Out of sight, out of mind: workplace smoking bans and the relocation of smoking at work

ODETTE PARRY, STEPHEN PLATT and CAROLYN THOMSON
Research Unit in Health and Behavioural Change, University of Edinburgh Medical School, Teviot Place, Edinburgh EH8 9AG, UK

SUMMARY
As the cultural climate toward smoking changes, restrictive workplace smoking policies are becoming widely accepted by both employers and employees. There is, however, a crucial difference between those policies which accommodate reserved areas for smoking and those which do not. Smokers at work tend to prefer the former especially when the alternative is a total ban. An evaluation of a smoking ban implemented at a Scottish University in October 1997 suggests that the total ban is not only unpopular with smokers but also among non-smokers who experience unintended consequences of the new policy. The greatest complaint from non-smokers stems from the relocation of smoking to outside and particularly around the entrances to University buildings. This relocation has increased environmental pollution for those entering and leaving work, presents a poor image to outsiders and visitors, creates unsightly smoking debris and heightens the risk of fire. Furthermore, employees who smoke outside, in all weathers, have aroused the sympathies of a large number of their non-smoking colleagues. These unintended consequences have prompted many non-smoking staff to favour the reinstatement of reserved smoking areas inside work. In this article we argue, however, that this is not a sensible solution and that there may indeed be some advantage in increasing the visibility of smokers at work. In the short term non-smoking staff become more aware of the problems faced by smokers. In the longer term, this raised awareness may have implications for changing organizational attitudes to the provision of health intervention programmes at the University. Certainly, continuing organizational-based cessation support might demonstrate, alongside a restrictive smoking policy, a less punitive and more caring approach to the promotion of health-related behavioural change at work.

Key words: programme evaluation; smoking; workplace health promotion policies

INTRODUCTION
As a result of increased social awareness about the risks of smoking to personal health (Wald et al., 1991; Ehrlich, 1992), there have been major shifts in public tolerance towards environmental tobacco smoke (ETS) in the UK. Increasingly, smokers are expected to observe policies restricting smoking behaviour in some public places or risk social disapproval (Law and Hackshaw, 1996).

It is widely accepted that restrictive smoking policies in the workplace reduce levels of harmful ETS at work. This is reflected in the recent UK Government White Paper on tobacco (Department of Health, 1998) establishing that smoking in the workplace will be regulated by a new Approved Code of Practice, developed to encourage the introduction of smoking policies which give priority to the needs of non-smoking employees.

Although there are few UK data on workplace smoking policies, the evidence suggests a growing acceptance of these policies among both employers and employees (Amos et al., 1995; Brenner et al., 1997). A survey of 500 major British companies in 1990 found that 79% had
non-smoking areas and 22% had a complete ban (MORI, 1990). More recent general population survey data indicated that 40% of the UK workforce now work in a totally smoke-free environment (Freeth, 1998). Findings from a survey of over 700 Scottish workplaces in 1993 found that 41% had smoking policies (Waghorn et al., 1993). More recent Scottish figures based on a 1997 survey of 1500 workplaces indicated that 70% operated a restricted smoking policy of which 37% had a total smoking ban (HEBS, 1997).

Workplace smoking policies are argued to have great potential health benefits in that they lead to reductions in harmful ETS levels at work (Brenner et al., 1997). Research suggests that both non-smokers and smokers at work prefer a smoking policy to be in place (Willemsen et al., 1996). Many non-smokers experience annoyance and discomfort from ETS at work and feel that restrictive policies make their jobs easier to perform (Sorensen et al., 1995; Brenner et al., 1997). Furthermore, many smokers have been shown to prefer smoking bans to having no explicit policy for smoking, particularly where restrictions accommodate reserved areas for smokers. This is because bans can work to smokers’ advantage by granting them the right to smoke, albeit in designated areas (Brenner and Fleischle, 1994).

The literature also suggests that restrictive smoking policies at work may actually reduce overall smoking because they create environments which can alter the perceived difficulty of quitting. These policies, it has been argued, produce contexts in which smoking cessation is more likely and which may help active smokers substantially to reduce their daily cigarette consumption (Brenner and Fleischle, 1994). Furthermore, as well as reducing smokers’ cigarette consumption during the working day (Biener et al., 1989; Mullooly et al., 1990), workplace policies may assist heavy smokers to gain control of their habit and thus help them to quit (Borland et al., 1990; Borland et al., 1991). Several studies indicate that smoking policies at work lead to an overall decrease in consumption because cutting down at work is not necessarily compensated by increased consumption outside work (Borland et al., 1990; Jeffrey et al., 1994; Brigham et al., 1994). Although in some cases decreases in overall consumption which bans achieve are of a temporary nature (Hudzinki and Sirois, 1994), increased restrictions at work are likely, at the very minimum, to improve working environments (Longo et al., 1996), and the prevailing view is that they are potentially a very effective public health measure (Conrad et al., 1996).

However, where restrictive policies do not accommodate reserved areas for smoking they may be less acceptable to smokers and, as a consequence, more difficult to implement. A small minority of smokers find it very difficult to comply with, or adapt to, smoking bans (Borland and Owen, 1995), and suffer negative side effects of daytime abstinence. These include symptoms of nicotine and/or psychological withdrawal and resentment, all of which may impact upon both attendance (at least in the short term), work satisfaction and job performance (Jeffrey et al., 1994; Wooden and Bush, 1995). One way in which smokers have been found to manage smoking bans at work is by periodically absenteeing themselves from areas in which smoking is restricted in order to smoke in other, unrestricted, locales (Brigham et al., 1994; Borland and Owen, 1995). Smoking bans may eliminate ETS in specified contexts and contribute to overall reduction in smoking levels, but they may have the unintended consequences of relocating the problem elsewhere.

The University ban

Prior to 1 October 1997, staff smoking behaviour at the University was informed by a voluntary code to which staff members were expected to conform. Under the code, staff members were requested to refrain from smoking in communal areas, e.g. general offices, foyers, toilets, lecture theatres, etc. However, those with their own offices were permitted to smoke as long as they kept their doors shut and those sharing offices were expected to observe the wishes of their colleagues. Reserved smoking areas for staff were provided in some restaurant facilities and designated smoking rooms were provided at the discretion of heads of departments. Students were expected to observe the code in all communal areas, although student catering facilities were largely exempt.

On 1 October 1997 the voluntary code was replaced by a mandatory policy on smoking, applicable to all staff members, students, outside contractors and visitors to the University, underpinned by the existing University disciplinary procedures for staff and through faculty representation for students. The policy, which constituted a total ban on smoking in University
buildings and in University vehicles, provided for only three exceptions: licensed premises, some selected residential accommodation for students and University grounds (avoiding obstruction of entrances to buildings).

The removal of designated areas achieved a marked effect on smoking patterns at work. In this paper we focus upon the relocation of smokers from inside University buildings to outside, and consider some implications for smokers and non-smokers among University staff.

METHODS

This paper draws on data collected in the course of an independent evaluation of the smoking ban, commissioned by the University. The evaluation relied on a combination of quantitative and qualitative methods, including analysis of policy documentation, a full staff postal questionnaire survey, qualitative interviews with staff representatives and key members of the implementation process, and participant observation of staff seminars on the implementation of the new smoking policy. While the questionnaire consisted mostly of closed questions, qualitative responses were obtained from the open-ended invitation to respondents: ‘If you would like to say more about the smoking ban and how it’s been working, please write your comments here. We are very interested in anything you have to say’. Respondents were given an A4 size space in which to write their comments.

Respondents were identified from the January 1998 salary register. The questionnaires were personally addressed to respondents and sent through the University internal mail system. In this paper we draw on both qualitative and quantitative data sources. Statistical significance of the quantitative findings was tested by means of appropriate (nominal-level) descriptive statistics using SPSS for Windows software. The qualitative data were transcribed and coding categories were developed following the transcription. These data facilitated the elucidation and interpretation of the quantitative findings.

RESULTS

All members of the University staff \( n = 5835 \) on 1 January 1997 were included in the survey sampling frame and 61\% \( n = 3592 \) returned completed questionnaires. Response rates varied by staff group: 62.8\% \( (1774/2824) \) among academic and related staff; 74.4\% \( (825/1109) \) among clerical/secretarial staff; 60.6\% \( (469/774) \) among technical staff; and 46.5\% \( (524/1128) \) among manual staff. As a result, clerical/secretarial staff were somewhat over-represented, and manual staff under-represented, in the achieved sample. However, differences in response rates by staff group did not reach statistical significance \( (\chi^2 = 1.3, df = 3, p > 0.7) \). The achieved sample comprised 46.9\% \( (n = 1675) \) males and 53.1\% \( (n = 1898) \) females. [No information on gender was available for <1\% \( (n = 19) \) respondents.] This distribution was not significantly different to that found in the total staff population \( (\chi^2 = 0.02, df = 1, p > 0.8) \).

Of the respondents for whom information on smoking was available \( (n = 3531) \), 17.3\% \( (n = 612) \) reported that they smoked prior to the introduction of the ban. Among these smokers 69.6\% \( (n = 426) \) indicated that they had smoked during the working day. The distribution of smokers by staff (occupational) group is shown in Table 1.

There were highly significant differences \( (\chi^2 = 308.8, df = 3, p < 0.001) \) in reported smoking between staff (occupational) groups, with manual staff containing the highest percentage of smokers (see Table 1). There was also significant variation in smoking prevalence by gender: 15.4\% \( (225/1653) \) among males compared to 19.0\% \( (354/1862) \) among females \( (\chi^2 = 7.9, df = 1, p = 0.005) \). Smoking rates did not differ by age, however \( (\chi^2 = 0.1, df = 2, p > 0.9) \).

Of the 3592 respondents who returned questionnaires, 27.8\% \( (997) \) wrote comments. About a fifth \( [20.3\% \ (n = 202)] \) indicated that they had smoked prior to the introduction of the ban, the majority \( [74.6\% \ (n = 151)] \) during the working day.

<table>
<thead>
<tr>
<th>Staff group</th>
<th>Total n</th>
<th>Smokers n (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic and related</td>
<td>1765</td>
<td>188 (10.7)</td>
</tr>
<tr>
<td>Clerical/secretarial</td>
<td>802</td>
<td>134 (16.7)</td>
</tr>
<tr>
<td>Technical</td>
<td>457</td>
<td>67 (14.7)</td>
</tr>
<tr>
<td>Manual</td>
<td>507</td>
<td>223 (44.0)</td>
</tr>
<tr>
<td>All</td>
<td>3531*</td>
<td>612 (17.3)</td>
</tr>
</tbody>
</table>

*Missing data \( n = 61 \).
Effects on smoking-related attitudes and behaviour

The smoking ban appears to be accepted by the majority of staff members at the University and, to date, no disciplinary proceedings have been taken against any individuals found contravening the ban. Most [89.4% (3125/3497)] of the survey respondents agreed that it was important for the University to have a policy on smoking. Nevertheless, there were some differences of opinion on this issue between those who smoked and those who did not. Thus, 55.1% (223/405) of those who had smoked during the working day prior to the introduction of the ban (‘day smokers’), 75.8% (135/178) of those smoking outside the working day prior to the ban and 95.0% (2720/2862) of non-smokers were in favour of having a policy on smoking at work ($\chi^2 = 664.4$, df = 4, $p < 0.001$).

A bare majority [54.6% (1919/3516)] of respondents felt that a University smoking policy should accommodate the provision of designated smoking areas within University buildings. Again, there were significant differences in opinion according to smoking status: 82.3% (149/181) of those who smoked outside the working day, 92.9% (391/421) of day smokers, but only 47.2% (1350/2861) of non-smokers, were in agreement ($\chi^2 = 370.0$, df = 4, $p < 0.001$).

Questionnaire responses suggest that there has been some reduction in levels of smoking since the implementation of the ban (Table 2). In respect of overall smoking, most respondents (55.7%) claim that there has been no change. Among the rest, however, the percentage reporting a reduction in cigarette consumption (23.8%) or quitting completely (6.5%) exceeds the percentage reporting an increase in consumption (13.9%). The pattern of change in smoking behaviour differs according to whether the focus is upon daytime consumption or smoking outside work. Over half of staff members who smoked during the day either cut down (43.1%) or stopped while at work (9.1%), and only 5.3% report an increase in cigarette consumption. On the other hand, among those smoking outside work the percentage claiming an increase in consumption (21.7%) is greater than the combined percentage of those claiming a reduction in consumption (10.9%) or quitting altogether (5.9%). This suggests that there has been a degree of compensatory smoking outside work which offsets the positive impact of the ban during working hours.

Although the majority of respondents [68.5% (2419/3529)] report no change in the perceived quality of air in their work areas since the introduction of the ban, the percentage noting an improvement [30.3% (1069/3529)] far exceeds the percentage reporting a deterioration [1.2% (41/3529)]. There was, however, significant variation in perceptions according to smoking status prior to the introduction of the ban. Thus, only 14.1% (26/185) of smokers outside work and 16.9% (71/421) of daytime smokers noted an improvement, compared to 33.2% (951/2866) of non-smokers ($\chi^2 = 70.7$, df = 4, $p < 0.001$).

While the questionnaire data suggest a reduction in levels of smoking at work, and some improvement in the perceived quality of air, there has been a relocation of smoking behaviour from inside to outside University buildings since the ban was introduced. Over three-quarters [76.8% (2648/3448)] of all respondents reported an increase of smoking on University property (outside buildings) and just over four-fifths [80.2% (2756/3435)] indicated a noticeable increase in smoking specifically on entrances and steps to University buildings. This relocation of smoking has brought with it a new set of smoking-related problems which differentially affect smokers and non-smokers at work.

### Table 2: Changes in smoking since the introduction of the ban, according to smoking pattern prior to 1 October 1997

<table>
<thead>
<tr>
<th>Smoking pattern prior to ban</th>
<th>Do not smoke now n (%)</th>
<th>Smoke less n (%)</th>
<th>Smoke more n (%)</th>
<th>No change n (%)</th>
<th>Total* n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the day</td>
<td>36 (9.1)</td>
<td>170 (43.1)</td>
<td>21 (5.3)</td>
<td>167 (42.4)</td>
<td>394 (100)</td>
</tr>
<tr>
<td>Outside work</td>
<td>19 (5.9)</td>
<td>35 (10.9)</td>
<td>70 (21.7)</td>
<td>198 (61.5)</td>
<td>322 (100)</td>
</tr>
<tr>
<td>Overall pattern</td>
<td>21 (6.5)</td>
<td>77 (23.8)</td>
<td>45 (13.9)</td>
<td>180 (55.7)</td>
<td>323 (100)</td>
</tr>
</tbody>
</table>

*Data missing max $n = 104$. 
Smoking outside the building

The increase in the level of smoking at entrances and exits of the University has been so evident that some non-smokers have described entering buildings as ‘running the smoking gauntlet’ on their way into work. The main objection lodged by non-smokers to this congregation of smokers is the smoke pollution which staff members now have to breathe when entering or leaving University buildings. This is summed up by a staff member in the following extract from the questionnaire:

Smokers have moved to smoking outside or even just inside the doorways to buildings which means everyone going in and out of buildings is getting a lung full of smoke each time—rather unpleasant.

Other staff members, almost a third of those who wrote comments on the questionnaire drew attention to an increase in the level of passive smoking as a direct consequence of the ban:

I consider it rather ironic (and very irritating) that the imposition of the ban has resulted in a substantial increase in my exposure to tobacco smoke (which I find very offensive). It is now nearly impossible to enter or leave the Medical Buildings at any time during normal working hours without having to run a gauntlet of smokers.

Some of the respondents also refer to increased levels of ETS inside buildings, describing ‘foyers filling up with smoke’, as a function of ‘doorstop smoking’:

I’ve noticed smoke coming in being blown in through the windows of my work place. These windows are immediately above one of the doorways and which has chairs which are used to sit outside on during the hot weather. There seems to be a lack of awareness of how smelly and unpleasant cigarette smoke can be among smokers.

Another concern about the relocation of smokers from inside to outside buildings is their visibility and the resulting poor impression given to outsiders:

I am in full support of a non-smoking policy. But a designated smoking area should be provided. There is nothing worse than to see staff in groups standing at a doorway smoking. Odd behaviour for the University to sanction. I wonder what sort of impression this gives visitors?

‘Doorstop smoking’ has also been blamed for an increase in smoking debris (particularly cigarette butts) which litter the ground where smokers congregate. Although, as noted by the respondent below, a partial solution to this has been the installation of exterior refuse bins and wall-mounted ashtrays, this has not eradicated the problem:

The provision of ashtrays outside main door entrances has helped to reduce the number of cigarette ends on the ground, however, some individuals are still throwing their cigarette ends down—perhaps a wee reminder of what an ashtray is for would not go amiss.

Furthermore, this increased debris has raised another concern for some respondents:

There has always been a degree of worry regarding the more selfish smokers and the risk of fire! I often wonder at the mentality of smokers who flick their cig [sic] end away still alight when there is combustible material all around … rubbish needs to be cleared more regularly.

A heightened perceived fire risk is not without justification. Since implementation of the ban there have been at least two known incidents of smoking-related fire. The first was due to an over- (and inappropriately) filled exterior wall-mounted ashtray and the second was caused by the combustion of smoking debris which had accumulated outside the library building.

Suggested solutions to the problem

In considering how best to deal with problems resulting from the relocation of smokers to University entrances, staff were divided. Whereas some felt that smokers should be assisted in coping with their ‘dependency’ or helped to quit, others demanded more punitive measures to ‘eradicate’ smoking. The majority feeling, however, was sympathetic to smokers, with the ratio of those in favour of supporting smokers as opposed to punishing them approximately two to one. The extract below is a typical response from a staff member who was unsympathetic to smokers:

Please eliminate smokers who congregate around building entrances, requiring me to walk through the brown cloud that envelopes them.

These respondents placed the health interests of the majority over the interests of the smaller
number of smokers and described the ‘comfort and health of non-smokers’ as ‘more important than a smoker’s need/choice to smoke’. As such, they were clear about where their priorities lay:

We should be much more concerned about air quality and not exposing non-smokers to carcinogenic fumes!

Solutions which these respondents offered to the problems caused by smoking outside included: ‘punishing’ smokers by making smoking ‘a dismissible offence’, banning smoking ‘within 50 metres of all university buildings’, making smokers ‘go to the rear of the building’, ‘confine smoking to very small badly ventilated areas’ and restrict smoking to ‘a pen in the middle of car park’.

Some respondents distinguished between those smokers who sought active help to cut down or quit and those who had no intention of stopping. Whereas the former were seen as deserving of sympathy and help, the latter were seen as undeserving:

First step on a path to zero tolerance towards those who smoke at work to be welcomed. Happy to give help to those who can’t make it through the day without a fix, but University should do nothing to make life easier for those who want to inflict toxins on people around them and who have no choice but to breathe in their effluent.

Considerably more respondents did not feel that a punitive approach to smokers was appropriate. They did not ‘blame’ smokers for their behaviour. They described smoking as ‘addictive’ and smokers as ‘dependent’ individuals who should be encouraged to stop smoking and assisted in the attempt. These respondents supported the University’s programme of support for smokers (which included a smoking pack and provision of a smoking cessation course for staff) in this respect:

I do feel for smokers who are hooked by this evil weed! And I’m glad to see that the University in general has tried to help smokers with advice.

Although many respondents felt that smokers should not be punished, they differed in opinion about how to deal with the problem. Whereas some felt that designated smoking areas should be provided, others emphasized the importance of health education and other forms of intervention:

I think people should be encouraged to give up smoking in a positive way. I don’t agree with people having to go outside in really bad weather, therefore, there should be somewhere for them to go. Somewhere where they are also being encouraged to give up. My father had emphysema and was very ill for 18 years before he died at 77. People should be made more aware of the consequences of smoking.

Not all staff felt it appropriate to assist smokers in this way. For example, some staff members felt that ‘classes for smokers is a waste of time as most smokers will not stop’, and were thus opposed to the provision of cessation support:

I see no reason why the University should be forced to provide dedicated areas, and reducing smoking classes are a huge waste of valuable resources.

If, as many of the respondents clearly felt, smoking is a problem which ‘will not simply go away’, the most obvious solution to the congregation of smokers outside entrances is the provision of designated areas within buildings. Although this could be considered a retrograde step, inasmuch as some designated areas were provided prior to the ban (see above), over half of all respondents favoured this solution:

I think a special ‘smokers room’ should be available for smokers. Its not fair people should have to stand outside, in the cold and rain if they want a cigarette. As a non-smoker, it doesn’t really affect me, but I do feel smokers are penalized too severely.

The reinstatement of smoking areas was seen as problematic by some respondents in that, while not its intention, it would appear to condone smoking and thus contradict the ethos of the new policy:

Whilst I worry about the crowds of smokers who gather outside buildings, from both the health and image viewpoints, I also have concerns that providing dedicated smoker’s accommodation would send mixed messages, effectively both legitimizing and ghettoizing smokers. I don’t see any easy answers.

DISCUSSION

Methodological issues
The generalizability of the findings depends, in part, upon the representativeness of the achieved sample. In respect of gender and staff group, there is no evidence of sample bias. Unfortunately, it is not possible to assess sample bias relating to
smoking behaviour because relevant information is lacking for those who did not return the questionnaire. Comparison of the prevalence and correlates of smoking in this study and in the Scottish Health Survey (SHS) (Dong and Erens, 1997), based on a nationally representative sample of the working age population of Scotland interviewed in 1995, suggests that our findings are in accordance with expectations and therefore reliable. Both surveys uncover a steep socio-economic gradient in smoking prevalence, with variation in the SHS ranging from 23% (men)/22% (women) in social classes I and II to 49% in social classes IV and V. Likewise, both surveys reveal higher levels of smoking among women [although the gender difference in the SHS (36% among women versus 34% among men) did not reach statistical significance] and the absence of any clear age-related pattern of smoking prevalence. The overall difference in smoking prevalence between the two surveys, 17.3% in our study and 35% in the SHS, can be largely explained by the markedly different socio-economic composition of the two samples: ~14% of the University sample were assigned to a manual social class compared to ~48% of the SHS sample.

Substantive issues
The smoking ban has had a significant impact on patterns of smoking at work. Although this is an important achievement, the smoking ban has not wholly eradicated staff exposure to ETS at work. While the survey data suggested that reduced air quality ‘inside’ work was a minor issue for staff members, the qualitative data illustrate how the problem of smoke pollution has been shifted to the periphery of University buildings, affecting individuals entering and leaving the workplace. Cigarette smoking at entrances and exits to the University buildings has also led to ETS drifting back into the buildings through windows and doorways.

The ban has also given rise to a number of other unintended consequences. Not least of these is the visibility of smokers who now enjoy a very high profile as they congregate outside to smoke. The raised profile of smokers, as a product of bans, has recently prompted a hospital in Cambridge to reverse its smoking ban of 5 years to discourage patients from going outside to have a cigarette (The Times, 1998).

At the University the high visibility of smokers has raised concern about the image which the behaviour gives to outsiders and visitors. Another unintended consequence of the ban is the increased amounts of smoking debris (particularly cigarette butts and dead matches) which accumulates on the ground outside. This is not only unsightly, but also constitutes a fire hazard.

Perhaps the most startling unintended consequence of the ban, however, is the arousal of sympathy among (non-smoking) staff members for their colleagues who huddle outside in all weathers to smoke. As a consequence, many staff members have distanced themselves from measures which they describe as ‘discriminative’, ‘punitive’, ‘demeaning’ and ‘humiliating’. While there are some employees who would prefer to use punitive measures to ‘eradicate’ smokers, or at least banish them from sensory perception, these staff are in a minority.

The increased visibility of smokers has, for the most part, brought home to non-smokers some of the problems which dependent smokers face. It is widely felt that, as objects of sympathy, smokers should not be punished for their behaviour, but assisted and supported in their attempts to quit. At the same time, however, there is clearly a distinction made between ‘deserving’ and ‘undeserving’ smokers. Whereas deserving smokers are those who recognize the anti-social nature of their behaviour and actively want to quit, undeserving smokers are those who do not attempt to reduce or stop smoking. It is these latter smokers who experience the full force of social disapproval at work.

While smoking bans have been successful in reducing levels of smoke pollution in work, and are therefore a potentially important public health measure, on their own they constitute a piecemeal approach to the problem of smoking. The relocation of smoking to the periphery of buildings or even further afield is clearly not a satisfactory solution. It simply shifts the problem to someone else’s turf. Furthermore, the survey responses from those who claimed to smoke during the working day prior to the ban indicated that about one in five were now smoking more outside working hours. This problem is captured by the following comment by a non-smoking staff member at the University:

I come to work on a bus. Lots of people smoke on the bus and despite the threat of a £400 fine it is not policed effectively. The smoking ban at work is fine—but if it just shifts smoking onto buses it isn’t making much difference overall.
The maintenance and reinstatement of designated smoking areas, a measure which appealed to over half the respondents, is equally unsatisfactory on two counts. First, it is difficult, if not impossible, to ensure that smoke pollution from smoking rooms does not leak into other areas. Second, at the same time as appearing to condone smoking behaviour, designated areas serve to ghettoize smokers and render smoking at work invisible.

Although we recognize that the main objective of workplace smoking policies is to reduce the harmful effects of ETS for all employees, a major benefit of restrictive policies is their effect upon smoking levels, not just at work but also the knock-on effect they have in a reduction of smoking overall. The high visibility of smokers following the ban undoubtedly raised awareness about the problems faced by smokers among non-smoking staff members. Non-smokers’ questioning of the expediency of policies which prohibit behaviours without due consideration of the consequences (for both smokers and non-smokers) may have implications for the way in which the University implements workplace health-related policies in future. In the long term, therefore, heightened visibility and the raised awareness which it evokes among the wider staff group may assist in changing organizational attitudes to the provision of health intervention programmes. Certainly, University-based cessation support might assist staff members, who continue to smoke, to cut down or quit smoking at work. This would provide a more acceptable, less punitive and, in all likelihood, more effective approach to health-related behavioural change at work.

ACKNOWLEDGEMENTS

The Research Unit in Health and Behavioural Change is jointly funded by the Scottish Office Department of Health and the Health Education Board for Scotland. All opinions expressed in the article are those of the authors and not necessarily of the funders.

Address for correspondence:
O. Parry
University of Edinburgh Medical School
Research Unit of Health and Behavioural Change
Teviot Place
Edinburgh
EH8 9AG, UK

REFERENCES


The Times (1998) Hospital brings the smokers in from cold. (30th April).


