LEADING ARTICLE

SMOKING RESTRICTION IN WORKPLACES

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Over the last twenty years the Government in Singapore has imposed increasing restrictions on smoking in public places starting with cinemas in 1970 to hairdressing salons and barber shops in 1992[1]. All Government offices were declared smoke-free in 1986 but there is as yet no legislation which specifically prohibits workplace smoking in the private sector.

Factors in smoking restriction

The study by Koh et al[1] in this edition of the Journal on private sector workplaces in Singapore describes the prevalence of smoking restrictions as well as factors influencing their adoption in Singapore. The findings of this study may be compared to a similar study based on a postal survey amongst organisations of the Cape Chamber of Industries reported in the South African Medical Journal[2]. The response rate in the Cape study was 57.1% and there were 572 respondent organisations. The corresponding figures in the Singapore study were 43% response rate and there were 1,168 respondent organisations.

There were 66% workplaces in the Cape study with some form of smoking restriction as compared with 59% in the Singapore study. The areas with smoking restriction in order of prevalence in the Cape study were factory floor (61.3%), warehouses (55.8%) and shared offices (7.4%). In the Singapore study, 89.5% were in work areas, 73.7% in offices, 39.9% in staff rooms, 38.2% in canteens, 31.1% in toilets and 28.6% in recreation rooms.

Size

Size of the company was observed to be related to smoking restrictions. In the Singapore study, in workplaces with more than 500 employees, 86.2% had smoking restrictions compared to 46.9% of workplaces with less than 100 employees. A similar trend was noted in the Cape study where smoking restrictions ranged from 42% for organisations with less than 10 employees to 90.9% for organisations with more than 500 employees.

Business type

In the Singapore study, companies in manufacturing, by nature of their business type were more likely to have smoking restrictions compared to companies in the service sector. The top 5 industries ranked by prevalence of smoking restriction were those dealing with industrial chemicals and gases (88.2%), petroleum refining and petroleum products (77.8%), electronic products and components (77.5%), paints/pharmaceuticals and other chemical products (71.0%) and PVC manufacturing (68.8%). In the service sector, with the exception of hotel and catering, the prevalence of smoking restriction was less than 50%; finance and banking (42.7%), insurance (44.4%) and construction (21.7%). The high prevalence of smoking restriction in hotel and catering (93.8%) was not unexpected because several areas of hotels such as restaurants, fitness centres and lifts are covered by existing legislations in Singapore. The Cape study also showed manufacturing companies were more likely than non-manufacturing companies to have smoking restrictions.

Air-conditioning

The presence of air-conditioning appeared to be a positive factor for smoking restriction in the light manufacturing and hotel/catering industries in Singapore. Ninety percent of such workplaces had smoking restriction compared to 73.7% of non-airconditioned companies with smoking restrictions.

Management initiative and legislation

In the Singapore study smoking restriction at work areas and offices were mainly introduced by the initiative of the management (79.5% of workplaces). Legislation accounted for smoking restriction in 13.5% of all workplaces. In contrast, legislation accounted for smoking restriction in 66.0% of the workplaces in the Cape study.

Reason for smoking restriction besides legislation

Sixty percent of respondents in the Singapore study indicated protection of workers' health as one of the reasons for smoking restriction in the service sector. Twenty-five percent of workplaces introduced restriction to prevent fire and explosion and/or to prevent damage to machinery or equipment in industries handling chemicals, gases, PVC and light manufacturing. In the Cape study, fire hazard accounted for 85.3% and health accounted for 29.1% of the smoking restrictions respectively.

Smoking restriction enforcement

The most common way of enforcement noted in the private sector in Singapore is by non-smoking posters and signs (77.9%). Only 18.6% resorted to punitive measures and only a small percentage of respondents organised talks and exhibitions or distributed pamphlets. The study by Koh et al has identified smaller companies, particularly those in the service sector, as target areas. Only 46.8% of companies with fewer than 100 employees had workplace smoking restrictions.

Implementing a smoking restriction policy

The management

It is necessary to work through the management since it is they who determine whether smoking should be restricted or not at the company. Furthermore, effective enforcement of the restriction demands a high level of commitment on the part of the management. Education of key management staff on the hazards of environmental tobacco smoke is necessary. This could be done through the distribution of information booklets and materials as well as seminars and forums for middle and senior workplace management to discuss the medical, legal and economic implications of having or not having a smoke-free workplace.

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Supportive and advocacy roles

The provision of advice and consultancy service to companies goes a long way in encouraging smaller companies to take the first step towards a smoke-free workplace. The Workplace Health Education Unit of the Training and Health Education Department in Singapore has smoking control programmes for both the management as well as the staff. They provide advice and consultancy service to companies intending to implement smoking restriction policies. Their resources support include health education materials, exhibition materials, talks, counselling programmes and video tapes.

Health education and health promotion programmes

Health education should go hand-in-hand with the workplace smoking restriction policy. Such programmes are needed for everybody to accept no-smoking rules[3]. Smokers need to know the harm they force on the people around them. Non-smokers need to know about nicotine addiction and the importance of being supportive of smokers during the transition to a smoke-free workplace. Whenever possible, smokers should be involved in smoking restriction policy and implementation.

An organisation that restricts smoking should make stop-smoking programmes available to employees, not only to those who want to stop smoking. In helping smokers to quit, it is important to recognise that smokers are in different stages of smoking cessation. Prochaska and DiClementi recognise 4 stages of self-change of smoking namely, (a) the precontemplative stage where the smoker is not even considering quitting, (b) the contemplation stage where the smoker has internalised the fact that smoking is harmful, (c) initiation of change stage where the smoker is ready to quit, and (d) the maintenance and prevention of relapse stage where many smokers need help in maintaining their behaviour change. Kraner and Graham[4] give a practical approach to help patients in each of these stages. A few companies in Singapore have free or subsidised smoking cessation programmes for their employees who smoke and who want to quit.

Training of workplace health promotion facilitators

There is a need to help train workplace health promotion facilitators (manager, company doctors and company nurses) so that they will be able to help management in planning, implementing and evaluating workplace health promotion programmes; there is wisdom in integrating and incorporating smoking control as part and parcel of a holistic workplace health promotion programme.

Mistakes in implementation

Smokers and non-smokers may be caught in a confrontation. It is important for them to recognise that the issue is not whether employees can or cannot choose to smoke, but rather where and when they light up. Smokers can smoke, but not in the public airspace where their actions can harm the health of others. Another common mistake made by organisations implementing a smoking policy is to take a moderate step, that is, one that sets up indoor designated smoking areas rather than requiring smokers to go outside to smoke[3]. It has been found that indoor designated areas create ventilation problems (the smoke will drift into non-smoking areas) and productivity problems (smokers would spend excessive time in the smoking areas). Policies that prohibit smoking tend to have the highest compliance rates, are best for employee morale and cause the least disruption to productivity. Another common mistake is not to involve the employees in the early stages of policy development.

References

1. Koh YK, Voo YO, Tan CT. Smoking restrictions in private workplaces in Singapore. Singapore Med J 1994; 35: 250-6.
2. Metcalf CA, Yach D. The smoking policies in the workplace in the Western Cape. S Afr Med J 1992; 81:23-6.
3. American Cancer Society. Key to successful smoking policies. World Smoking & Health 1990; 15(2): 12-4.
4. Kraner SE, Graham KE. Helping your patients who smoke quit for good. A quick and easy approach. Postgrad Med 1992; 90: 233-4, 237-45, 248.