Homel R, Carvolth R, Hauritz N, McIlwain G, Teague R. Making licensed venues safer for patrons: What environmental factors should be the focus for interventions? *Drug and Alcohol Review* 2004;23:19-29.
17. Graham K, Bernards S, Osgood DW, Wells S. Bad nights or bad bars? Multi-level analysis of environmental predictors of aggression in late-night large-capacity bars and clubs. *Addiction* 2006;101:1569-1580.
18. Marsh A, McKay S. *Poor Smokers*. London: Policy Studies Institute, 1994.
19. Jarvis M, Wardle M. Social patterning of health behaviours: the case of cigarette smoking. In Marmot M, Wilkinson R (eds), *Social Determinants of Health*. Oxford: Oxford University Press, 1999.

20. Haw SJ, Gruer L, Amos A, et al. Legislation on smoking in enclosed public places in Scotland: how will we evaluate the impact? *J Public Health* 2006;28:24-30.
21. McLoone P. Carstairs scores for Scottish Postcodes Sectors from 2001 Census. Glasgow: MRC and Public Health Sciences Unit, 2004.
22. NHS Health Scotland. *North Forth Valley: A community health and well-being profile*. Edinburgh: NHS Health Scotland, 2004. Online at: <http://www.phis.org.uk/info/community2.asp?p=BBCFA>
23. Moy C, Meier E. Social Grading and the Census. *International Journal of Market Research* 2004;46(2):141-170.
24. Petticrew M, Semple S, Hilton S, Creely K, Eadie D, Ritchie D, Ferrell C, Christopher Y, Hurley F. Covert observation in practice: Lessons from the evaluation of the prohibition of smoking in public places in Scotland. *BMC Public Health* 2007;7:204 (open access).
25. Scottish Executive, Smoke-Free Legislation National Compliance Data. Online at: <http://www.clearingtheairscotland.com/latest/?url=latest>
26. Semple S, Creely KS, Naji A, Miller BG, Ayres JG. Second-hand smoke levels in Scottish pubs: the effect of smoke-free legislation. *Tob Control* 2007;16(2):127-32.

**Table 1: Interview Sample**

SAMPLE GROUP	TOTAL	SMOKING STATUS			GENDER		AGE			SOCIAL GRADE		FIELDWORK STAGE*		
		Current	Ex	Non	Male	Female	18-29	30-49	50+	ABC1	C2DE	S1	S2	S3
Proprietors	10	2	4	4	9	1	-	-	-	-	-	9	8	5
Bar workers**	16	12	0	4	1	15	-	-	-	-	-	8	14	2
Customers***	44	28	11	5	29	15	10	16	18	16	28	44	38	-

\*S1 was conducted six months pre-ban, S2 six months post-ban and S3 twelve months post-ban. The initial grant was for two data collection stages. This was later extended to include a third stage. Resource constraints meant the third stage was limited to bar workers and proprietors.

\*\*Some bar counter staff also held cleaning (4) and supervisory positions (3) within the study bar.

\*\*\*Twenty-six bar customers were interviewed with their partner/spouse.

**Table 2: Summary of Smoking Violations**

VIOLATION*	DEPRIVED - URBAN			AFFLUENT - URBAN			DEPRIVED - RURAL	
	SB1	SB2	SB3	SB4	SB5	SB6	SB7	SB8**
Smoking in concealed areas of the bar service area***	√ <sub>rc</sub>	√ <sub>rc</sub>						
Smoking and drinking within lobbies and entrances			√ <sub>rocs</sub>	√ <sub>oc</sub>				
Smoking (only) within lobbies and entrances	√ <sub>ocs</sub>	√ <sub>rscs</sub>			√ <sub>rc</sub>		√ <sub>rc</sub>	√ <sub>roc</sub>
Outside smoke penetrating the bar service area	√ <sub>ocs</sub>	√ <sub>r</sub>	√ <sub>rc</sub>		√ <sub>rc</sub>			
Smoking in customer washrooms		√ <sub>rc</sub>	√ <sub>rc</sub>	√ <sub>o</sub>			√ <sub>r</sub>	
Smoking in staff only areas			√ <sub>rscs</sub>				√ <sub>rs</sub>	
Lighting up as exiting the bar		√ <sub>rc</sub>	√ <sub>oc</sub>	√ <sub>oc</sub>				
Lighting up during drinking-up time			√ <sub>rc</sub>					
Ejection following refusal to move outside		√ <sub>rc</sub>			√ <sub>rc</sub>	√ <sub>rc</sub>		
Warning following lighting up in the bar	√ <sub>oc</sub>		√ <sub>roc</sub>					
Refusal to serve following repeated warnings		√ <sub>rc</sub>				√ <sub>rc</sub>		
Smoking before the official opening time			√ <sub>rs</sub>	√ <sub>rscs</sub>			√ <sub>rs</sub>	
Smoking after the official closing time			√ <sub>rs</sub>				√ <sub>rs</sub>	√ <sub>rscs</sub>
Smoking after early closing							√ <sub>rscs</sub>	
No. of No Smoking signs displayed****	<b>5</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>7</b>	<b>5</b>	<b>6</b>	<b>6</b>
Contact for complaints	<b>None</b>	<b>DM</b>	<b>NL, BS</b>	<b>DM</b>	<b>NL</b>	<b>NL</b>	<b>BS</b>	<b>NL, NO</b>
Outdoor licence	<b>No</b>	<b>Yes<sup>1</sup></b>	<b>Yes<sup>1</sup></b>	<b>No</b>	<b>No</b>	<b>Yes<sup>2</sup></b>	<b>Yes<sup>2</sup></b>	<b>No</b>

BS: 'Bar Staff', DM: 'Duty Manager', NL: Named Licensee, NO: Named Owner, SB: Study Bar.

r: *reported* by a customer or staff member

o: behaviour or evidence of behaviour *observed* (cigarette stubs, cigarette ash, smell of smoke etc)

c: offence committed by *customer*(s)

s: offence committed by *staff* member(s)

\*Includes both disputed cases and cases where offenders were issued with a warning or threat of ejection for failure to comply.

\*\* Data collection restricted (refusal by proprietor to participate in post-ban follow-up stages and to facilitate access to staff).

\*\*\* Out with the line of sight of the bar, or areas of the bar not monitored by CCTV.

\*\*\*\*Maximum number of No Smoking signs observed on a single observation.

1: not utilised

2: utilised

**Box 3****Case A: Study Bar 5**

An independently owned bar situated in the centre of an affluent historic town with numerous hotels, bars, and cafes attracting summer visitors and day trippers. It also has good connections to major towns in the region to which many workers commute. The business relies on a small, loyal client base of male, middle-aged and retired white collar workers, who live locally. Busiest business periods are weekends when the bar attracts younger drinkers, predominately non-smokers. The bar's location does not permit any scope for outdoor drinking.

The proprietor is a well known local figure who has managed the bar for over 25 years. He has a hands-on approach; working six full shifts a week, visiting the bar on his days off and is involved in all levels of decision making. The bar adheres to a strict social code; swearing and drunken behaviour are not tolerated. Mid-afternoon closing discourages all day drinking. The owner attaches a high value to building a rapport with customers; golfing trips and hosting special events, such as birthday celebrations are regular features of bar life. The bar has a reputation for being "quiet and cliquy"; it does not allow children, and does not have a juke box or encourage traditional pub games.

The proprietor has never smoked and adopts a public anti-smoking stance, having lost both parents to smoking related illnesses. He is particularly sensitive to the smell of tobacco smoke, and prior to the ban phased out the selling of cigars and instituted a policy of no smoking around the bar counter. Following the ban the business experienced a marginal downturn in sales which was attributed to the general market trend. The proprietor's assessment of the ban was overwhelmingly positive. He, along with other staff, have developed a heightened awareness of customers' smoking status and personal hygiene issues, leading to non-smokers airing their anti-smoking prejudices and stigmatising smoking within the bar. Following the ban, the only remaining staff member who smokes decided to stop smoking altogether whilst in the bar, a decision which extended both to her time spent socialising in the bar and to her grooming practices prior to work: she chose not to smoke after showering and dressing for work to ensure the smell of smoke could not be detected on her clothes.

Compliance has been high, with staff under strict instructions to fully enforce the ban. Most staff-customer exchanges have been good humoured, with only one serious incident. Whilst non-smokers are in the ascendancy, the proprietor has made provisions for smokers. These include external stub-out bins and a retractable canopy positioned to move smokers away from the doorway.

**Box 4****Case B: Study Bar 3**

Case B is a typical 'scheme bar' in a run-down 1960s local authority housing scheme. Unemployment is high and the area has a recognised drug problem. Local shops and community facilities are heavily protected, and there is extensive vandalism. The bar is protected by CCTV both inside and out.

The bar has an all day license serving a local daytime trade of pensioners, unemployed males and men 'on the sick', and younger drinkers in the evenings and weekends. The majority of customers are smokers. As well as traditional pub games such as pool and darts, the bar runs midweek bingo and karaoke to attract female customers. The bar also has an enclosed beer garden which is subject to vandalism and remains undeveloped due to resource constraints. The bar has no immediate competitors, but has a reputation for trouble which deters some potential customers.

The owner is new to the licensed trade, having recently sold an engineering business to start up a small chain of community bars. During the study period his attention was focussed on re-developing another bar in the group. He lives 20 miles away and employs a part-time supervisor to manage the bar. The supervisor also lives off site and works the quieter weekday daytime shifts. The owner visits the bar about three times a week and works occasional bar shifts. Continuity is provided by two local bar workers who have worked in the bar for over 10 years and are also regular customers, one is a smoker and the other a non-smoker.

The owner is an ex-smoker and supported the ban for its public health benefits. Whilst he instructed staff to adhere to the ban, he had no active role in its enforcement and made only limited provisions for smokers beyond its statutory requirements. Following the ban's introduction, the bar experienced a noticeable downturn in trade, prompting a number of failed measures to attract new customers.

The bar has experienced extensive problems enforcing the ban, most notably in the lobby area where customers and some bar staff continue to smoke. Smoking was also reported in staff areas, where older customers were occasionally permitted to smoke, in the customer washrooms where newly installed smoke detectors were vandalised, and in the fire exit, which when opened enabled underage teenagers to gain access to the bar. Whilst the owner attempted to intervene his authority is not recognised by some regular customers, consequently responsibility for enforcement has fallen upon the only non-smoking member of the regular bar staff, a full-time bar worker and unofficial figure of authority within the bar. This resulted in tensions emerging between staff and customers, and in one instance led to the full-time worker leaving her post following verbal abuse from a customer. The disagreement proved particularly difficult to resolve as the offender was a family member of another bar worker who regularly violated the ban whilst on duty. The ban has also led to smokers in the front entrance clashing with local residents previously barred from the premises.

**Box 5****Case C: Study Bar 7**

The bar is situated on the high street of a former mining village in a relatively isolated rural location surrounded by arable farmland and mixed woodland. The village comprises mainly modern local authority housing and has a relatively stable population with above average unemployment.

The premises incorporate a public bar and lounge bar both licensed to sell alcohol all day, and an outdoor service area licensed to 6.30 pm. The bar caters for older drinkers, many ex-miners or from mining families. The majority are smokers. It has a vibrant social life and a busy weekend trade, with simple pub food on offer throughout the day and live entertainment most Saturday evenings. It also caters for occasional functions, although the lounge bar is closed midweek.

The bar is run by a husband and wife team, both long term residents of the village. The licensee, an ex-factory worker and male member of the partnership, took up the lease after being made redundant. Together they have re-built the business to a point where they make a modest income, although the ban was felt to have had an adverse affect on alcohol sales. They work full-time within the bar supported by two bar staff, both regular customers recruited by the current licensee after they had been made redundant. The bar is well run and relatively trouble free. Rare disturbances are usually triggered by 'outsiders' from the surrounding villages.

Smoking is seen as the norm within the community, both proprietors smoke as do the majority of staff and customers. Prior to the ban there were no restrictions on smoking in the food service area and it was not uncommon for staff to smoke whilst serving behind the bar. Both bars are poorly ventilated.

The proprietors' attitude towards the ban echoed the views of staff and customers, namely that it had been imposed upon the trade without adequate consultation and undermined people's right to choose. Underlying these strongly held views is a feeling that it fails to respect the traditions of the working man's pub and the importance of smoking and drinking to cultural identity and sense of community. These feelings continued to be expressed a year into the ban, and the strong solidarity between smokers and non-smokers observed prior to the ban was maintained throughout the study, period, with some holding onto a hope that a customer revolt against the ban being proposed in England would lead to a reversal in policy in Scotland.

The licensee was sympathetic to customer discontent and made various concessions, closing early on quieter weekday evenings to allow regulars to smoke, and ignoring violations in the lobby during bad weather. The former concession was informed by an assessment of detection risk based on the bar's rural location and information gleaned from the local enforcement officer following a routine inspection. He also constructed a smoking shelter and outside drinking area which helped ameliorate customer challenges to the ban. Whilst smoking continues to be permitted behind closed doors the ban is strictly enforced at all other times, with bar workers taking their lead from the licensee.