Level of exposure to secondhand smoke in Lebanon is high: Time to ban smoking in indoor public places

An air monitoring survey on tobacco smoke in indoor public places reported that of the smoking-permitting venues sampled, up to 60% had “hazardous” air pollution according to the WHO’s Air Quality Guidelines.

Lebanese National Tobacco Control Program, 2009

Background

The only regulation in Lebanon that protects people from exposure to secondhand smoke is ministerial decision number 1/23 issued on 2/3/93 which prohibits smoking in hospitals, infirmaries, pharmacies, theaters, public transport services, health clubs, elevators, schools, and universities. This decision however is loosely implemented, not enforceable by law, and not inclusive of all public places.

Secondhand smoke increases the risk of serious medical conditions such as lung cancer and heart disease. Laws banning smoking in indoor public places protect people from secondhand smoke, reduce smokers’ consumption of cigarettes, may encourage smokers to quit, and can prevent uptake of smoking.

A recent qualitative study to evaluate implementation of smoke-free policies (SFPs) in Lebanon was conducted at institutions where such policies are implemented. The study identified barriers and enablers to implementing, enforcing, and to complying with smoke-free areas in various sectors in Lebanon. Implementation has been achieved to varying degrees in the various places that have introduced SFPs. Although there are barriers to implementation, enforcement and compliance, findings also reveal favorable facilitators.

What do we know about barriers and facilitators to existing smoke-free policies in Lebanon?

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(Restaurant manager, smoker)

In hospitality venues such as restaurants and cafés, the main perceived barrier to implementation is the absence of a comprehensive national law that applies to all restaurants and cafés. When some places are smoke-free and others are not, smoking customers can choose to go to smoke-permitting establishments which may result in financial loss for non-smoking establishments. SFPs are thought to infringe on the rights of smokers who are perceived to make up the majority of customers. Also, in the absence of a national policy and corresponding enforcement body, employers fear confrontation with smoking customers.

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As facilitators to implementation, customers acknowledge that SFPs protect them from the health hazards of secondhand smoke (especially children, pregnant women and asthmatics) and other irritating side-effects, such as eye irritation and the smell of tobacco. The staff also acknowledges that SFPs protect them too.

- **In educational institutions**, students, administration, and teachers all agree on similar barriers and facilitators to the implementation of SFPs regardless of the their smoking status and of the type of policy implemented. Again the lack of a comprehensive national law is the main barrier to implementation. SFPs are thought to contribute to a loss of productivity due to cigarette breaks and to smokers socializing only amongst themselves. Results show that in general people consider the right of smokers to smoke to be more important than the right of non-smokers to breathe clean air. Factors thought to facilitate implementation are that schools and universities should be clean learning environments and more importantly teachers must be role models, particularly for children. The health benefits of SFPs for both smokers and non-smokers are acknowledged.

- **In the workplace**, one of the barriers to implementation is that smokers feel discriminated against when forced to leave the premises to smoke. Another is that smokers are distracted by the urge to smoke thus leading to a loss of productivity. A main facilitator to implementation is the knowledge that SFPs protect both smokers and non-smokers from secondhand smoke; provide a clean working environment for smokers and non-smokers; encourage smokers to reduce cigarette consumption, help those who want to quit, and prevent others from starting to smoke.

**Conclusions**

The research study results can be used to convince policymakers and the general public that SFPs are in fact achievable in Lebanon, despite the stated barriers, and will be more effective if a comprehensive national law is adopted. They can also serve to inform institutions in Lebanon planning to implement SFPs of the facilitators and barriers to implementation, enforcement and compliance. Findings will also encourage institutions that have not even considered SFPs to start to do so. They will be able to anticipate potential challenges and develop implementation plans that are more likely to succeed.

**How and where the data was collected**

52 interviews and 26 focus group discussions with smokers and non-smokers were conducted as follows:

- **Nine hospitality venues**: 18 interviews were conducted with management and staff and 9 focus group discussions held with customers (for a total of 42 customers).

- **Four educational institutions**: 29 interviews were conducted with school and university administration staff and teachers and 12 focus group discussions were held with students. A total of 78 students participated, from school grades 9, 10, and 11, and university years 1st, 2nd and 3rd.

- **Five workplaces**: 5 interviews were conducted with human resource directors and 5 focus group discussions held with employees (for a total of 44 employees).