

Compliance of hospitality premises to the ban on smoking in all enclosed public places in the Seychelles

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Summary

In Seychelles, comprehensive tobacco control legislation enacted in 2009, and subsequent regulations, ban smoking in all enclosed places (defined as any area under a fixed or transient roof). A survey in October-November 2014 assessed i) the compliance to the Act and these regulations in 63 restaurants, bars or discotheques and ii) knowledge of the Tobacco control Act and these regulations of supervisors and managers of these hospitality premises; (47 agreed to answer). No person was found smoking in 92% of all premises. However, "no smoking" signs did not conform to regulations in >70% of premises, and ashtrays were seen in 17% of enclosed premises. All supervisors and managers (100%) knew that smoking is banned in enclosed premises but <15% knew the fines liable to persons, respective owners of enclosed places, when a person smokes in an enclosed premise. Furthermore, 60% of supervisors were not aware that no smoking signs must comply with a specific regulation and 40% were not aware that ashtrays are not permitted in enclosed premises. In conclusion, the positive finding is that few persons smoke in restaurants, bars and discotheques, but the survey also showed that several aspects of regulations for tobacco control in enclosed premises are not well implemented. This calls for further information campaigns targeting both the public and the managers of hospitality premises, but also for strengthening enforcement measures, including fines for offenses. Scaling up comprehensive tobacco control measures, including full enforcement of clean air policy, is of paramount importance to meet the national target of 30% reduction of the smoking prevalence between 2010 and 2025.

Introduction

A ban on smoking in all enclosed public premises is a key strategy to reduce tobacco use in the population as emphasized in the Global Plan of Action for the Prevention and Control of Noncommunicable Diseases 2013-2020 of the World Health Organization (WHO). A survey was conducted in October 2014 in Seychelles to assess the compliance of the hospitality premises (restaurants, bars, cafés, and discotheques) to the Seychelles Tobacco Control Act. It was expected that the findings of the survey would be disseminated at the occasion of World No Tobacco Day on 31 May 2015 to further improve tobacco control efforts in Seychelles, with a particular focus on clean air policy.

The Seychelles Tobacco Control Act 2009 provides a comprehensive tobacco control provisions, including a total ban on smoking in all enclosed places (defined as any area under a roof); mandatory display of “no smoking” signs in all enclosed public places as per prescribed content and format; ban of ashtrays in all enclosed public premises, and total ban on all direct and indirect advertising of tobacco products. The Act defines fines liable to offenses to all these provisions, including to persons who smoke in an enclosed public premise, as well as fines to owners/managers of enclosed public places if a person smokes where smoking is not permitted, if ashtrays are placed in enclosed places, and if no smoking signs are not displayed as prescribed. These provisions have been repeatedly explained and promoted through the mass media (TV, radio, newspapers), information leaflets have been repeatedly sent to all hospitality premises, and the Tobacco Control Board sent warning letters to premises in which non compliance was reported.

Objectives

- 1) To assess the compliance to the ban on smoking in enclosed areas of restaurants, bars, cafés, and discothèques in Seychelles
- 2) To assess the level of knowledge of managers of these hospitality premises with regards to regulations on tobacco control in enclosed public places

Methodology

Survey officers, by teams of 2 persons, visited a sample of restaurants that were considered to be most frequented and/or most popular (representing >80% of all restaurants in the country) and all bars and all discothèques in Mahé, Praslin and La Digue. Visits to restaurants took place at peak hours, i.e. at lunch time (12:00-4:00) or dinner time (7:00-10:00 pm) and during evenings on weekends for bars (6 pm onwards) and discotheques (11:00 pm onwards). All survey teams included at least one certified enforcement officer of the Tobacco Control Board. All visits took place in October-November 2014.

During one visit to each eligible public premise, the survey officers first assessed, during a 30 minute period, if persons were smoking where smoking was not allowed, whether “no smoking” signs were displayed as prescribed, and whether ashtrays were visible in areas where smoking is not permitted. For these observations, the survey officers acted as ordinary patrons without prior knowledge of the staff and management of the premises being assessed.

The survey officers then requested, in each of the visited premises, to meet with one supervisor, manager or owner of the hospitality premise (referred thereafter as “supervisor”). The officers asked this supervisor if he/she would agree to answer to an anonymous structured short questionnaire about the Seychelles Tobacco Legislation Act and regulations applying to hospitality premises. The persons were informed of the aim of the survey and were free to decline the interview. Finally, the survey officers informed the supervisor on the initial observations and if any irregularity had been noticed.

The survey design, the questionnaire and the overall procedures were jointly designed by the Unit of Prevention and Control of Cardiovascular Diseases (Public Health Authority, Ministry of Health, Seychelles) and the Seychelles Tobacco Control Board. The conduct of the survey, including the final protocol and detailed procedures to be used in the survey, was mandated by the Ministry of Health to "Metissage", a nongovernmental organization that has an excellent record in conducting surveys and promoting social activities in the Seychelles, and which regularly collaborates with the Ministry of Health and with the local office of the World Health Organization.

No legal action was taken in relation to observed offenses, except for informing the managers of the premises. Survey officers brought with them copies of the Seychelles Tobacco Control Act and regulations in case clarifications were requested from the managers of the visited premises. The budget for the survey came from the local office of the World Health Organization Office. The survey was approved by the Ministry of Health.

All variables of interest were tabulated and the distribution of the variables analyzed accordingly. Because the sample includes nearly all public restaurants (i.e. more than 80% of all restaurants in the country according to data from the Seychelles licensing authority) and all bars and discotheques in the country, confidence intervals are not needed for estimations.

Results and discussion

Results can be separated in two areas: 1) direct observation of the actual compliance to specific tobacco control regulations applying to enclosed hospitality premises and 2) knowledge on regulations for tobacco control applicable to public premises.

Table 1 summarizes the overall results. Two additional Tables (Table 2 and Table 3) provide results according to each premise visited.

A main and encouraging finding is that no person was found to be smoking in enclosed areas in 92% of all the premises visited. Consistent with this finding, all supervisors (100%) were aware that smoking is banned in enclosed public premises and 86% knew the definition of an "enclosed premise" (admittedly this figure should be 100%). However, supervisors of the premises did not intervene in 4 of the 5 of premises in which survey officers saw a person smoking in an area where smoking was not permitted (results not apparent from the Tables) and only 68% of supervisors reported that they always asked a person who smokes where smoking is not permitted to stop smoking (Table).

Adequate placement of "no smoking" signs in enclosed hospitality premises was inadequate in a number of premises. Only 54% of the premises displayed at least one "no smoking" sign and a "no smoking" sign could be seen from a table situated in the center of the premise (as requested by the regulation) in only 30% of all visited premises. Overall, only 19% of all premises had "no smoking" signs that fully complied with the regulation on no smoking signs with regard to content and format.

As far as ashtrays are concerned, the situation was also not adequate in several premises. An ashtray could be seen in enclosed areas in 17% of all premises. This unsatisfactory finding may be somewhat minimized considering that "enclosed places" also include areas under transient roofs, including umbrella or tents, e.g. tables located on terraces of restaurants, which are sometimes (but wrongly) interpreted by supervisors and smokers as being non enclosed areas.

Table. Proportions (in percent) of restaurants, cafés, bars and discotheques (63 in total) that comply with regulations related to tobacco control in enclosed public places (upper part of the table) and proportions (in percent) of supervisors of these premises (one per premise, 48 agreed to answer) who reported adequate knowledge about these regulations (lower part of the table)

| | Criterion | Comply with law / favorable situation | Do not comply with law / unfavorable situation |
|---|-----------|---------------------------------------|--|
| Among 63 restaurants, cafés, bars and discotheques (n=63) | | | 0 25 50 75 100 |
| Premises where no person was smoking where not permitted | =0 | 92 | 8 |
| Premises with ≥ 1 "no smoking" sign in enclosed area | ≥ 1 | 54 | 46 |
| Premises ≥ 1 "no smoking" sign can be seen from a table in center of premise | yes | 30 | 70 |
| Premises where the "no smoking sign(s)" comply with regulation | yes | 19 | 81 |
| Premises where no ashtray can be seen where smoking is not permitted | no | 83 | 17 |
| Premises where there was no smell of cigarettes near the toilets | no | 89 | 11 |
| Premises where there was no publicity for tobacco products | no | 98 | 2 |
| Response from one supervisor in each of 48 premises (n=48) | | | 0 |
| Supervisor is aware that smoking is banned by law in enclosed places | yes | 100 | 0 |
| Knows the definition of an enclosed public place | yes | 88 | 13 |
| Knows the amount of a fine to a person who smokes where not permitted | yes | 13 | 88 |
| Knows the amount of a fine to manager if a person smokes where not permitted | yes | 10 | 90 |
| Premises where supervisor reports seeing no client smoking where not permitted | =0 | 73 | 27 |
| Usually intervenes if a person smokes where not permitted | always | 75 | 25 |
| Knows that "no smoking" signs must be displayed in enclosed premises | yes | 75 | 25 |
| Knows that "no smoking" signs must comply to a regulation for content and format | yes | 40 | 60 |
| Knows that "no smoking" signs must be placed so that all clients can see them | yes | 71 | 29 |
| Knows that ashtrays are not permitted in enclosed areas | yes | 60 | 40 |

Knowledge of the supervisors of restaurants, bars and discotheques regarding specific provisions on tobacco control in public enclosed premises in Seychelles was limited. Only 75% of all supervisors knew that "no smoking" signs must be displayed in all enclosed places, 71% knew that "no smoking" signs must be placed so that all the clients can see them, and 40% knew that all "no smoking" signs must follow a prescribed content and format. Only 60% of supervisors knew that ashtrays are not permitted in enclosed premises. Yet, only 13% of all the supervisors knew the amounts of the fines liable to a person who is smoking in an enclosed premise and only 10% knew the amount of the fines liable to a manager of a public premise if a person smokes in an enclosed area.

Conclusions and recommendations

Overall, the results suggest that the ban on smoking in enclosed restaurants, bars and discotheques is fairly well respected by the public in Seychelles, i.e. few people were found to smoke in enclosed premises. This likely reflects strong support to clean air policy from the public resulting from continued awareness campaigns about tobacco control in general and repeated information on the Seychelles Tobacco Control Act in particular.

However, implementation of several prescribed measures was far from optimal e.g. poor compliance to regulations on "no smoking" signs, presence of ashtrays where not allowed, etc. This likely to arise because implementation of the regulation was not systematically monitored and enforced in enclosed premises so far. The fear of fines for offenses is, indeed, a main deterrent of wrong doing and loose implementation.

It is likely that adequate implementation of all regulations related to tobacco control in premises of restaurants, bars and discotheques in Seychelles (as well as in other enclosed public places) will require further awareness campaigns targeting both the general public and managers of hospitality premises, but it will also require to strengthen enforcement measures. This underlies the need for systematic monitoring of hospitality premises and

prosecution and penalization of all offenses. This includes fines to both the persons who smoke in enclosed premises and to the managers of the hospitality premises who do not intervene when persons smoke in enclosed areas or who fail to fully implement other aspects of the tobacco control regulations (e.g. adequate display of no smoking signs, absence of ashtrays where smoking is not permitted). A regulation has been developed to set the rights, duties and procedures related to inspection and enforcement of the Seychelles Tobacco Control Act so there is no legal or organizational obstacle for actual enforcement.

Scaling up comprehensive tobacco control measures, including full enforcement of clean air measures, is of paramount importance to meet the target of 30% reduction of the smoking prevalence between 2015 and 2025 agreed by all member states of the World Health Organization, which itself is of paramount importance to achieve the goal of 25% reduction in noncommunicable diseases by 2025.