

# Are Americans Receptive To Smokefree Bars? \*

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## **Abstract:**

**Objectives:** It is not known whether the American public accepts smokefree bars and restaurants. Anticipating public displeasure with these ordinances, tobacco, liquor and restaurant industry trade associations have helped to stall efforts to pass laws curbing bar and restaurant smoking in the expectation that diminished patronage would inevitably result.

**Methods:** In a cross-sectional trend study with data from the May 1993 and January 1999 Current Population Surveys, Tobacco Use Supplements, we compared tobacco-control attitudes among American bar and restaurant workers, all other workers, smokers and nonsmokers (total n= 90,661).

**Results:** By 1999, smokefree workplaces were widely accepted by two-thirds of adults, with half favoring completely smokefree restaurants. Preferences for completely smokefree bars remained less popular with nearly equal numbers (about 30 percent) preferring them or favoring unrestricted bar smoking. Even among bar and restaurant industry workers less than 10 percent favored unrestricted restaurant smoking. Greater acceptances of smokefree bars are now taking hold, especially in places like California, where acceptances rose 15 percent in 6 years, and 45 percent preferred them.

**Conclusions:** Opponents to smokefree bars and restaurants may have underestimated the levels of support and growing acceptances of smokefree living areas now taking hold among the general public.

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**Key words:** smokefree bars and restaurants, workplace smoking bans, environmental tobacco smoke exposure, bar and restaurant workers

## Are Americans Receptive To Smokefree Bars?

### Introduction

Ever since research has presented evidence demonstrating that secondhand smoke exposure poses serious health risks for individuals-- contributing to the premature deaths of at least 30,000 Americans yearly-- there have been increasing attempts to ban indoor smoking (US Environmental Protection Agency 1992). Nationally, efforts directed at banning smoking in workplaces has proceeded with some measure of success, now covering nearly 70 percent of the US workforce, according to the most recent data available (Shopland, DR., Gerlach, KK., Burns, DM., Hartman, AM., & Gibson, JT. 2001) . Yet, one of the important places where smoking bans have been singularly less successful--both in terms of law coverage and its enforcement-- has been among bar and food service workers (Shopland 2002).

One might think of bars and cocktail lounges as the last stronghold of the pro-smoking establishment. Writers have expounded on the pleasures that smokers often have while simultaneously consuming their favorite alcoholic drinks (Klein 1993). Alcohol and cigarettes act synergistically. It is often noted that high volume alcohol consumption is highly correlated with being a current cigarette smoker (Ahluwalia IB; Mack KA; Murphy W, et al. 2003; Bray RM; Fairbank JA; Marsden ME. 1999; Everett SA; Giovino GA; Warren CW, et al. 1998). The tobacco industry has taken advantage of these affinities claiming that smokefree bars will eventually cause significant economic damage in bar and cocktail lounge industry. Thus far, with their immense lobbying power, and collaboration with restaurant and liquor industry forces, they have been able to stall, dilute or extinguish countless legislative initiatives at state and local levels aimed at banning bar and cocktail lounge smoking in different parts of the US (Ritch WA; Begay ME. 2001).

On the other side of the controversy stand health advocacy forces, who have been successful at helping bar and restaurant workers avoid secondhand smoke exposure in a few locations, but have thus far failed to protect workers nationwide. California was the first state to enact a statewide ban on smoking in bars (AB 3037), which followed a 1995 Workplace Safety Law (AB

13) that had an exemption for bars. Early economic analyses found no adverse effects of either the general ban on smoking in restaurants and bars or the subsequent 1998 law that extended the protection (statewide) to bar workers (Glantz S, Smith LRA. 1994; Glantz S, Smith L. 1997; Glantz S. 1999). Although some of the communities evaluated in this research had enacted their bar smoking bans before the statewide ban had been in effect, one must view this research with a certain amount of caution, given the novelty of the laws at the time assessments were made and the time needed to inspire widespread compliance. Another recent study, based on three separate cross-sectional studies of Californians since the law was passed, suggests that approval of the bar smoking bans is increasing, expectancies to visit bars are also rising, and experiences of seeing others not-comply with the bar smoking bans is diminishing, as well (Tang H; Cowling DW; Lloyd JC, et al. 2003).

Evidence is already available documenting the health benefits of smokefree bars legislation on bartenders' respiratory health. One study, conducted in San Francisco both before and after the smoking bans took effect, found fewer respiratory symptoms among the 53 bartenders examined (Eisner MD; Smith AK; Blanc PD. 1998). All 53 bartender subjects were exposed to tobacco smoke at work. Of the 39 who reported respiratory symptoms before the bans, 59% had no symptoms within a year afterwards and most experienced improved lung function after the ban. Few, probably, will want to debate the health benefits available to bar and restaurant industry workers from banning smoking. The more controversial question, perhaps, is whether banning restaurant and bar smoking will effectively harm the economic viability of this industry.

The Tang, et al. (2003) study, previously mentioned, is especially instructive for showing that if greater proportions of the population continue to feel positively about the new bar smoking bans and if they continue to believe that it will enhance their chances of visiting bars in the future, there should eventually be some favorable economic results from these changes. Similar results were obtained in a study conducted in Massachusetts in 1997 (Biener L; Siegel M 1997). Based on a sample of 2,356 telephone-surveyed Massachusetts adults, results showed that three-fifths expected no change in their use of restaurants in response to smokefree policies; 30% expected increased use and only 8% anticipated decreased use. Similar patterns were shown for their anticipated patronage of bars, with 69% predicted no change in patronage, 20% predicted

increased use and 11% expected to decrease their visits to bars. In May, 2003 Massachusetts joined the small number of US states enacting a statewide bans of bar and restaurant smoking (Manley, H. 2003). Another Minnesota study of over 1,200 respondents found more than two-thirds preferred smokefree restaurants and bars. And even among current smokers less than a third preferred going to restaurants that permitted smoking (Kottke TE ; Aase LA ; Brandel CL ; Brekke MJ ; Brekke LN ; DeBoer SW ; Hayes SN ; Hoffman RS ; Menzel PA ; Thomas RJ. 2001). Nevertheless, as instructive as studies like these are, the question remains: what are the preferences of Americans generally on banning bar and restaurant smoking?

We sought to examine this question with data from the Current Population Surveys, Tobacco Use Supplements. Current Population Surveys are done monthly by the Census Bureau, with large samples of over 50,000 housing units, gauging the nation's economic health. Ever since 1992 there have been several periodic Tobacco Use Supplement Surveys, administered to nationally representative sub-samples with usually no fewer than 40,000 respondents. We sought to compare one of the earliest tobacco use surveys, done in May, 1993 (n= 50,663), with one of the most recent available ones, from January, 1999 (n= 39,998). We anticipated with the development of more workplace smoking bans across the nation, there would be a trend to more acceptance of workplace smoking bans and greater support for banning smoking in restaurants and bars, too. We also anticipated among Californians, in particular, there would be the sharpest increases in the acceptance of bar smoking bans owing to its leadership role in this process.

An additional part of our research included probing two important vested interest groups in the bar and restaurant smoking ban controversy: employees in the bar and restaurant industry and current smokers. Overall, we anticipated that bar and restaurant workers themselves would be less favorably inclined to accept this legislation than all other groups of workers; and we anticipated that current smokers would be more opposed to bar and restaurant bans than nonsmokers. We were especially interested to see whether there were any changed attitudes over the six year time period among smokers, leading them to any greater acceptance of smokefree bar and restaurant legislation. And, consistent with the findings from the Minnesota study, we were particularly interested in gauging the levels of support for bar and restaurant smoking bans among these different groups of smokers and workers. National data should provide important

clues on the wider acceptability of this new legislation among the public-at-large, better informing the debate on whether smokefree bar laws will eventually help or hinder the bar and restaurant industry economically.

### **Method**

The Current Population Survey (CPS), conducted by the Census Department for the Bureau of Labor Statistics, has been done monthly ever since 1940, and focuses on the employment status of those who are non-institutionalized and at least 15 years of age. In 1992 a 40-item Tobacco Use Supplement, developed by the National Cancer Institute, was administered. This supplement has been periodically given to respondents, first in 1992-1993, again in 1996, and most recently in 1999. We utilized the one of the first TUS interviews from May, 1993 and one of a later surveys from January, 1999. The raw data for the present investigation was obtained from the Inter-university Consortium for Social and Political Research at the University of Michigan.

Complete CPS methods are published elsewhere (Hansen, RH 1985; US Census Bureau 2000). The CPS sample is based on household addresses; the monthly sample consists of approximately 56,000 housing units in 792 sampling areas, to adequately represent each state and region of the nation. The 1992-1993 TUS samples consisted of a total of 291,097 individuals administered in three separate nationally representative installments in September, 1992, January, 1993 and May, 1993; for 1999 the three sample total was 238,233. Typically about half of the interviews are conducted with respondents directly and about half are conducted by proxy from another household member. For our analytic purposes we used only self-response data, either from in-person interviews, in approximately 1/4 of the cases, and by telephone in the remainder. CPS response rates typically ranged from 93% - 95%; for the Tobacco Use Supplements response were somewhat less, ranging from 84% - 89%. Interviews were also administered in Spanish to those respondents who chose this accommodation.

The primary dependent variable consisted of the following set of questions: [for indoor work places... restaurants...bars & cocktail lounges] do you think that smoking should be allowed in all areas, in some areas, or not allowed at all. The smoking categories were: never smoked, daily smoker, occasional smoker, & former smoker. The occupational categories we compared were

food service managerial personnel (defined as 17 and 433 from Census occupational codes), bartenders (coded 434 in Census occupational codes), waiter & waitresses (coded 435), and all other workers.

Statistical analyses were performed with Stata, Version 7.0. Two and three-way chi-square significance tests were employed to investigate the associations between dependent, independent and control variables. With the extremely large CPS samples we did not feel it necessary to employ the available sample weights. With such a extremely large sample statistical significance is virtually a given in almost every test. To counteract this tendency we lifted the statistical significance bar to the .001 level to qualify for significance.

## **Results**

Table 1 shows a fairly substantial rise of ten percent--increasing from 58 to 68 percent of respondents--who adopted the belief that workplace smoking was not at all acceptable during this six year period. Somewhat fewer, six percent, shifted toward wanting restaurant smoking banned altogether. The least change was expressed toward bar and cocktail lounge smoking with only four percent more thinking that it should be banned altogether. Table 1 also shows that among the public-at-large, bar and cocktail lounge smoking still remains widely acceptable with nearly 30 percent of respondents feeling it should be fully allowed in contrast to a slightly lesser number who thought it should be banned altogether. Yet, the data in Table 1 clearly shows that bar smoking bans are gaining in acceptance. In 1993 there was nearly a 10 percent differential in the percent fully accepting bar and cocktail lounge smoking over those opposing it altogether. Six years later, that differential shrank to only a two percent difference.

Table 2 is a very instructive one, displaying the rises over the six year period on a state-wide basis, of those wanting completely smokefree bars and cocktail lounges. For each separate CPS survey there were no fewer than 476 respondents queried in low population states like Delaware and Utah and up to more than 5,000 respondents participating in high population states like New York and California. Table 2 presents the odds ratios and 95% confidence intervals for each state, detailing the amounts of change taking place over the six year period.

The data shows that 21 states had no appreciable changes in smokefree bar acceptances. This

is reflected in the confidence ranges extending below and above the whole number one. Yet, in 29 others, modest to somewhat larger changes took place over the six year period. Overall, for all states together, there was a 4 percent gain in smokefree bar acceptances, amounting to a 1.3 odds ratio gain. Four, mostly Western, states appeared to have larger gains in smokefree bar acceptances (ranging from odds ratio gains of 1.6 and 1.9): Massachusetts, Wyoming, Arizona and California. Two of these states had extensive campaigns during the 1990s to increase state-wide cigarette taxation and to fund new public education programs aimed at reducing state-wide tobacco consumption. California experienced the biggest rise of all in approving smokefree bars with a 15 percent gain in the percentage favoring a complete ban of bar and cocktail lounge smoking over the six year period; this was represented in the highest odds ratio gain of 1.9.

Table 3 shows how food and bar service workers differ from all other workers in their endorsements of smokefree workplaces. The table clearly shows food and bar service workers lagging behind all other workers in supporting smokefree workplaces. Bartenders appeared to be the most permissive of all, wait-persons were somewhat less so and food service managerial personnel were only a little less inclined to accept smokefree workplaces as all other workers. Yet, the table did not show these workers generally inclined to have prefer de-regulated workplaces and restaurants. Fewer than three percent of all these workers (with the exception of bartenders, who showed up to a 10 percent rate of acceptance) were willing to have smoking unrestricted in these workplaces. The most profound differences emerged when comparisons were made on smokefree bars and cocktail lounges. Nearly twice as many bartenders thought bar smoking should be freely available as all other workers. In 1993, 62 percent of bartenders felt that smoking should be fully allowed, compared to only 32 percent of all other workers. Wait-persons, also showed sharply lower acceptances of smokefree bars, with 45 percent favoring full smoking freedom in bars in 1993.

The 1999 survey also showed bartenders and wait-persons as consistently less inclined to accept smokefree bars, than the other groups of food service managers and all other workers. Over the six year period, Table 3 also shows a general drift toward greater acceptance of smokefree workplaces, restaurants and bars among each subset of workers. Yet, there was one notable exception to this trend: wait-persons surged ahead 20 percent in their endorsements of

smoke free indoor workplaces and 9 percent in their endorsements of smokefree restaurants during this six year period.

Table 4 shows a similar trend of drifting toward greater acceptance of smokefree workplaces, restaurants and bars among all subgroups of smokers and non-smokers. There is one notable exception to this trend: daily smokers hardly changed at all in their support for unrestricted bar smoking. More than half felt it should remain fully allowable, and they were joined by over 40 percent of occasional smokers in this belief, a sentiment that was only shared by a fifth or less among former smokers and those who never smoked. And between 1993 and 1999 daily smokers remained virtually at the same point in their rejection of limitations being placed upon bar smoking. Again, it is interesting to note, that even among daily smokers, with the exception of their majority support for unregulated bar smoking, fewer than 10 percent would favor completely unregulated smoking in restaurants or indoor work places. As expected, Table 4 shows considerable differences between smokers and nonsmokers in favoring fewer restrictions on smoking in indoor work areas, restaurants and bars and cocktail lounges.

A critical question we sought to answer with the data was whether objections to restricting bar and cocktail lounge smoking were based upon having occupational vested interests, being a smoker or because of both attributes. It is well known within the occupational category of bartenders higher levels of smoking prevail than for most other workers. Indeed, the 1999 CPS showed that 43 percent of bartenders smoked cigarettes on a daily basis, compared to 18 percent for all other adult workers. We performed a logistic regression analysis (not displayed in any of the tables) examining both variables simultaneously in a multiple regression analysis. From the original 59,135 respondents expressing agreement or disagreement in the 1999 survey to the idea of smokefree bars and cocktail lounges we subtracted 25,381 cases who endorsed partial smoking restrictions. Given the ambiguity of that response it appeared best to exclude it from the analysis of the approval/disapproval issue. Then, we contrasted the 17,578 Rs favoring complete denial of bar and cocktail lounge smoking against the 16,176 others favoring no smoking restrictions whatsoever. Missing data on one or the other independent variables brought the comparison total down to 21,888 cases. The results were very instructive and clear, showing the independent influence of each variable in contributing to the variability of bar and cocktail



lounge smoking attitudes. Bartenders were three times more likely to endorse smoking-regulation-free bars compared to all others, but smokers were ten times more likely to feel this way; both variables were highly significant statistically in the regression equation. Clearly, smoking status was a far more crucial sentiment in shaping bar and cocktail lounge smoking attitudes. We can also see this by closely examining the differentials shown in the bivariate results displayed in Tables 3 and 4, as well.

Table 5, based on the January 1999 CPS survey, displays the differences in smoking restrictions and environmental smoke exposure among the principal groups of food and bar service workers and all other workers. Eighty-eight percent of all other workers had some restrictions applied at their work sites limiting workplace smoking; yet among food service managerial employees only 80 percent were protected in this manner, and there were smaller numbers of protected waiters and waitresses at 72 percent; the least protected of all were bartenders, at 38 percent. The next two questions were based on those offering positive responses to the (A) question. Here, again, bartenders and wait-persons lagged behind all other categories with half and two-thirds having smoking completely restricted compared to 85 percent of food service managerial workers and 91 percent for all other workers. The last question showed the especially high exposure to indoor tobacco smoke for bartenders with 71 percent exposed (during the last two weeks), even when smoking was supposedly restricted at their workplaces; this compared to 36 percent for waiters and waitresses, 22 percent for food service managerial workers, and only 7 percent for all other workers.

### **Discussion**

The 1999 Current Population Survey, TUS data, confirms the vulnerability of American bar and restaurant workers to secondhand smoke exposure. Results showed bartenders at high risk for secondhand smoke exposure compared to all other workers. Fewer than two-fifths nationally had the benefit of any smoking restrictions in their workplaces; and even when smoking regulations were supposedly in place, more than two-thirds reported being exposed to tobacco smoke during the last two weeks. Waiters and waitresses, too, were at higher risk, with more than a third facing similar exposure threats.

This appraisal of CPS survey data has revealed a wide range of attitudes on smokefree workplaces and important changes taking place between 1993 and 1999. As expected, restaurant and bar industry workers lagged behind all other workers in endorsing smokefree restaurants and bars. Yet, it should also be noted that fewer than 10 percent of all workers in this industry favored unrestricted restaurant smoking. Another meaningful result found bar and restaurant managers not that dissimilar from all other workers in endorsing smokefree workplaces, restaurants and bars. Considering that managers remain responsible for treating problems associated with permitting smoking--providing for additional cleaning expenses, dealing with the risks of fire damage and other losses to capital investment-- it is understandable how their support for workplace smoking might diminish. It should be noted that Census occupational codes for food and bar service managers also include those managers employed in lodging establishments. Lodging managers may show even less support for unrestricted smoking (than their peers managing restaurants and bars), given their additional duties to maintain hotel rooms and public meeting areas.

Over the six year interval, between 1993 and 1999, CPS surveys showed a shift of ten percentage points towards greater acceptance of indoor workplace smoking restrictions among American adults. By 1999, better than two-thirds of the adult population favored completely smokefree workplaces. During this same period acceptances of smokefree restaurants grew as well, lagging behind with smaller gains. Yet, by 1999 half of the adult public expected restaurants to be completely smokefree. Within the restaurant industry itself we noted increasing endorsements for smokefree workplaces. For waiters and waitresses, support rose sharply with a gain of 20 percentage points accepting smokefree indoor workplaces and a 9 percent gain for smokefree restaurants over this relatively brief six year period.

This analysis also found that Americans still place bar and cocktail lounges at the bottom end of their expected smokefree places. By 1999, fewer than 30 percent expected bars and cocktail lounges to be completely smokefree. Yet, changes are taking place in this normative order, as well. As recently as 1993, there was a 10 percent differential in the percentage favoring unrestricted bar and cocktail lounge smoking over those expecting bars and lounges to be completely smokefree. Yet, six years later, that gap was nearly closed with approximately equal

numbers preferring each alternative. Bar and cocktail lounge smoking norms have shifted most drastically in California where a dramatic 15 percent gain in endorsements occurred during the six year comparison period. Californians are in the vanguard in accepting smokefree bars with a 45 percent acceptance level, compared to a range of 20 to 35 percent elsewhere.

The California experience comes with little surprise. With its near decade long history of local bar smoking bans, its extensive state-wide public education efforts, increased cigarette taxes and assorted other tobacco control enterprises, these practices have helped to drastically alter smoking norms throughout the state.

In conclusion, opponents to smokefree bars and restaurants may have underestimated the levels of support and growing acceptances of smokefree living areas now taking hold among the public-at-large. Already a decided majority prefer smokefree restaurants, and the numbers preferring smokefree bars and cocktail lounges is showing consistent growth. The greatest acceptance gains are appearing in places where new local or state smokefree bar ordinances have been enacted. One of the biggest obstacles to smokefree bar legislation are current smokers, who remain resolute in their opposition to these laws. Yet, national trend data shows smoking on a declining trajectory, although the biggest smoking declines seem to have occurred before 1990 (Tomar, SL 2003). At the same time, evidence from other trend studies of alcohol consumption shows steady use patterns during recent years, especially for young adult drinkers (Greenfield TK; Midanik LT; Rogers JD 2000; Wechsler H; Lee JE; Kuo M, et al. 2002; O'Malley PM; Johnston LD. 2002.; Morbidity and Mortality Weekly Report, 2002). The implications of these two diverging trends will eventually mean that in the future more bars will be increasingly populated by non-smoking drinkers, who are likely to be distressed by secondhand smoke exposure. Yet, as health promotion forces seek to extend the range of smokefree restaurants and bars, not only will this large and highly vulnerable workforce be better protected against secondhand smoke exposure, bar and restaurant owners may also experience additional economic gains from banning smoking; they may find their insurance premiums getting reduced, diminishing cleaning and property damage expenses, among other gains never anticipated.

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**Table 1**  
**Acceptance of Different Types of Indoor Smoking Regulations by Year**  
 %/N

		1993	1999	Totals
Allow smoking in indoor work areas	Fully	1.9/ 952	1.6/ 657	1.7/ 1609
	Partly	39.6/19968	30.0/11977	35.3/ 31945
	Not at all	58.5/29526	68.4/27324	62.9/ 56850
Allow smoking in restaurants	Fully	2.7/ 1371	2.6/ 1025	2.6/ 2396
	Partly	53.0/26851	46.9/18754	50.3/ 45605
	Not at all	44.3/22441	50.6/20219	47.1/ 42660
Allow smoking in bars & cocktail lounges	Fully	31.9/16060	28.9/11369	30.5/ 27429
	Partly	45.5/22911	44.4/17503	45.0/ 40414
	Not at all	22.6/11348	26.7/10534	24.4/ 21882

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Source: Current Population Surveys, Tobacco Use Supplements, May 1993 & January 1999

Table 2  
Acceptance of Smoke-Free Bars and Cocktail Lounges by State & Acceptance Change Over Six Year  
Interval Between 1993 & 1999<sup>a</sup>

State	Percent Wanting Smoke-Free Bars		Odds Ratio	95% Confidence Intervals
	In 1993	In 1999		
Maine	24.7	33.3	1.5	1.2 to 1.9
New Hampshire	26.3	26.8	1.0	.8 to 1.3
Vermont	29.6	33.2	1.2	.9 to 1.5
Massachusetts	25.2	35.3	1.6	1.4 to 1.9
Rhode Island	26.2	34.7	1.5	1.2 to 1.9
Connecticut	31.2	34.3	1.2	.9 to 1.4
New York	28.2	31.6	1.2	1.1 to 1.3
New Jersey	26.8	33.3	1.4	1.2 to 1.6
Pennsylvania	24.5	24.7	1.0	.9 to 1.3
Ohio	23.1	22.8	1.0	.9 to 1.1
Indiana	20.9	22.7	1.0	.9 to 1.1
Illinois	24.3	24.3	1.1	.9 to 1.3
Michigan	23.8	27.9	1.0	.9 to 1.1
Wisconsin	19.6	24.6	1.2	1.1 to 1.4
Minnesota	19.8	23.6	1.3	1.0 to 1.6
Iowa	26.4	24.8	.9	.8 to 1.1
Missouri	20.6	26.5	1.4	1.1 to 1.7
North Dakota	20.4	24.2	1.2	1.0 to 1.5
South Dakota	20.1	25.6	1.4	1.1 to 1.7
Nebraska	22.4	23.5	1.1	.9 to 1.3
Kansas	25.3	25.4	1.0	.8 to 1.2
Delaware	24.4	32.0	1.4	1.1 to 1.9
Maryland	28.5	28.6	1.0	.8 to 1.3
Virginia	19.8	26.9	1.5	1.2 to 1.8
West Virginia	21.1	26.6	1.4	1.1 to 1.7
North Carolina	22.3	25.0	1.2	1.0 to 1.3
South Carolina	28.2	30.8	1.1	.9 to 1.4
Georgia	32.2	35.0	1.1	.9 to 1.4
Florida	29.4	37.0	1.4	1.3 to 1.6
Kentucky	18.0	19.7	1.1	.9 to 1.4
Tennessee	25.3	26.5	1.1	.9 to 1.3
Alabama	31.3	33.6	1.1	.9 to 1.3
Mississippi	31.6	33.8	1.1	.9 to 1.4
Arkansas	25.7	29.0	1.2	1.0 to 1.4
Louisiana	29.6	30.1	1.0	.8 to 1.3
Oklahoma	26.5	31.2	1.3	1.0 to 1.5
Texas	27.2	31.5	1.2	1.1 to 1.4
Montana	25.1	23.9	.9	.8 to 1.1
Idaho	22.4	28.9	1.4	1.2 to 1.7
Wyoming	19.3	28.3	1.7	1.3 to 2.1
Colorado	24.4	24.7	1.3	1.0 to 1.6
New Mexico	22.6	30.4	1.5	1.2 to 1.9
Arizona	20.2	28.7	1.6	1.3 to 2.0
Utah	17.6	20.7	1.2	1.0 to 1.6
Nevada	16.1	23.4	1.6	1.3 to 2.0
Washington	23.3	26.9	1.2	1.0 to 1.5
Oregon	24.7	30.2	1.3	1.1 to 1.6
California	29.9	45.1	1.9	1.8 to 2.1
Alaska	25.0	24.7	1.0	.8 to 1.2
Hawaii	23.9	29.0	1.3	1.0 to 1.7
All States	24.5	28.5	1.3	1.2 to 1.3

<sup>a</sup> Ns responding to the smoke-free bars question from each state ranged from 532 to 5510 in 1993 and from 476 to 4490 in 1999.

Source: Current Population Surveys, Tobacco Use Supplements, May 1993 & January 1999



Table 3  
Acceptance of Different Types of Indoor Smoking Regulations by Occupation, 1993 & 1999  
1993, %/N

		Food Service Managerials	Bartenders	Wait-persons	All Others	Totals
Allow smoking in indoor work areas*	Fully	3.1/ 19	6.5/ 10	1.6/ 10	1.9/ 913	1.9/ 952
	Partly	45.3/277	60.0/ 93	58.6/369	39.2/19229	39.6/19968
	Not at all	51.6/316	33.6/ 52	39.8/251	58.9/28907	58.5/29526
Allow smoking in restaurants*	Fully	4.4/ 27	9.6/ 15	2.7/ 17	2.7/ 1312	2.7/ 1371
	Partly	58.8/363	73.9/116	71.6/452	52.6/25920	53.0/26851
	Not at all	36.8/227	16.6/ 26	25.7/162	44.7/22026	44.3/22441
Allow smoking in bars & cocktail lounges*	Fully	39.6/243	62.4/98	44.9/283	31.6/15436	31.9/16060
	Partly	42.6/262	29.9/47	43.8/276	45.6/22326	45.5/22911
	Not at all	17.8/109	7.6/12	11.3/ 71	22.8/11156	22.6/11348

1999, %/N

		Food Service Managerials	Bartenders	Wait-persons	All Others	Totals
Allow smoking in indoor work areas*	Fully	1.7/ 9	6.4/ 7	1.5/ 6	1.6/ 635	1.6/ 657
	Partly	41.4/223	59.6/ 65	38.8/153	29.6/11536	30.0/11977
	Not at all	57.0/307	33.9/ 37	59.6/235	68.7/26745	68.4/27324
Allow smoking in restaurants*	Fully	4.8/ 26	6.4/ 7	3.5/ 14	2.5/ 978	2.6/ 1025
	Partly	54.1/292	71.6/ 78	62.2/248	46.6/18136	46.9/18754
	Not at all	41.1/222	22.0/ 24	34.3/137	50.9/19836	50.6/20219
Allow smoking in bars & cocktail lounges*	Fully	34.3/183	53.6/59	40.8/161	28.6/10966	28.9/11369
	Partly	41.8/223	34.6/38	44.6/176	44.5/17066	44.4/17503
	Not at all	23.9/128	11.8/13	14.7/ 58	26.9/10335	26.7/10534

\* Each sub-table displayed in Table 3 were 4 by 3 tables with 6 degrees of freedom with Chi-square probabilities <.001

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Source: Current Population Surveys, Tobacco Use Supplements, May 1993 & January 1999

Table 4  
Acceptance of Different Types of Indoor Smoking Regulations by Smoking Status, 1993 & 1999  
1993, %/N

		Never Smoked	Daily Smoker	Occasional Smoker	Former Smoker	Totals
Allow smoking in indoor work areas*	Fully	.9/ 355	5.0/ 730	1.9/ 57	2.2/ 389	2.0/ 1531
	Partly	28.4/11464	67.5/ 9798	52.0/1551	38.1/ 6737	39.1/29550
	Not at all	70.8/28599	27.4/ 3979	46.1/1374	59.7/10576	58.9/44528
Allow smoking in restaurants*	Fully	1.3/ 522	7.1/ 1032	3.6/ 109	3.3/ 582	3.0/ 2245
	Partly	40.7/16531	79.8/11649	68.4/2051	50.3/ 8945	51.6/39176
	Not at all	58.0/23553	13.1/ 1918	28.0/ 840	46.4/ 8256	45.5/34567
Allow smoking in bars & cocktail lounges*	Fully	22.0/ 8829	53.5/ 7777	45.8/1366	29.7/ 5238	30.8/23210
	Partly	44.1/17722	42.2/ 6130	46.7/1393	45.4/ 8003	44.1/33248
	Not at all	33.9/13638	4.3/ 622	7.5/ 225	24.9/ 4384	25.1/18869

1999, %/N

		Never Smoked	Daily Smoker	Occasional Smoker	Former Smoker	Totals
Allow smoking in indoor work areas*	Fully	.8/ 282	5.2/ 528	2.1/ 50	1.9/ 265	1.9/ 1125
	Partly	21.8/ 7343	57.2/5823	38.8/ 925	30.8/4288	30.6/18379
	Not at all	77.3/25998	37.7/3838	59.1/1411	67.3/9380	67.6/40627
Allow smoking in restaurants*	Fully	1.4/ 479	7.5/ 771	3.8/ 90	3.2/ 440	3.0/ 1780
	Partly	35.6/11970	75.1/7681	62.1/1483	45.0/6284	45.5/27418
	Not at all	63.0/21217	17.4/1775	34.2/ 816	51.9/7242	51.5/31050
Allow smoking in bars & cocktail lounges*	Fully	18.7/ 6136	53.1/5377	41.9/ 992	26.7/3659	27.4/16164
	Partly	43.0/14132	40.0/4056	46.2/1096	44.3/6071	42.9/25355
	Not at all	38.4/12610	6.9/ 698	11.9/ 282	29.0/3973	29.7/17563

\* Each sub-table displayed in Table 3 were 4 by 3 tables with 6 degrees of freedom with Chi-square probabilities <.001

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Current Population Surveys, Tobacco Use Supplements, May 1993 & January 1999

Table 5  
Smokefree Workplace Experiences by Occupation, for January 1999  
%/N

	Food Service Managerials	Bartenders	Wait-persons	All Others	Totals
<b>A) Any workplace smoking restrictions?*</b>					
Yes	80.0/328	37.6/ 35	72.0/255	87.6/23596	87.1/24214
No	20.0/ 82	62.4/ 58	28.0/ 99	12.4/ 3333	12.9/ 3572
<b>B) Workplace smoke policies*</b>					
Not permitted anywhere	85.0/278	48.6/ 17	65.6/166	91.2/21446	90.8/21907
Permitted in some places	14.1/ 46	40.0/ 14	32.8/ 83	7.2/ 1694	7.6/ 1837
Allowed everywhere	.9/ 3	11.4/ 4	1.6/ 4	1.6/ 386	1.6/ 397
<b>C) Past two weeks: any smoking in areas where you work?*</b>					
Yes	21.6/ 70	71.4/ 25	36.0/ 91	6.8/ 1587	7.4/ 1773
No	78.4/254	28.6/ 10	64.0/162	93.2/21878	92.6/22304

\* Chi-square probability <.001

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Source: Current Population Surveys, Tobacco Use Supplements, January 1999