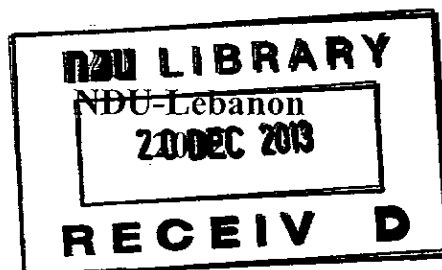


**Notre Dame University
Faculty of Business Administration & Economics
Graduate Division**

**The Perception of the Lebanese toward Smoking Ban
and the Consequences of its Implementation
On Restaurants and Pubs Revenues**

**A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree
of the Master of Business Administration
(M.B.A.)**

MARC HARB HARB



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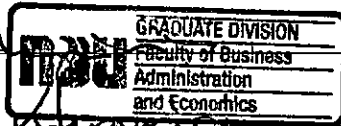
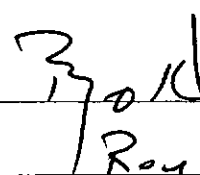
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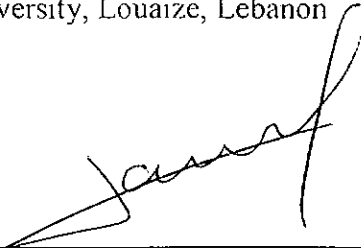
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DECLARATION

I hereby declare that this thesis is entirely my own work and that it has not been submitted as an exercise for a degree at any other University.

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A handwritten signature in black ink, appearing to read 'Marc Harb Harb', written over a horizontal line.

MARC HARB HARB

ABSTRACT

This study aims to answer the following question: what is the economic impact of smoking ban in public places on restaurants and bars in Lebanon? This question is answered through analyzing the primary data collected from a survey conducted with a simple random sample of 194 Lebanese citizens above 18 years old. SPSS statistical package was used to conduct a descriptive statistical analysis including cross tabulation. As a conclusion, the main results showed that smoking ban will have a positive economic effect on restaurants and bars (i.e. an increase in their revenues due to the increase in the number of visits after the ban).

Keywords: smoking ban, smoke-free laws, restaurants, bars, economic effect, opponents, proponents

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Chapter 1: Introduction

1. General background about the topic

Smoking habit causes severe effects on the smokers' and the second hand smokers' health. It affects their hearts, blood pressures, respiratory systems, stomach, muscles, and several other body parts and organs. Smokers accept to purchase and consume cigarettes and other tobacco products because they experience pleasurable feelings as a result, or experience a good taste in their mouth, or experience a fall in stress, or for other reasons that trigger them to smoke.

As smoking is spreading, its effects are increasing, and thus the "health" invoice and cost is increasing too. The fatal effects of smoking on smokers and second hand smokers have attracted governmental and social attention. The latter have been stimulated to reduce this phenomenon and its effects. Moreover, the activists started acting and working to reduce smoking through triggering the governments to impose smoke-free laws and smoking bans in public places. However, this fact has created a dilemma between the proponents of smoking ban – generally second hand smokers and non smokers who are bothered from smoking – and the opponents of smoking ban – generally smokers, tobacco products traders, and owners of public entities where smoking is allowed and is a main attraction for customers. On one hand, the proponents have defended their point of view based on the health effects of smoking, while the opponents have based their defense on the economic fall back in their businesses.

Smoking bans have been imposed in several countries although it was opposed by some people. The Lebanese parliament has enacted Law 174 on August 29th, 2011

and was put in action on September 3rd, 2012. Similar to the other countries where smoke free laws were imposed, Lebanese were also divided between proponents to smoking ban in public places, opponents to the ban, and those who are neutral. Also, the arguments presented by the Lebanese proponents and opponents were similar to the above mentioned arguments.

2. Need for the study

Because of the rift in the public opinion concerning the smoking ban in public places, it was important to conduct this study in order to provide scientific and reliable evidence of the economic effect of smoking ban in public places. Lebanon have witnessed resounding reactions, protests, and manifestations organized by the owners of restaurants, coffee shops, and nightclubs who argued that smoking ban in public places will bring their businesses down as it will reduce their revenues. Thus, the value of this study is embedded in the conclusion drawn concerning the economic effect of smoking ban in public places on restaurants and bars in Lebanon.

3. Purpose of the study

The purpose of this study is tow-fold:

- i)* To determine the perception of Lebanese citizens above 18 years old concerning smoking ban.
- ii)* To study their behavior once the ban adopted. Saying it differently we aim to see if their visits to restaurants and bars after the ban is imposed will increase or decrease.

Thus, this thesis will try to answer the following research question:

Does smoking ban in public places have economic consequences on restaurants and bars in Lebanon?

To answer the above question we conduct a survey questionnaire. The collected data and its analysis allow us to create a scenario based approach. In these scenarios we will determine what might be the changes in the revenues of pubs and restaurants after the implementation of the smoke free law.

4. Brief overview of all chapters

This thesis is divided in five chapters.

Chapter 1 includes a general background about smoking and smoking ban, the need for the study, the purpose of the study, and a brief overview of all chapters.

Chapter 2 starts with a brief introduction about smoking, smoking ban and their effects. Then, a summary of the literature concerning the opponents and proponents points of view, and the economic effect of smoking ban are discussed. Also, the arguments presented by the proponents and opponents of smoking ban are stated and discussed. According to the literature, most of the countries' governments banned smoking in an attempt to protect secondhand smokers. The chapter also discusses the economic effects of smoking ban on restaurants and bars. From the literature, we found that smoking ban may have a negative, positive, or no economic effect. The countries that have imposed smoking bans are presented, and its effect on their economies is discussed. Moreover, Lebanese smoking facts are presented, along with a discussion of smoking ban in Lebanese public places.

Chapter 3 entails the procedures and methodology used throughout the study. It starts by stating the major research question and the objective of this research. In addition to that, the research methods, techniques, and steps conducted are detailed.

The latter are rather quantitative than qualitative. A survey with a random sample of people was conducted. A detailed description of the questionnaire and the way it was realized is presented in this chapter. Chapter 3 starts with a brief introduction based on the literature review conclusion. Then, the independent and dependent variables are identified. We conclude the chapter with the limitations of the study.

Chapter 4 presents the processing of the collected data prior to revealing the findings of the conducted survey. This chapter starts with a brief introduction of the analysis process followed by a discussion of the descriptive statistics. Moreover, the main results are presented followed by a discussion of the findings and the creation of different scenarios. Finally, a conclusion will sum up the findings presented throughout the chapter.

Chapter 5 includes a statement of the main findings along with an analysis of the main results. Our results are then compared to the ones presented in the literature review in chapter 2. In addition to that, the managerial implications of this thesis will be discussed. Finally, recommendations and suggestions concerning the Lebanese smoking ban in public places are presented aiming at enhancing the execution of the ban and increasing its acceptability among the Lebanese citizens.

Chapter 2: Review of Literature

This literature review entails an introduction to smoking, its effect, and the causes that triggered smoking ban especially the importance of protecting secondhand smokers. Moreover, smoking ban opponents and proponents' points of view will be presented. In addition to that, a review of the economic impact of smoking ban is also presented in this chapter. Also, this chapter will answer the question: did smoking ban affect the countries' economies? The last part of this chapter tackles smoking and smoking ban in Lebanon.

1. Introduction

Studying the causes, effects, financial and health costs of smoking, as well as the behavior of smokers, and second-hand smokers is a common topic for different studies. Moreover, as smoking-free laws were enacted to ban smoking in certain areas, the studies aiming at evaluating the effects and impact of smoking ban have increased especially due to the existence of opponents and proponents to the ban action.

Though the smoking ban issue was widely discussed worldwide as numerous governments have already imposed this law, the topic is still triggering for researchers to define the economic effects of smoking ban. The following literature review starts with a brief definition of the two main terms that will be used throughout the dissertation, "Smoking" and "Smoking Bans".

Smoking is a practice in which a material, such as tobacco or cannabis, is burned while smoke results from this action is tasted, inhaled and then

exhaled. Moreover, tobacco -the main constituent of smoked materials (cigarette, cigar, pipe, hubble-bubble...)- is produced with very dangerous and harmful substances and chemicals such as carbon monoxide, pesticides, and nicotine that is classified as drug (West, Robert and Shiffman, Saul, 2007). When the constituents and ingredients of tobacco are burned they turn to be even more deadly and dangerous. For example, some of the constituents of tobacco include: acetaldehyde, acetone, ammonia, arsenic, benzene, carbon monoxide, formaldehyde, mercury, naphthalene, nicotine, and toluene (U.S. Department of Health and Human Services, 2012). The least are extremely deadly, dangerous, and harmful substances. For example formaldehyde is used in mummification in order to preserve dead bodies, ammonia is used in fertilizers, pesticides, and detergents, and toluene is used in gasoline, paint solvents, and anti-freeze. It was scientifically proven that more than 40 chemical products found in tobacco directly and indirectly cause fatal health disorders and problems such as heart disease, lung disease, and cancer (Jefferson Fowles and Michael Bates, 2000).

Due to the harmful and fatal effect of smoking, governments enacted smoke-free laws known as “**Smoking Bans**”. These are public policies, entailing criminal laws and occupational safety and health regulations, which prohibit tobacco smoking in public places (public roads, public streets, pavements, market squares, parks, beaches, sport fields, cemeteries, public buildings, means of public transport, government offices, other office premises, restaurants, bars, and malls) (Musiello, T. 2009).

2. Smoking Ban: Reasons, Opponents, Proponents, and Economic Impact

The smoke-free laws were enacted for a variety of reasons such as improving and protecting public health conditions and discouraging smoking. However, this ban has triggered an open argument between public health proponents and smoking ban opponents.

On one hand, people against smoke-free laws argued and debated the economic losses caused by smoking bans especially in bars and restaurants. In addition to that, opponents argued that smoking bans decreased the revenues, and thus the realized profits of bars and restaurants (Barrie Craven and Michael L. Marlow, 2008). On the other hand, advocates of smoking bans argued that secondhand smoke has a serious negative effect on public health; thus, in their opinion, smoke-free laws were a must and smoking ban is a crucial factor to improve public health conditions. Moreover, proponents also claim that such bans do not harm business owners. This claim was based on a vast empirical literature showing that restaurants and bars in the United States didn't suffer losses related to smoke prohibition (Glantz, 2007). In fact, advocates often claim that smoke-free laws improve sales at restaurants and bars and so, in effect, owners should be thankful for them for supporting and promoting bans (Barrie Craven and Michael L. Marlow, 2008).

Numerous studies investigated the economic effects of smoking bans on bars and restaurants. However, the majority of the studies concluded that there were no decrease in bar or restaurant sales, especially when it is aggregated over an entire county (Donald Hirasuna, 2006). Studies conducted concerning the economic effects of smoking bans have typically used a "community effects" methodology in their

analysis. That is, those studies have used aggregate data in their analysis and looked for changes in total revenues for all restaurants, bars, organizations, and other establishments combined. “Community effects” studies often lead one to draw a conclusion that smoking prohibition is harmless and have no economic effect just for the fact that nonsmokers outnumber smokers, and thus when the bans are imposed, this causes more nonsmokers to execute businesses more frequent and overcome smokers in spending; however, smokers will lower their frequency and spending (Michael L. Marlow, 2010).

3. Different Points of Views When It Comes to Smoking Ban

When it comes to smoking ban, three points of views arise: proponents or advocates, opponents, and neutral (i.e. individuals who find themselves not interested with the ban). Proponents and opponents have been presenting arguments, evidences, proofs, and studies in order to convince the public opinion that their opinion is the correct one and that the other opinion will harm the society. Sub-section 3.1 of this dissertation will discuss smoking ban advocates’ point of view while Sub-section 3.2 will tackle smoking ban opponents’ point of view. This is a crucial part of the study because each respondent to the survey conducted in this study will share one of the three points of views.

3.1 Smoking Ban Advocates’ Point of View

According to the studies conducted previously tackling the topic of smoking ban, one can conclude that there are five reasons for adopting the smoking ban in public places. The first reason is to decrease the smoking habits. As the number of places one can legally smoke decreases and becomes narrow, smokers will tend to smoke less, or will get used not to smoke and thus quit smoking (Jeff Stier, 2011).

Therefore, one of the best reasons for the implementation of a smoking ban is that it will help people who smoke to save a lot of money that they can use in a preferable way rather than harming themselves and others. In addition to that, if people are prohibited to smoke, they gradually decrease the number of cigarettes they smoke when they go to public places (Sujata Iyer, 2012). The second reason is that smoking ban shall reduce exposure to secondhand smoke, which will enhance non-smokers' quality of life and health (Jeff Stier, 2011). For instance, the most important argument for the implementation and regulation of a smoke-free law is obviously and above all related to health. According to researchers, smokers are aware of the various harmful and even fatal health effects that smoking has. Moreover, the number of chemical substances that constitute one single cigarette is weird and mind-boggling. Thus, regular, permanent smoking was proven to cause severe health problems and lead to fatal illnesses (Sujata Iyer, 2012). The third reason is quite a detail which bothers lots of people when they walk down the street. Numerous cigarette butts are spread all over the streets and distort the beauty of nature (Jeff Stier, 2011). Smoking ban will cause the number of cigarette butts to decrease and thus contribute to the cleanliness of public places. The fourth reason is that smoking ban will trigger smokers to be responsible. Responsibility may be the most overused argument for smokers not to smoke in the presence of other people; this can be referred to as the passive smoking effect (Sujata Iyer, 2012). The fifth reason is that, advertently or inadvertently, people who smoke do tend to influence other people who are in their surroundings. Several examples can be given to prove this fact such as a young child watching his father smoking at home, or an employee trying to fit in with his mates in the office. Despite the fact that they didn't tend to smoke, it is very easy to get influenced by someone who is seen smoking, especially when the smoker impresses the non smoker (Sujata

Iyer, 2012). Smokers tend sometimes to describe the act of smoking as a phenomenon which will enhance their situation whether they feel stressed, angry, nervous, bored... This attitude is reflected in their smoking manner such as inhaling the smoke than exhaling it slowly and looking at the smoke coming out of their mouth as if it is a heroic act. This behavior may attract non-smokers attention and may trigger their curiosity to try smoking (Carl C. Seltzer and Frank W. Oechsli 2004).

3.2 Smoking Ban Opponents' Point of View

This part of the literature review presents the outcomes of previous studies that tackled the effects of smoking ban that triggered opponents to adopt the refusal and objection of smoke-free laws. There are four arguments or critics of smoking ban that support the opinion of the opponents. To begin with, the first argument is that smoking ban, from the opponents point of view is considered as government interference in the personal lifestyle. It is commonly known that each individual is free to take the decision to become a smoker or stay non-smoker. However, when the government restricts and prohibits smoking through laws and regulations, the government will be restricting their own freedom and their right of choice (Donald Hirasuna, 2006). The second critique of smoking ban regulations stresses the idea of the property rights of business owners. The third argument is the legality of smoking ban and smoke-free legislations and regulations. Businesses negatively affected and harmed by smoking ban legislations have filed lawsuits claiming that these are unconstitutional or otherwise illegal as they are directly affecting their progress. The fourth states that smoke-free laws may move smoking elsewhere. If smoking was restricted in offices and other enclosed public places, the smokers often tend to go outside to smoke; frequently this will lead to unorganized, bothering outdoor

gatherings. Moreover, this might lead to loss of working hours (Donald Hirasuna, 2006).

4. Authorities Banned Smoke to Protect Secondhand Smokers

This part of the literature review presents the most important causes that triggered governments to take the decision to enact smoke-free laws and regulations. Protection of second hand smokers is the major cause that led authorities to ban smoking in public places. Several researchers proved that secondhand smoke is harmful and even fatal and directly related to several physical disorders and health problems and illnesses. The latter entail causing irregular heartbeat, making the heart work harder by narrowing vessels so it is harder to pump up blood, raising blood level which makes heart pump harder than normal, decreasing the amount of oxygen in the body so the heart has to work harder to get oxygen to the body and other reasons. Second hand smoke is a major cause of cancers like mouth cancer, lung cancer, throat cancer, and cancer of the esophagus. Moreover, it may result in cancers of the bladder, pancreas, and kidney. Researchers suggest that secondhand smoke is the third leading cause of preventable death (Donald Hirasuna, 2006). Authorities, governments, and legislators in some countries found out that the effects of second hand smoke were severe. That is why they took the decision to ban smoke in public areas in order to protect second hand smokers harmed just because they are sharing a space or living with a smoker (Donald Hirasuna, 2006).

Moreover, Donald Behan, Michael Eriksen and Yijia Lin (2005) mentioned that smoking tobacco causes abnormal, ill conditions of the cardiovascular and respiratory system. It also increases the rates of cancerous diseases and the rates of prenatal mortality and spontaneous abortion. The authors collected data on increased

illnesses, exposure, medical cost and indirect cost in order to define and determine the total economic cost of environmental tobacco smoke exposure in the United States of America. They found that the total annual costs for increases in sickness and illness, exempting economic losses related to pregnancy (i.e. it is a natural, biological case far from sickness or illness that might be caused by smoking) and the newborn, are estimated at over \$5 billion in direct medical costs and over \$5 billion in indirect costs. Those numbers were computed through adding the total annual costs for the increases in illness and sickness; then, deducting the economic losses related to pregnancy and the newborn. (i.e. the authors were detecting the increase in illness and sickness due to tobacco consumption through studying the increasing costs of illness and sickness).

5. Economic Effects of Smoking Ban in Restaurants and Bars

To begin with, as enterprises, business entities, and public places of accommodation such as restaurants, bars, and other hospitality industry entities increasingly consider implementing smoke-free policies and ban smoking, several questions arise related to the economic effect of such policies on those business entities. These same concerns are presented when communities propose smoke-free ordinances.

This part of the literature review tackles the economic effect of smoking bans in the hospitality industry especially in restaurants and bars. This has been a major critic and argument for smoking ban opponents who justified their objections because the prohibition of smoking according to them incurred restaurants and bars losses through decreasing their revenues. However, the proponents and neutral public had doubt about the fairness of those arguments.

Therefore, various studies have been published within the health industry focusing on the economic effects of smoking bans in restaurants and bars. However, the majority of these government and academic studies came out with a conclusion that there is no negative economic impact associated with smoking restrictions. In other words, the criticism that smoke ban opponents were using to object on the legislation was not scientifically and quantitatively proven which render them unreliable. In addition to that, the same government and academic studies that were studying the probable negative economic effects of smoking ban on restaurants and bars found out that there may be a positive effect on local businesses (i.e. an increase in the restaurants and bars' turnover, and thus in their profitability) (Eriksen M, Chaloupka F, 2007). Scollo M., Lal A., Hyland A. and Glantz S. (2003) tackled the economic effects of smoke free laws and legislations on the hospitality industry and found that smoking prohibition through bans didn't affect businesses negatively. However, studies that were funded by the bar and restaurant associations have sometimes claimed that smoking bans affected restaurants and bars negatively through decreasing their revenues and thus their profits. Moreover, such associations have also criticized studies which concluded that smoke-free regulation and legislation had no economic impact ("Economic impacts" Tavern League of Wisconsin, 2008).

For instance, Morbidity & Mortality Weekly Report published by Centers of Disease Control and Prevention (CDC) in February 27th, 2004 drew the following conclusion: indoor smoking ban helps to preserve and protect employees and customers' health from being exposed to secondhand smoke. For instance, secondhand smoke causes increased risks for respiratory disease to children and lung cancer and heart disease to adults. As of January 2004, municipalities in the United

States of America as well as five states entailing California, Connecticut, Delaware, Maine, and New York had enacted laws that ban smoking in almost all public places such as bars, restaurants, and workplaces. Moreover, on January 2nd, 2002, the city of El Paso, located in Texas (population in 2000: 563,662), banned smoking in all public places and workplaces, including restaurants and bars. In addition to that, it was remarkable that the El Paso smoking ban is the strongest in Texas and includes restrictions and obligations for enforcement of the ban by law enforcement agencies and firefighting, with fines of up to USD500 for violations of the ban. Furthermore, to evaluate if the El Paso smoke-free law had an impact on the revenues of bars and restaurants, the Texas Department of Health (TDH) and CDC collected and analyzed data concerning the sales tax and the mixed-beverage tax during the twelve years preceding the implementation of the smoking ban and the one year after the implementation of the smoking ban. The findings and outcomes of their analysis concluded that smoking ban, did not change bars and restaurants' revenues after the smoking ban took effect in January, 2, 2012. Also, the results and outcomes of the report are consistent with results from studies of smoking bans in other cities in the United States of America. These studies drew a similar conclusion that smoke-free indoor air ordinances had no adverse effect on restaurant and bar revenues. Thus, local public health officials can use the data, findings, and conclusions of the report to support and defend the implementation of smoke-free environments as recommended by the Task Force on Community Preventive Services. Despite claims that these smoking ban laws especially might decrease alcoholic beverage revenues, the mixed-beverage revenue analyses indicate that revenues of alcoholic beverages were not affected by the El Paso smoking ban.¹

¹ The Center for Social Gerontology - "Economic Impacts of Smoke-Free Environments - Smoke-Free

6. Smoking Ban: A Crucial, Global Protective Act

As mentioned previously, the dangerous, harmful, and fatal effect of smoking have triggered states, governments, and other official authorities to take action to narrow and seek to diminish the threats of smoking. As a result, several countries have banned smoking by enacting smoke-free laws and regulations. This part of the literature review sheds lights on several countries that have already banned smoking and are seriously seeking for smoke free regions. Table 1 shows countries in which smoke-free restrictions have been implemented in certain regions whether private, public, or any specific region. This list sorts the countries from the oldest to the newest in applying a ban smoking law. The first smoke-free regulation was imposed in New Zealand back in 1876 (136 years ago). Smoking was prohibited in the building known as “Old Government Building” in Wellington. However, the reason for taking this decision was the wooden material from which the building was built. Preventing fire has pushed the responsible for that building to prohibit workers from smoking. Thus, this building became the first building in the world to have smoking ban policy (Department of Conservation Government Buildings Historic Reserve, 2002). Moreover, several other countries and regions in the world took the initiative to ban smoking between 1970 and 1990 such as Jersey, Hong Kong, Israel, and Ireland. This proves that the crucial threats of smoking caught the attention since more than 35 years ago.

Table 1: Countries that Imposed Smoking Ban

Country	Year	Remark	Country	Year	Remark
New Zealand	1876		Croatia	2008	
Jersey	1973		Faroe Islands	2008	
Hong Kong	1982		France	2008	
Israel	1983		India	2008	
Ireland	1988		Isle of Man	2008	
Norway	1988		Monaco	2008	
Puerto Rico	1993		Niger	2008	
South Africa	1993		Panama	2008	
Finland	1995		Switzerland	2008	
Turkey	1997		Brazil	2009	
Australia	1999	State-by-state basis	Colombia	2009	
Turkmenistan	2000		Cyprus	2009	
Philippines	2002		Germany	2009	
Qatar	2002		Guatemala	2009	
Vatican City	2002		Mauritius	2009	
Kazakhstan	2003		Namibia	2009	
Pakistan	2003		Syria	2009	
Andorra	2004		Bulgaria	2010	
Bhutan	2004		Canada	2010	
Malta	2004		China	2010	
Mexico	2004		Greece	2010	
Netherlands	2004		Hungary	2010	
Slovakia	2004		Japan	2010	
Uganda	2004		Latvia	2010	
Armenia	2005		Macedonia	2010	
Belgium	2005		Malaysia	2010	
Cuba	2005		Authority	2010	
Estonia	2005		Paraguay	2010	
Italy	2005		Saudi Arabia	2010	
Sweden	2005		Serbia	2010	
Thailand	2005		Czech Republic	2011	
Vietnam	2005		Falkland Islands	2011	

Table 1 (Continued): Countries that Imposed Smoking Ban

Argentina	2006	Nepal	2011
Bermuda	2006	Poland	2011
Guernsey	2006	South Korea	2011
Indonesia	2006	Venezuela	2011
Singapore	2006	Costa Rica	2012
Spain	2006	Kuwait	2012
Scotland	2006	Ukraine	2012
Uruguay	2006	Chile	
Albania	2007	Ecuador	
Austria	2007	Iceland	
Bosnia and	2007	Iran	
Denmark	2007	Jamaica	
England	2007	Luxembourg	
Kenya	2007	Madagascar	
Lithuania	2007	Montenegro	
Mozambique	2007	Morocco	
Portugal	2007	Nigeria	
Slovenia	2007	Peru	
Taiwan	2007	Romania	
United Kingdom	2007	Russia	
Northern Ireland	2007	UAE	
Wales	2007	USA	State-by-state basis
Bahrain	2008	Zambia	

Source: Jason Koutsoukis (2010) and Antonio de la Cova (2005)

6.1 Did Smoking Ban Affect the Countries' Economies?

This part of the literature presents some findings of previously conducted studies and surveys. Those findings tackled the economic effects of smoking ban on hospitality businesses. However, remarkably, the results detected varied from one country to another. On one hand, some studies in certain countries showed that smoking ban had a negative effect on restaurants and bars revenues. On the other hand, other studies concluded that smoking ban had a positive effect. Moreover, some studies stated that smoking ban had neither positive nor negative effects on the

hospitality sector. It was rather neutral. Some findings and conclusions of the literature are summarized below.

To begin with, smoking ban imposed in Arizona on May 1, 2007 caused no distinguishable, large-scale economic effect on the economy as a whole. However, the ban appears to have had a one hand negative effect on some businesses such as bars and restaurants and on the other hand a positive effect on other businesses such as private and public companies (Arizona Department of Health Services, 2008).

In Mexico City, the observable factor's accounting values of the restaurants (i.e. revenues of restaurants under study) were observed, and the results showed an increase of 24.8% in the revenues of the restaurants that applied smoke-free laws. As a result of the study conducted in 2003, one can say that there was no statistically significant evidence or proof that the smoking ban law in Mexico negatively affected restaurants' incomes. The results are estimated using a differences-in-differences regression model with fixed effects. On the contrary, the results showed a positive impact on the outcomes of the restaurants (Myriam Reynales Shigematsu, Carlos Manuel Guerrero López, Jorge Alberto Jiménez Ruiz, Luz, 2003). John P. Sciacca and Michael I. Ratliff (1998) evaluated the economic effect of smoking ban in restaurants in Flagstaff, Arizona and found out that it had no effect on the sales of the restaurants. They conducted their study on a random sample of 350 Flagstaff citizens. Moreover, they set age, gender, educational level, smoking habits and trend before and after the ban as variables and conducted their research method based on those variables. As a result of the study, they concluded that smoking ban had no economic effect on the restaurant's revenues and thus profits. Moreover W. J. Bartosch and G. C. Pope (2002) concluded that the highly restrictive smoking ban didn't have a

significant impact on the level of meal receipts (restaurants' revenues); thus, this indicates that the smoking ban didn't cause a decline in the restaurant's productivity and revenues. Restaurants rather realized profits as claimed by the smoking ban opponents. The economic impact of smoking ban policies was evaluated using a fixed effect regression model in a panel of 84 months and 239 towns. A separate model estimated the impact of restaurant smoking policies on establishments that served alcohol and also concluded that smoking ban didn't have a significant economic impact. In addition to that, Stanton A. Glantz & Annemarie Charlesworth (1999) conducted a study covering a random sample of 845 individuals from California, Utah, and Vermont. In addition to that, they collected data concerning gender, age, educational level, income level, and smoking habits and trend before and after the ban. Their results showed that smoking ban did not appear to adversely affect the returns of hospitality industry businesses (such as restaurants, pubs, bars, coffee shops...), it rather increased them. Furthermore, a report issued by Surgeon General (2006) stated that "evidence from peer-reviewed studies shows that smoke-free policies and regulations do not have an adverse economic impact on the hospitality industry." Moreover, Michael Eriksen and Frank Chaloupka (2007) concluded that the smoke free legislations and laws do not have a negative economic effect. This study stated that tobacco industry and other smoke-free law opponents have raised fears that smoking bans shall drive the tobacco industry to incur severe losses and shall negatively impact the hospitality sector. However, contrary to those fears, comprehensive reviews of the impact of smoking bans from the Surgeon General, the Task Force on Community Preventive Services, and others consistently showed that the smoke-free laws do not have a negative economic impact. Also, Adam O. Goldstein and Rachel A. Sobel (1998) concluded in their study that the

implementation of smoke-free laws and regulations had no adverse economic impact on the restaurant industry. Goldstein and Sobel tested the significance of differences in revenues before and after imposing smoking ban over time using paired *t*-tests, along with regression analyses. Likewise, Andrew Hyland, K. Michael Cummings, and Eric Nauenberg (1999) examined the economic impact of implementing smoke-free acts on the restaurant and hotel industry in New York City. They concluded that smoking ban didn't harm the restaurant and hotel industry in New York City. Also, Lisa Stolzenberg and Stewart J. D'Alessio (2007) studied the effect of California's indoor smoking ban on restaurant (non-alcohol-serving restaurants and alcohol-serving restaurants) revenues. The results of the study showed that the returns (revenues) for alcohol-serving restaurants decreased by about 4% immediately following the execution of the smoke-free acts. However, this decrease was temporary because the returns for alcohol serving restaurants increased quickly and returned back to its normal previous level prior to the smoking ban. Moreover, for non-alcohol serving restaurants, smoking ban had no significant economic impact. In addition to that, J. V. Dearlove, S. A. Bialous, and S. A. Glantz (2001) concluded that in reality 100 % smoking ban had neither negative impact on restaurants, bars, and hotels nor positive impact on their revenues and sales. Thus this study shows that the smoking ban had no economic effects on the hospitality industry. Moreover, Melanie Wakefield, Mohammad Siahpush, Michelle Scollo, Anita Lal, Andrew Hyland, Kieran McCaul, Caroline Miller (2007) used time series analysis to study the economic impact of smoking ban in restaurants in South Australia. They concluded that smoking ban had no adverse economic impact on the restaurants. Also, Rita Luk, Roberta Ferrence, Gerhard Gmel (2006) used a time-series analysis and drew the conclusion that smoking ban had no significant adverse impact on restaurant and bar

sales in Ottawa, Canada. Furthermore, Mark K. Pyles, Donald J. Mullineaux, Chizimuzo T. C. Okoli, Ellen J. Hahn (2007) used ordinary least squares method to estimate the economic effect of smoking ban on hospitality businesses such as bars and restaurants in Lexington Kentucky, USA. They concluded that there was no important economic effect for smoking ban in the studied period. In addition to that, Adam Thompson (2006) drew the conclusion that there has been no adverse negative economic impact of smoking ban in public places on bars and restaurants in Shepherdsville Kentucky, USA. Moreover, in 2002, Michelle Scollo and Anita Lal, from the VicHealth Centre for Tobacco Control in Melbourne, Australia summarized most of the reputable studies that look at the economic effect of smoking bans on restaurants, bars and related facilities. The authors found out that no negative economic effect for smoking restrictions in restaurants and bars was detected. Jérôme Adda, Samuel Berlinski and Stephen Machin (2006) evaluated the short-run economic effects of the Scottish smoking ban and found out that the law had a negative economic impact on restaurants and bars, at least in the short run. This is due in part to a decrease in the number of guests going to those places due to the smoking ban. Moreover, Michael R. Pakko (2008) drew out the conclusion that the impact of smoke-free laws and legislations may be hard to determine, and interpret. However, the analysis shows that at least some businesses are negatively affected as they are incurring losses. Moreover, N. Binkin, A. Perra, V. Aprile, A. D'Argenzio, S. Lopresti, O. Mingozi, and S. Scondotto (2007) studied the impact of smoking ban on the client smoking behaviors in the Italian hospitality industry. The researchers drew the conclusion that smoke-free acts in Italy in addition to decreasing the smoking act in bars and restaurants, had limited negative effects on the revenues and thus profits of the restaurants and bars. Above all, this study showed that the owners, managers,

and their clients were satisfied after the smoking-free acts were implemented. Also, Stanton A. Glantz (1999) study debunked the tobacco industry allegation that smoking ban adversely impacts the restaurants. The study drew the conclusion, that smoke-free laws increased the rate of growth in revenues of restaurants. In addition to that, T. H. Lam, M. Janghorbani, A. J. Hedley , S. Y. Ho, S. M. McGhee, and B. Chan (2001) concluded that the community supports and is proponent to smoking bans in public places. Their study predicts and expects an increase in the revenues of restaurants after imposing the smoke-free legislations and laws. Also, David W. Cowling and Philip Bond (2005) concluded that smoke-free restaurant law is associated with an increase in restaurant revenues, while the 1998 smoke-free bar law is associated with an increase in bar revenues in California. In addition to that, M. Scollo, A. Lal, A. Hyland, S. Glantz (2002) concluded that smoking ban had no economic effect or a positive effect on bars and restaurants in Australia.

7. Lebanese Smoking Facts:

Facts and data concerning smoking in Lebanon are scarce and rare. Despite the awareness tackling the dangerous effects of smoking on smokers and second hand smokers, the number of Lebanese smokers is remarkable and high. 53.6 percent of the Lebanese adults are classified as smokers while the reported smoking prevalence among the adults in the United States of America is 25.6 percent and is declining (R. Baddoura, C. Wehbeh-Chidiac, 2001). This high percentage emphasizes how unacceptable the Lebanese prevalence is.

Moreover, the smoking intensity is also comparatively high in the Lebanese population. The average daily number of smoked cigarettes is 23, compared to 15 in France. This shows that Lebanese smoking intensity is one and a half times more than

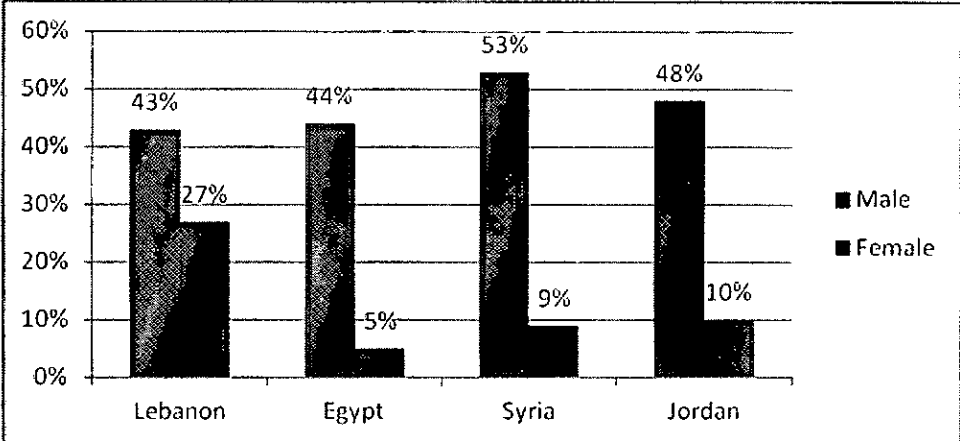
that of France. Furthermore, 67.4% of the Lebanese smoke more than 20 cigarettes per day compared to 27% in the USA (R. Baddoura, C. Wehbeh-Chidiac, 2001). This shows that Lebanese smoking more than 20 cigarettes per day are two and a half times more than those in the USA. In the period following the civil war (1975-1990), smoking behavior has increased (Karam et al. 2000). An estimated 52.6% of the population, 19 years and above are current smokers (National Tobacco Information Online System of CDC (2003) and Lebanese-identity BlogSpot (2006)². Moreover, an article published by BBC News in 2012 stated that daily smoking is more prevalent among adults in Lebanon than in any other country in the Middle East, according to World Health Organization (WHO) figures from 2009. ³A study conducted and prepared by Jad Chaaban, Nadia Naamani and Nisreen Salti (2010) stated some figures and numbers concerning Lebanese smoking facts. For instance, the study stated that 40.3 percent of Lebanese are smokers at a rate of 12.4 packs per month. Also, the consumption of smoking in Lebanon is among the highest in the world. For instance, it is three times higher than Syria. Moreover, to make things even “worse,” the balance for tobacco revenue and costs causes the Lebanese economy to incur losses of more than \$55.4 million a year (i.e. the costs of tobacco exceeds its revenues; thus, the Lebanese economy incurs losses). In addition to that, according to Health Ministry estimates, 45 percent of males and 34 percent of females are smokers, while 75 percent of children are regularly exposed to second-hand smoke. Figure 1 shows comparison of smokers (by gender) between Lebanon and three other Arab

² Nancy D – “The Alarming Facts of Smoking in Lebanon”, 2006, Dissecting Lebanon – Lebanese Life through Magnifying Lens- <http://lebanese-identity.blogspot.com/2006/12/alarming-facts-of-smoking-in-lebanon.html>

³ “Lebanon smoking ban provokes protests” 2012 – BBC News Middle East – <http://www.bbc.co.uk/news/world-middle-east-19470425>

countries, Egypt, Syria, and Jordan. It can be significantly remarked that Lebanese females had the highest percentage of smoking compared to the three Arab countries. Cigarettes in Lebanon cost little more than a US dollar a pack, a price even many teenagers can afford. In addition to that, the World Health Organization estimates that nearly 39 percent of Lebanese adults smoke daily. This number is even more than Egypt where 19 percent of adults smoke even though it does not have a smoking ban. Moreover, Lebanon is more on par with countries such as Spain and France where 30 percent of adults smoke despite the fact that those countries impose smoke-free laws in public places.

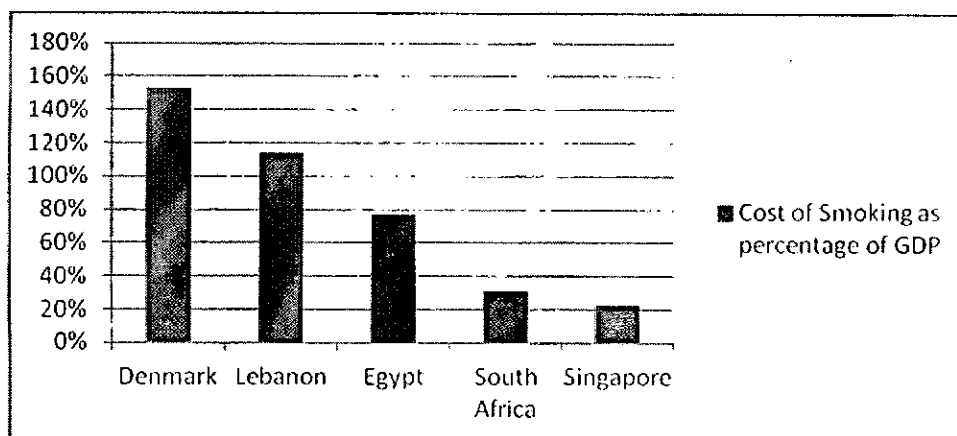
Figure 1: Smokers by Gender (18+ 2005 - 2010)



Source: Jad Chaaban, Nadia Naamani and Nisreen Salti (2010) - "The Economics of Tobacco in Lebanon: An Estimation of the Social Costs of Tobacco Consumption" American University of Beirut Tobacco Control Research Group

Moreover, the study also concluded that cigarette consumption reached an estimated rate of 12.4 packs per person per month. Therefore, Lebanon has one of the highest overall consumption rates in the world. As shown in Figure 2, the cost of smoking as percentage of GDP, is three times higher in Lebanon than Syria, and 12 times higher than Singapore.

Figure 2: Cost of Smoking as Percentage of GDP



Source: Jad Chaaban, Nadia Naamani and Nisreen Salti (2010) - "The Economics of Tobacco in Lebanon: An Estimation of the Social Costs of Tobacco Consumption" American University of Beirut Tobacco Control Research Group

7.1 Smoking Ban in Lebanese Public Places

Lebanon has signed the World Health Organization's (WHO) Framework Convention on Tobacco Control, on March 3rd, 2004.⁴ However, it was recently only that the Lebanese Parliament did finally approve an Anti-Smoking Law banning smoking in public places and public transportation.⁵

On Wednesday, August 17th, 2011, the Lebanese Parliament endorsed a law which bans smoking in all enclosed public places such as restaurants, bars, clubs, cafes, theatres, offices, and hotels (save for 20 percent of rooms)(see appendix A). Under the Lebanese smoke-free law, advertising and promoting cigarettes (such as billboards, magazine advertisements, and tobacco company sponsorship of events and

⁴ "Parties to the WHO Framework Convention on Tobacco Control", 2012 – World Health Organization Framework Convention of Tobacco Control (FCTC) http://www.who.int/fctc/signatories_parties/en/index.html

⁵ "It comes in a Coffin", 2011 – The Voices for Change <http://blkbtrfli.wordpress.com/2011/03/16/it-comes-in-a-coffin/>

concerts) shall be an illegal action. According to the law, smoking onboard planes shall be considered illegal. However, the law was implemented on September 3rd, 2012 based on the decree 7437 (see appendix B). In addition to that, the responsibility for enforcing and imposing the implementation of the law falls to members of various bodies in the Lebanese Society including the Health Ministry, the Internal Security Forces, the Consumer Protection Offices at the Ministry of Economy, the Tourist Police and municipal staff. Moreover, the civil society is also holding responsibility to enforce the implementation of smoking ban in public places, with members from the “Tobacco Control Citizen Watch” volunteering and vowing to keep the owners of restaurants and pubs, and the official observers themselves, on their toes. Therefore, the smoking ban in all closed public spaces, including coffee shops, restaurants and bars, went into force in Lebanon on Monday September 9th, 2012 under new legislation that promises hefty fines for lawbreakers. Despite Lebanon being a country in which smoking especially in coffee shops, restaurants, bars, night clubs, and several other public areas can be classified as a necessity for a wide number of individuals who do pay visits for certain public places in order to enjoy a stay and smoke while having dinner, coffee, drink... As the law was implemented opponents, especially restaurants and bars owners rose their voices and protested against the implementation of smoking ban which they considered a threat for their businesses as it will lead to a decrease in the number of clients, thus a decrease in the businesses’ revenues, and thus profits. Incurring losses would lead those restaurants and bars to shut down. This was a fierce dilemma between the opponents of the smoking-free law on one side and the Lebanese government and the organizations and groups proponents to the law. The latter believe that the law will have positive social and health effects.

However, the new smoke-free law is long awaited in Lebanon and heralds the signs of a new and modern Government. Lebanon has been committed to enact, implement, and impose tobacco control legislation since entering the World Health Organization's Framework Convention on Tobacco Control in 2005 and so this bill will bring Lebanon in line with its WHO obligations. According to Rana Moussaoui (2012), it is important to mention that still, there are doubt concerning the extent to which the new enacted smoke-free law can actually be imposed and implemented in a country like Lebanon where cigarette, cigar and nargileh (water-pipe) smoking is so popular and widespread and even part of the Lebanese gathering culture. For instance, the smoking ban was met with discontent among guests of the hospitality businesses such as restaurants and coffee shops of the central Hamra district of Beirut.⁶

7.2 Lebanese Smoking Ban Opponents Arguments

To begin with, opponents of the smoke-free law have been mostly businessmen especially the owners of hospitality businesses such as cafes, restaurants, and bars. However, Now Lebanon (2012) reported that the opponents had focused on the potential economic losses that they might incur when the law is implemented rather than focusing on the essential cause of enacting the law which is the potential health benefits. Owners of hospitality enterprises and businesses in Lebanon such as restaurants and cafes fiercely opposed the law and highly cried foul, warning that their hospitality business enterprises will incur enormous losses; for instance nargileh cafe

⁶ Rana Moussaoui - "Lebanon Smoking Ban Takes Effect, Sparking Anger", 2012 – Agence France-
Presse (AFP)
<http://www.google.com/hostednews/afp/article/ALeqM5ize8PDmhGTs5HizPNpWyerVEh84w?docId=CNG.47f141a25c2dcbb7e7255dad16622a61.4f1>

owners especially will suffer.⁷ Numerous popular Lebanese coffee shops host smokers 24 hours a day. However, many fear the ban will undoubtedly, economically impact the revenues of the hospitality industry businesses. Much of the commercial traffic is driven by smokers and snackers. The problem is that there is no designated smoking section. As a result, according to Rana Moussaoui (2012) many owners of cafes and restaurants organized a sit-in protest in Beirut to protest against the law, demanding to be allowed to create smoking areas.⁸

The Association of Restaurant Owners in Lebanon commissioned a study by Ernst and Young. The study found that the ban on smoking could have a significant negative impact on the country's GDP and its tourism, according to a local media report. Moreover, the study reported that 82 percent of respondents, owners of hospitality businesses believe the law would lead to an increase in corruption. The study also concluded that out of total revenues, which exceed \$735 million, the association said the revenues of restaurants, pubs and nightclubs could decline by \$282 million, putting the figure at 7.1 percent of Lebanon's GDP. Moreover, the Ernst & Young study also claimed that around \$46 million would be lost in tourism spending, putting over 2,600 full time jobs in danger of being phased out.⁹

⁷ "Lebanese smoking ban enters into force", 2012 – Now Lebanon - < Now Lebanon - September 3, 2012 – "Lebanese smoking ban enters into force">

⁸ Rana Moussaoui - "Lebanon Smoking Ban Takes Effect, Sparking Anger", 2012 – Agence France Presse (AFP)

<http://www.google.com/hostednews/afp/article/ALeqM5ize8PDmhGTs5HjzPNpWyerVEh84w?docId=CNG.47f141a25c2dcbb7e7255dad16622a61.4f1>

⁹ "Smoking Ban Goes Into Effect in Lebanon", 2012 – The Daily Star Lebanon

<http://www.dailystar.com.lb/News/Local-News/2012/Sep-03/186518-smoking-ban-goes-into-effect-in-lebanon.ashx#axzz2EZEcu8gm>

7.3 Lebanese Smoking Ban Proponents Arguments

Proponents of the smoking ban are mostly civil society organizations, health officials and lawmakers who drafted it. Supporters of the smoking ban in public places consider smoking a public health issue. They cite examples of other countries in which smoking in public places is prohibited and where commercial traffic and business transactions have actually increased particularly in hospitality industry businesses such as restaurants and bars. For instance, in Turkey, revenues of business enterprises reportedly increased by as much as 5 percent after smoking ban were imposed in public places. In fact, more people and their families went to public places such as coffee shops, restaurants, bars, nightclubs where smoking had been prevalent, making the atmosphere uncomfortable, unhealthy, and dangerous for second hand smokers. Mrs. Rania Baroud, member of the non-governmental organization the “Tobacco Free Initiative”, stated that enforcing the law could actually enhance the restaurants’ revenues and increase them. Mrs. Baroud stated that: “People adjust to the ban within two weeks and resume going to restaurants and bars normally.” Moreover, Mrs. Baroud said that: “The benefits and advantages of this day (referring to September 3rd, 2012 when the law was put in action) and the days that will follow in the future is a healthier atmosphere and cleaner air for the Lebanese people. Keeping the hope that the smoke-free law will not be subject to the well-known Lebanese rule: A law is adopted in Lebanon only to be violated.” However, according to NBC’s World News (2012), much of the Lebanese fear that the smoke-free law will only lead to more corruption in their country. They justify and explain their fear by the possibility that hospitality industry business owners such as bars, restaurants

and cafes attempt to bribe local law enforcement officials to cover (through turning a blind eye) their violation of the smoking ban in their public owned places.¹⁰

8. Conclusion

The purpose of this chapter is to review the economic impact of smoking ban on the hospitality industry especially restaurants and bars. Providing general definitions of smoking related terms, the review presented smoking ban opponents and proponents' points of views along with the arguments they state in order to defend their opinions. In addition to that, this chapter of the dissertation presented the causes that triggered governments to ban smoking. Moreover, a major part of the dissertation presented the results, findings, and conclusions of researches, studies, reports, and articles that tackled the economic impact of smoking ban on restaurants and bars. Furthermore, this chapter has also presented Lebanese smoking facts. However, documented information, figures, and reliable statistics and studies related to smoking and the impact of smoking ban in Lebanon are rare and scarce. Despite this fact, the available information was presented in the review of this dissertation. In addition to that, the smoking ban in Lebanon, as stated in the review, has also triggered opponents and proponents of the smoke-free law to cry out loud to defend their points of view and interests whether being health benefits or financial benefits. The impact that smoking bans caused between the Lebanese citizens is worth discussing their adaptation to this ban. The present literature review showed, based on previously conducted researches and studies, that putting smoke-free laws in action may or may not have an economic impact on the hospitality industry. Above all, this literature review has insured a reliable basis to launch the research aiming to analyze

¹⁰ Ayman Mohyeldin - "Smoking Ban Leaves Lebanese Fuming", 2012 - NBC World News
<http://worldnews.nbcnews.com/smoking-ban>

the economic impact of smoking ban on Lebanese restaurants and pubs and to draw a fair conclusion to judge the degree of impact.

Chapter 3: Procedures and Methodology

The literature review presented in chapter two sets the basis for conducting this research. It will help us in determining and defining the variables that will be used in our research. However, this chapter starts by stating the major research question and the objective of this research. In addition to that, the research methods, techniques, and steps conducted will be detailed. The latter are rather quantitative than qualitative. A survey with a random sample of people was conducted. This chapter will start with a brief introduction based on the literature review conclusion. Another part of this chapter includes the selected independent and dependent variables. Moreover, details about the used methodology will be then discussed. A summarized conclusion sums up the chapter's details.

1. Introduction

As stated in chapter two of this dissertation, the smoking ban in Lebanon has launched a fierce argument between opponents and proponents of the smoke-free law. Moreover, the literature review showed, based on previously conducted studies, that smoke-free laws may or may not have an economic impact on the hospitality industry. From the literature review, we concluded that in some countries smoking ban negatively affected the economy. Other findings concluded that smoking ban positively affected the economy. Other studies showed that smoking ban did not affect the economy at all. Thus, in this dissertation we try to answer the following question: "What is the economic impact of smoking ban on restaurants and bars in Lebanon?" Therefore, the objective of our study is: "to define the economic impact of smoking ban on Lebanese restaurants and bars revenues."

2. Selected Variables

First, based on the previously conducted studies presented in the literature, the selected variables were chosen. Second, those variables are classified as independent or dependent. Prior to stating the selected variables, a brief definition of independent and dependent variables is presented below:

- **Independent variable:** it is the variable that can be controlled by the researcher and can be evaluated by its measurable effects on the dependent variable.
- **Dependent variable:** it is a factor that is measured to know the effect of one or more independent variables (Mosby's Medical Dictionary, 2009).¹¹

Based on the above definition of the variable types, in the literature the determined variables are:

- Independent variables:
 - Age
 - Sex
 - Nationality
 - Educational level
 - Marital Status
 - Zone of residence
 - Region of residence
 - Occupation at work
 - Type of Business

¹¹ Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier.

- Monthly salary
 - Weekly working hours
 - Smoking behavior
 - Classification with respect to smoking (smoker, non-smoker...)
 - Number of consumed cigarettes per day
 - Smoking duration
 - Location of smoking
 - Effects of smoking (physical and psychological)
- Dependent variable is the perception of the Lebanese toward smoking ban

3. Methodology Used

3.1 Scenario based approach

Based on the research's major question and its main objective, the nature of this study is defined as scientific. The latter entails the collection, process, analysis, comparison and synthesis of available data in order to Create forecasted scenarios that determine the impact that might occur on the revenues of pubs and restaurants after the implementation on the ban. Thus, the methodology used to conduct this study is a quantitative research method based on a survey. The latter is used to quantify data and generalize results from a sample of the population of interest. It also intends to measure the incidence of various views and opinions in a chosen sample. A quantitative research method is a formal, objective, systematic process in which numerical figures, data, and values are used to obtain information about the world. This research method is used to describe variables, to examine relationships among

variables and to determine cause-and-effect interactions between variables (Burns & Grove 2005).

3.2 Primary and secondary data

To begin with, by definition, primary data are those that are collected by the researcher such as surveys, interviews, and focus groups; whereas, secondary data originate elsewhere (Forshaw, 2000). In addition to that, throughout this dissertation, primary and secondary data will be used. On one side, the previously conducted studies and the valuable data presented in chapter two are classified as secondary data. On the other side, the data that will be presented in chapter four as presentation of the results and findings of the survey conducted as part of this research study are classified as primary data.

3.3 Instrumentation

Based on the research methodology previously defined, the instrumentation used to conduct this research is determined. For instance, the data collection takes place through implementing structured techniques such as online questionnaires, on-street or telephone interviews. Thus, one of the popular and reliable tools to collect quantitative data is survey questionnaire and it was chosen to be used to conduct this research study. The key to obtain good data through a survey is to develop a good survey questionnaire. Therefore, a questionnaire was prepared. Its purpose is to get the correspondents' opinions and feedback about smoking ban in public places in Lebanon. The objective from the questionnaire is to capture all the needed information. This will help in conducting an effective research aimed at analyzing and synthesizing the impacts of smoke banning along with the economic effects on the

Lebanese Economy. The questionnaire was prepared in English (see appendix C). It was divided into three sections:

Section I: Personal Information

The data gathered from this section of the survey will give an idea about the respondent's personal information including age, sex, nationality, educational level, marital status, spouse/partner place of living, age, educational level, number and age of children, zone of residence classification, and region of residence. This will help evaluate the respondents' general background and thus the reliability of their answers.

Section II: Work Activity

Section two of the questionnaire provides information about the respondent's work activity such as paid activity, duration, availability of written contract, type of business, occupation, industry, number of regular workers, company's VAT and income tax registration, total monthly salary (LBP), number of working hours, employer's contribution to pension/retirement funds, paid leave, support in case unemployed, and spouse/partner income and occupation that will serve the survey's objective.

Section III: Smoking Behavior

Section three of the questionnaire is the most important as it is directly related to the research major question and objective. It provides information about the respondent's smoking behavior such as classification based on smoking habit, number of cigarettes consumed per day, smoking duration, smoking places, smoking

pleasurable feeling and good mouth taste, smoking causing fall in appetite and being harmful for health, serious effects of smoking on second-hand smokers, extent of bother in the presence of smokers in public places, opinion about smoking ban, feeling about smoking ban in restaurants and pubs, number of visits to restaurants and pubs before and after smoking ban, seating request when dining out, and smoking at work, homes, and car. Based on outcomes from this section, the scenarios will be created. This section allows us to see how consumers perceive the smoking ban law. The latter let us understand the extent of economic impact of smoking ban on Lebanese restaurants and bars.

Fifty two questions (see Table 2) were addressed to the correspondents and those questions were a reliable source to gather enough data that reflect the opinions and feedback of the Lebanese people concerning the implementation of smoking ban.

3.4 Pilot test

The pilot test entails trying the actual data collection process on a small sample to get feedback on whether or not the instruments are likely to work as expected. However, the survey questionnaire set for this dissertation was discussed with people of authority that scanned the reliability of the questions in order to insure that the data collected from their answers are beneficial and align with the research main objective and thus answer the research major question.

Table 2: Smoking Ban Survey Questions

Smoking Ban Survey	
Section I: Personal Information	
Q1	Age
Q2	Sex
Q3	Nationality
Q4	Educational Level
Q5	Marital Status
Q6	If married, does the spouse/partner live in the same household?
Q7	If married, what is the age of the spouse/partner
Q8	If married, what is the educational level of the spouse/partner
Q9	If married, Divorced/Separated or Widow/Widower do you have children?
Q10	If you have children, how many do you have?
Q11	For each of your child, indicate the age category
Q12	How do you classify your zone of residence?
Q13	What is the region (Mouhafaza) of residence?
Section II: Work Activity	
Q1	Did you have any paid activity during the last month?
Q2	When did you start working with the same employer? Give year and month
Q3	Is your work
Q4	Do you have any written contract with the employer?
Q5	Is the business or firm where you work
Q6	What is your occupation (use the codes, these are international classifications)?
Q7	In which industry (use the codes, these are international classifications)?
Q8	How many regular workers does the firm/business where you work have, including yourself?
Q9	Is the business/firm registered for VAT?
Q10	Is the business/firm registered for Income Tax?
Q11	What is your total monthly salary/revenue (LBP) in your main job?
Q12	How many hours you work per week in your main job?
Q13	Does your employer contribute to any pension/retirement fund?
Q14	Do you get paid leave?
Q15	If you don't work, how do you support yourself?
Q16	If you are married, what is the income, of your spouse/partner?
Q17	If you are married, what is the occupation of your spouse/partner?
Section III: Smoking behavior	
Q1	Which of the following describes you the best?
Q2	How many cigarettes do you smoke a day?
Q3	How long have you been smoking for?
Q4	Where do you usually smoke?
Q5	When you smoke, do you experience pleasurable feeling?
Q6	When you smoke, do you experience a good taste in your mouth?
Q7	When you smoke, do you experience a fall in stress?
Q8	When you smoke, do you experience a fall in appetite?
Q9	Do you think that smoking is harmful to your health?

Table 2 (continued): Smoking Ban Survey Questions

Q10	Kindly rate the degree to which you agree with the following statement: "I believe that second-hand smoke is a serious threat to the health."
Q11	Are you bothered by other people smoking in public places (workplace, restaurants, bars, nightclubs, malls, theatre halls, hotel lobbies...)
Q12	Do you think that smoking should be banned in public places?
Q13	How do you feel about smoking ban in Restaurants?
Q14	How do you feel about smoking ban in Pubs?
Q15	On average, how often do you visit a restaurant per month?
Q16	When you dine out, which seating do you request?
Q17	If restaurants were completely smoke-free, would you visit: More often? Less often? About the same?
Q18	On average, how often do you visit a pub per month?
Q19	If pubs were completely smoke-free, per month you would visit: More often? Less often? About the same?
Q20	Is smoking allowed at your work?
Q21	Is smoking allowed at home?
Q22	Is smoking allowed in your car?

3.5 Data collection

The survey questionnaire was uploaded on www.surveymethods.com and it was made available for the interested persons. The targeted population entails Lebanese citizens who are above 18 years old. The questionnaire was addressed to a random sample. As the primary data was collected from the survey responses, it was ready for processing through the statistical technique prior to drawing conclusion and creating scenarios. Facebook was also used to collect data through posting the web link of the survey. In addition, the web link of the survey along with a soft copy was sent by e-mail to some individuals. In addition to that, 25% of the total collected questionnaires were handwritten and delivered. Moreover, the actions of posting the uploaded survey link on Facebook and sending emails with the link and request to fill the survey was done three times in order to insure that the requested number of surveys was filled. After the requests for filling the survey were sent consequently,

numerous respondents filled the questionnaire. Moreover, several filled surveys were not reliable because they were not fully answered and thus they were not complete. The incomplete surveys were not considered in the analysis.

3.6 Statistical Package

The statistical package chosen to process the outcomes of the questionnaire is the Statistical Package for the Social Sciences (SPSS). Using SPSS, the data is processed, the outputs are analyzed, and thus; the research major question is answered clearly. Above all the research main objective will be fulfilled after this process is executed. Our results and findings will be detailed in the next chapter.

4. Limitations of the Study

Despite the fact that this research was carefully prepared, one can be aware of certain limitations and shortcomings. The least are presented below:

1. Selecting the simple random sample of 194 respondents from a large population was difficult. The intention was to gather the biggest number of respondents' answers to the survey questionnaire. However, the available logistics and the time limitations provided ended up with the sample size to be 194 respondents ($n=194$).
2. The scarcity of valid and reliable information, figures, numerical values and studies conducted on the Lebanese market concerning smoking and especially smoking ban were too scarce. However, a positive side of this fact is that it gave value to this research as it will be a reliable reference for coming studies

5. Conclusion

This chapter is a crucial part of the research study procedure. The decisions and choices made in this chapter are important. They set the basis for a basic part of the study. The latter is dedicated to the findings upon which the judgment of the scenarios that will be created is done and thus the research major question is answered achieving the objective of the study. In conclusion, chapter three of this dissertation started by defining the research major question and the objective of this study. Then, different scenarios were also defined based on the research question. In addition to that, the dependent variable and independent variables were determined. Furthermore, the research methodology used was determined as quantitative (i.e. based on numbers, numerical values, and scientific figures). Also, the primary and secondary data were determined. Then, the instrumentation which is the survey questionnaire was presented in details. The latter shows the reliability of this primary source of data selected to gather information from the sample chosen randomly from the population entailing all Lebanese citizens above 18 years old. The gathered data from the survey questionnaire shall be processed using SPSS statistical package and the outcomes from this processing will be useful to give the outcome of the scenario based approach. These are presented in chapter four. Above all, using the research methodology, techniques, and tools discussed in this chapter, the study will be able to answer the question: “Does smoking ban have an economic impact on Lebanese restaurants and bars?” Through answering this question the objective will be achieved. Moreover, based on the outcomes of SPSS, chapter five will present the conclusion which entails the judgment of the scenarios to be created along with valuable recommendations. Therefore, the information presented in this chapter

concerning the research methodology is crucial for the reliability of the conclusion to be drawn in chapter five and thus for the recommendations stated in it.

Chapter 4: Findings

The procedures and methodology presented in chapter three set the basis for analyzing the collected data. This chapter will start with a brief introduction of the analysis process followed by the discussion of the descriptive statistics. Moreover, the main results will be presented followed by a discussion of the findings. Finally, a conclusion will sum up the findings presented throughout the chapter.

1. Introduction

The collected data from the survey questionnaire will be processed using SPSS statistical package. The findings will be useful to help create different scenarios that show the impact of the ban on the revenues of pubs and restaurants. Above all, using the research methodology, techniques, and tools discussed in chapter three, the study will be able to answer the question: “Does smoking ban have an economic impact on Lebanese restaurants and bars?” Through answering this question the research’s objective will be achieved.

2. Descriptive Statistics and Analysis

A simple random sample ($n=194$) of Lebanese citizens above 18 years old were surveyed and the data collected was processed using SPSS (Statistical Package for the Social Sciences) version 16.0. The Data Analysis is conducted first using “Frequencies” descriptive statistical analysis. The results are shown below.

Table 3: Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-22	21	10.8	10.8	10.8
	23-30	77	39.7	39.7	50.5
	31-40	55	28.4	28.4	78.9
	41-50	31	16.0	16.0	94.8
	51 and more	10	5.2	5.2	100.0
	Total	194	100.0	100.0	

To begin with, Table 3 shows that 10.8% of the respondents were between 18 and 22 years old, 39.7% were between 23 and 30 years old, 28.4% were between 31 and 40 years old, 16 % were between 41 and 50, 5.2% were 51 years old and more.

Table 4: Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	103	53.1	53.1	53.1
	Female	91	46.9	46.9	100.0
	Total	194	100.0	100.0	

Table 4 shows that 53.1% of the respondents were males while 46.9% were females.

Table 5: Do you work?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		3	1.5	1.5	1.5
	No answer	1	.5	.5	2.1
	Yes	149	76.8	76.8	78.9
	No	41	21.1	21.1	100.0
	Total	194	100.0	100.0	

Table 5 shows that 76.8% of the respondents work, while 21.1% do not. 28.9% of the respondents have been working between 37 and 72 months, 25% between 73 and 144 months, 24.3% between 13 and 36 months, 15.1% between 1 and 12 months, and 6.6% for 145 months and above.

Table 6: Total Monthly Salary (LBP) in the Main Job

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	43	22.2	22.2	22.2
Less than 1500000	33	17.0	17.0	39.2
1500001-3000000	61	31.4	31.4	70.6
3000001-7500000	42	21.6	21.6	92.3
7500001-15000000	11	5.7	5.7	97.9
More than 15000000	4	2.1	2.1	100.0
Total	194	100.0	100.0	

Table 6 shows that 22.2% of the respondents didn't declare their monthly income, 17% earn less than LBP 1,500,000, 31.4% of the respondents earn a monthly income from their main job between LBP 1,500,001 and LBP 3,000,000, 21.6% earn between LBP 3,000,001 and LBP 7,500,000, 5.7% between LBP 7,500,001 and LBP 15,000,000, and 2.1% earn above LBP 15,000,000. Moreover, 16.5% of the respondents work 40 hours per week in their main job, 12.4 % work 45 hours per week, and 9.3% work 48 hours per week.

Table 7: Smoking Status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid I am a non smoker	93	47.9	47.9	47.9
I am an ex-smoker	14	7.2	7.2	55.2
I am a smoker who would like to quit	48	24.7	24.7	79.9
I am a smoker who doesn't want to quit	39	20.1	20.1	100.0
Total	194	100.0	100.0	

Table 7 shows that 47.9% of the respondents are non smokers, 7.2% are ex smokers, 24.7% are smokers who would like to quit, and 20.1% are smokers who don't want to quit.

Table 8: Number of Cigarettes / Day

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10 or less	19	9.8	21.8	21.8
	11-20	25	12.9	28.7	50.6
	21-30	30	15.5	34.5	85.1
	30 and more	12	6.2	13.8	98.9
	5	1	.5	1.1	100.0
	Total	87	44.8	100.0	
Missing	System	107	55.2		
Total		194	100.0		

Table 8 shows that 21.8% of the respondents smoke 10 cigarettes or less, 28.7% smoke between 11 and 20 cigarettes, 34.5% of the smoker respondents smoke between 21 and 30 cigarettes per day, while 1.1% don't know the number of cigarettes they smoke per day.

Table 9: Where do you smoke?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Home	28	14.4	32.9	32.9
	School/university	2	1.0	2.4	35.3
	Work	13	6.7	15.3	50.6
	Public places	19	9.8	22.4	72.9
	Social events	22	11.3	25.9	98.8
	Car	1	.5	1.2	100.0
	Total	85	43.8	100.0	
Missing	System	109	56.2		
Total		194	100.0		

Table 9 shows that 32.9% of the respondents who are smokers smoke at home, 2.4% at school/university, 15.3% at work, 22.4% in public places, 25.9% smoke during social events, and 1.2% in the car.

Table 10: Is smoking harmful for your health?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Don't know	3	1.5	3.2	3.2
	Yes	78	40.2	83.9	87.1
	No	12	6.2	12.9	100.0
	Total	93	47.9	100.0	
Missing	System	101	52.1		
Total		194	100.0		

Table 10 shows that 83.9% of the smoking respondents think that smoking is harmful for their health, while 12.9% think it is not, and 3.2% don't know whether it's harmful or not.

Table 11: SHS is a serious threat to our health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	93	47.9	47.9	47.9
	Agree	61	31.4	31.4	79.4
	Neither agree nor disagree	16	8.2	8.2	87.6
	Disagree	20	10.3	10.3	97.9
	Strongly disagree	4	2.1	2.1	100.0
	Total	194	100.0	100.0	

Note: SHS stands for Second Hand Smokers

Table 11 shows that 47.9 % of the respondents strongly agree that second hand smoking is a serious threat to our health, 31.4% agree, 8.2% neither agree nor disagree, 10.3% disagree, and 2.1% strongly disagree.

Table 12: Are you bothered by others' smoke?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly bothered	69	35.6	35.6	35.6
	Bothered	31	16.0	16.0	51.5
	Neither bothered nor unbothered	35	18.0	18.0	69.6
	Unbothered	59	30.4	30.4	100.0
	Total	194	100.0	100.0	

Table 12 shows that 35.6% of the respondents are strongly bothered by others' smoke, 16% are bothered, 18% are neither bothered nor unbothered, and 30.4% are unbothered.

Table 13: Opinion concerning the Ban

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Don't know	2	1.0	1.0	1.0
	Yes	131	67.5	67.5	68.6
	No	61	31.4	31.4	100.0
	Total	194	100.0	100.0	

Table 13 shows that 1% of the respondents don't know if smoking should be banned in public places, 67.5% support the ban, while 31.4% are against.

Table 14: Feeling about Ban in Restaurants

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very good	79	40.7	40.7	40.7
	Good	33	17.0	17.0	57.7
	I don't mind	23	11.9	11.9	69.6
	Bad	44	22.7	22.7	92.3
	Very bad	15	7.7	7.7	100.0
	Total	194	100.0	100.0	

Table 14 shows that 40.7% of the respondents feel that smoking ban in restaurants is very good, 17% feel it is good, 11.9% don't mind, 22.7% feel it is bad, and 7.7% feel it's very bad to ban smoking in restaurants.

Table 15: Feeling about Ban in Pubs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very good	68	35.1	35.1	35.1
	Good	32	16.5	16.5	51.5
	I don't mind	29	14.9	14.9	66.5
	Bad	45	23.2	23.2	89.7
	Very bad	20	10.3	10.3	100.0
	Total	194	100.0	100.0	

Table 15 shows that 35.1% of the respondents feel that smoking ban in pubs is very good, 16.5% feel it is good, 14.9% don't mind smoking ban in pubs, 23.2% feel it is bad, and 10.3% find it very bad.

Table 16: Monthly Restaurant Visits

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Don't know	2	1.0	1.0	1.0
	Once a month	11	5.7	5.7	6.7
	1-4 times	77	39.7	39.7	46.4
	5-8 times	71	36.6	36.6	83.0
	More than 10 times	33	17.0	17.0	100.0
	Total	194	100.0	100.0	

Table 16 shows that 1% of the respondents don't know how often they visit a restaurant per month, 5.7% visit once per month, 39.7% of the respondents visit a restaurant between 1 to 4 times per month, 36.6% between 5 to 8 times, and 17% more than 10 times.

Table 17: Restaurant Preferred Seating

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Smoking	73	37.6	37.8	37.8
	Non smoking	64	33.0	33.2	71.0
	First available	25	12.9	13.0	83.9
	It depends on whom I'm with	31	16.0	16.1	100.0
	Total	193	99.5	100.0	
Missing	System	1	.5		
Total		194	100.0		

Table 17 shows that 37.8% of the respondents prefer to sit in smoking areas at restaurants, while 33.2% prefer non smoking areas, 13% would sit in the first available place, and 16.1% related their choice to the persons they are accompanying.

Table 18: Restaurant Visit after Ban

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No answer	1	.5	.5	.5
	More often	65	33.5	33.5	34.0
	Less often	52	26.8	26.8	60.8
	About the same	76	39.2	39.2	100.0
	Total	194	100.0	100.0	

Table 18 shows that 33.5% of the respondents will visit more often, 26.8% will visit less often, and 39.2% of the respondents would visit restaurants about the same after the smoking ban is applied. Here we can conclude that the number of visits will seem to increase. This is not conclusive because we don't have definite numbers (i.e. we can't precise the numeric value for in case the respondent answered more often. However, late in this chapter, two discussions of scenario assumptions is made and analyzed).

Table 19: Pub Visits

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Once a month	57	29.4	29.4	29.4
	1-4 times	72	37.1	37.1	66.5
	5-8 times	25	12.9	12.9	79.4
	More than 10 times	12	6.2	6.2	85.6
	Never	28	14.4	14.4	100.0
	Total	194	100.0	100.0	

Table 19 shows that 29.4% of the respondents visit pubs once per month, 37.1% visit 1 to 4 times per month, 12.9% 5 to 8 times per month, 6.2% more than 10 times per month, and 14.4 never visit pubs.

Table 20: Pub Visits after Ban

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No answer	5	2.6	2.6	2.6
	More often	57	29.4	29.4	32.0
	Less often	59	30.4	30.4	62.4
	About the same	73	37.6	37.6	100.0
	Total	194	100.0	100.0	

Table 20 shows that 29.4% of the respondents will visit pubs more often, 30.4% will visit less often, and 37.6% of the respondents would visit pubs about the same after the smoking ban is applied. Here we can conclude that the number of visits will seem to decrease. This is not conclusive because we don't have definite numbers (i.e. we can't precise the numeric value for in case the respondent answered less often. However, late in this chapter, two discussions of scenario assumptions is made and analyzed).

Table 21: Smoking at Work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No answer	5	2.6	3.0	3.0
	Totally not allowed	55	28.4	32.5	35.5
	Allowed in special areas	92	47.4	54.4	89.9
	Totally allowed	17	8.8	10.1	100.0
	Total	169	87.1	100.0	
Missing	System	25	12.9		
Total		194	100.0		

Table 21 shows that 32.5% of the respondents answered that it is totally not allowed to smoke at their work, 54.4% of the respondents answered that smoking is allowed in special areas at their work, and 10.1% replied that it is totally allowed.

Table 22: Smoking at Home

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No answer	1	.5	.5	.5
	Totally not allowed	66	34.0	34.2	34.7
	Allowed in special areas	56	28.9	29.0	63.7
	Totally allowed	70	36.1	36.3	100.0
	Total	193	99.5	100.0	
Missing	System	1	.5		
Total		194	100.0		

Table 22 shows that 34.2% of the respondents forbid smoking at home, 29% allow smoking in special areas at home, and 36.3% of the respondents have total allowance of smoking at home.

Table 23: Smoking in Car

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No answer	1	.5	.5	.5
	Totally not allowed	102	52.6	53.4	53.9
	Totally allowed	80	41.2	41.9	100.0
	Total	191	98.5	100.0	
Missing	System	3	1.5		
Total		194	100.0		

Table 23 shows that 53.4% of the respondents forbid smoking in their cars, while 41.9% totally allow it.

2.1 Smoking behavior statistics

The results revealed that 59.8% of the respondents who are smokers have been smoking for more than 5 years, 24.1% between 1 and 5 years, 16.1% less than 1 year. Also, 77.3% of the smokers among the respondents experience pleasurable feelings while smoking, while 17% do not and 5.7% don't know if they experience pleasurable feelings while smoking. 58.6% of the smokers among the respondents do not experience a good taste in their mouth, while 37.6% do, and 3.4% don't know if they experience a good taste in their mouth when they smoke. 70.8% of the respondents who smoke experience a fall in stress due to smoking, while 25.8% do not, and 3.4% don't know if they experience or not a fall in stress due to smoking. 51.7% of the smokers among the respondents experience a fall in appetite due to smoking, while 43.8 do not, and 4.5% don't know if they experience a fall in appetite due to smoking.

3. Cross tabulation

After presenting a full detailed analysis of the outcomes of each variable in the above paragraphs, the following part will present processed data using Cross tabulation descriptive statistics. Following is the cross tabulations made with two variables in order to tabulate the results of one against the other.

Table 24: Smoking Status * Age Cross tabulation

			Age					Total
			18-22	23-30	31-40	41-50	51 and more	
smoking status	i am a non smoker	Count	13	45	27	8	0	93
		% within smoking status	14.0%	48.4%	29.0%	8.6%	.0%	100.0%
		% within age	61.9%	58.4%	49.1%	25.8%	.0%	47.9%
		% of Total	6.7%	23.2%	13.9%	4.1%	.0%	47.9%
	i am an ex-smoker	Count	0	6	2	4	2	14
		% within smoking status	.0%	42.9%	14.3%	28.6%	14.3%	100.0%
		% within age	.0%	7.8%	3.6%	12.9%	20.0%	7.2%
		% of Total	.0%	3.1%	1.0%	2.1%	1.0%	7.2%
	i am a smoker who would like to quit	Count	4	15	12	11	6	48
		% within smoking status	8.3%	31.2%	25.0%	22.9%	12.5%	100.0%
		% within age	19.0%	19.5%	21.8%	35.5%	60.0%	24.7%
		% of Total	2.1%	7.7%	6.2%	5.7%	3.1%	24.7%
	i am a smoker who doesn't want to quit	Count	4	11	14	8	2	39
		% within smoking status	10.3%	28.2%	35.9%	20.5%	5.1%	100.0%
		% within age	19.0%	14.3%	25.5%	25.8%	20.0%	20.1%
		% of Total	2.1%	5.7%	7.2%	4.1%	1.0%	20.1%
Total	Count	21	77	55	31	10	194	
	% within smoking status	10.8%	39.7%	28.4%	16.0%	5.2%	100.0%	
	% within age	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	10.8%	39.7%	28.4%	16.0%	5.2%	100.0%	

Table 24 shows that the majority of nonsmokers (48.4%), ex-smokers (42.9%), and smokers who would like to quit (31.2%) are between 23 and 30 years old, while the majority of smokers who don't want to quit (35.9%) are between 31 and 40 years old. Moreover, the majority of the respondents (47.9%) are nonsmokers. Also, the respondents are nearly equally divided in half as smokers and nonsmokers. For instance, 55.1% are currently nonsmokers (non smokers and ex-smokers) and 44.8% are smokers (who would like or who don't want to quit). This table proves the variety of respondents' smoking statuses and ages which is a basic factor to obtain reliable, accurate results.

Table 25 Smoking Status * Gender Crosstabulation

			Gender		Total
			Male	Female	
Smoking status	I am a non smoker	Count	42	51	93
		% within smoking status	45.2%	54.8%	100.0%
		% within gender	40.8%	56.0%	47.9%
		% of Total	21.6%	26.3%	47.9%
	I am an ex-smoker	Count	8	6	14
		% within smoking status	57.1%	42.9%	100.0%
		% within gender	7.8%	6.6%	7.2%
		% of Total	4.1%	3.1%	7.2%
	I am a smoker who would like to quit	Count	32	16	48
		% within smoking status	66.7%	33.3%	100.0%
		% within gender	31.1%	17.6%	24.7%
		% of Total	16.5%	8.2%	24.7%
I am a smoker who doesn't want to quit	Count	21	18	39	
	% within smoking status	53.8%	46.2%	100.0%	
	% within gender	20.4%	19.8%	20.1%	
	% of Total	10.8%	9.3%	20.1%	
Total	Count	103	91	194	
	% within smoking status	53.1%	46.9%	100.0%	
	% within gender	100.0%	100.0%	100.0%	
	% of Total	53.1%	46.9%	100.0%	

Table 25 shows that the majority of non smokers (54.8%) are females, while the majority of ex smokers (57.1%), smokers who would like to quit (66.7%), and smokers who don't want to quit (53.8%) are males. Above all, the table also shows that the difference in percentages for the three smoking statuses: nonsmokers (9.6%), ex-smokers (14.2%), and smoker who don't want to quit (7.6%) between the males and females is not big, while the difference between percentages of males and females who are smokers who would like to quit is distinguishable (33.4%). Above all, we can conclude that the gender does not affect the smoking status as the four smoking statuses.

Table 26: Smoking status * Monthly Restaurant Visits Cross tabulation

			How often do you visit a restaurant per month					Total
			Don't know	Once a month	1-4 times	5-8 times	More than 10 times	
Smoking status	I am a non smoker	Count	0	4	30	34	25	93
		% within smoking status	.0%	4.3%	32.3%	36.6%	26.9%	100.0%
		% within how often do you visit a restaurant per month	.0%	36.4%	39.0%	47.9%	75.8%	47.9%
		% of Total	.0%	2.1%	15.5%	17.5%	12.9%	47.9%
	I am an ex-smoker	Count	0	0	5	9	0	14
		% within smoking status	.0%	.0%	35.7%	64.3%	.0%	100.0%
		% within how often do you visit a restaurant per month	.0%	.0%	6.5%	12.7%	.0%	7.2%
		% of Total	.0%	.0%	2.6%	4.6%	.0%	7.2%
	I am a smoker who would like to quit	Count	0	2	25	15	6	48
		% within smoking status	.0%	4.2%	52.1%	31.2%	12.5%	100.0%
		% within how often do you visit a restaurant per month	.0%	18.2%	32.5%	21.1%	18.2%	24.7%
		% of Total	.0%	1.0%	12.9%	7.7%	3.1%	24.7%
I am a smoker who doesn't want to quit	Count	2	5	17	13	2	39	
	% within smoking status	5.1%	12.8%	43.6%	33.3%	5.1%	100.0%	
	% within how often do you visit a restaurant per month	100.0%	45.5%	22.1%	18.3%	6.1%	20.1%	
	% of Total	1.0%	2.6%	8.8%	6.7%	1.0%	20.1%	
Total	Count	2	11	77	71	33	194	
	% within smoking status	1.0%	5.7%	39.7%	36.6%	17.0%	100.0%	
	% within how often do you visit a restaurant per month	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	1.0%	5.7%	39.7%	36.6%	17.0%	100.0%	

Table 26 shows that the majority of nonsmokers (36.6%) and ex-smokers (64.3%) visit restaurants 5 to 8 times per month. Moreover, the majority of smokers who would like to quit (52.1%) and smokers who wouldn't like to quit (43.6%) visit restaurants 1 to 4 times per month. Therefore, this table shows that the majority of respondents 76.3% visit restaurants between 1 and 8 times per month. Moreover,

nonsmokers and ex-smokers visit restaurant more often than smokers who would and wouldn't like to quit.

Table 27: Monthly Restaurant Visits * Restaurant Visits after the Ban Cross tabulation

			Visit after the ban in restaurants				Total
			Don't know	More often	Less often	About the same	
How often do you visit a restaurant per month	Don't know	Count	0	0	1	1	2
		% within how often do you visit a restaurant per month	.0%	.0%	50.0%	50.0%	100.0%
	Once a month	Count	1	2	5	3	11
		% within how often do you visit a restaurant per month	9.1%	18.2%	45.5%	27.3%	100.0%
	1-4 times	Count	0	23	25	29	77
	% within how often do you visit a restaurant per month	.0%	29.9%	32.5%	37.7%	100.0%	
	5-8 times	Count	0	26	14	31	71
		% within how often do you visit a restaurant per month	.0%	36.6%	19.7%	43.7%	100.0%
	More than 10 times	Count	0	14	7	12	33
		% within how often do you visit a restaurant per month	.0%	42.4%	21.2%	36.4%	100.0%
Total		Count	1	65	52	76	194
		% within how often do you visit a restaurant per month	.5%	33.5%	26.8%	39.2%	100.0%
		% of Total	.5%	33.5%	26.8%	39.2%	100.0%

Table 27 shows that the majority of respondents (45.5%) who visit restaurants once per week would visit less often after the ban. Also, the majority of respondents who visit restaurants between 1 and 4 times (37.7%) and those who visit between 5 to 8 times (43.7%) would visit about the same. However, the majority of respondents who visit restaurants more than 10 times (42.4%) would visit more often after the ban. In addition to that, the table shows that 0.5% of the respondents won't visit restaurants after the ban, 33.5% will visit more often, 26.8% will visit less often, and 39.2% will

visit about the same. Here we can conclude that the number of visits will seem to increase. Thus, the results of this table match with those of table 18.

Table 28: Monthly Pub Visits * Pub Visits after the Ban Cross tabulation

			Visit to pubs after the ban				Total
			Don't know	More often	Less often	About the same	
How often u visit pubs	Once a month	Count	0	14	14	29	57
		% within how often u visit pubs	.0%	24.6%	24.6%	50.9%	100.0%
		% within visit to pubs after the ban	.0%	24.6%	23.7%	39.7%	29.4%
	1-4 times	Count	0	25	31	16	72
		% within how often u visit pubs	.0%	34.7%	43.1%	22.2%	100.0%
		% within visit to pubs after the ban	.0%	43.9%	52.5%	21.9%	37.1%
	5-8 times	Count	0	11	7	7	25
		% within how often u visit pubs	.0%	44.0%	28.0%	28.0%	100.0%
		% within visit to pubs after the ban	.0%	19.3%	11.9%	9.6%	12.9%
	More than 10 times	Count	0	5	2	5	12
		% within how often u visit pubs	.0%	41.7%	16.7%	41.7%	100.0%
		% within visit to pubs after the ban	.0%	8.8%	3.4%	6.8%	6.2%
	Never	Count	5	2	5	16	28
		% within how often u visit pubs	17.9%	7.1%	17.9%	57.1%	100.0%
		% within visit to pubs after the ban	100.0%	3.5%	8.5%	21.9%	14.4%
Total	Count	5	57	59	73	194	
	% within how often u visit pubs	2.6%	29.4%	30.4%	37.6%	100.0%	
	% of Total	2.6%	29.4%	30.4%	37.6%	100.0%	

Table 28 shows that the majority of respondents (50.9%) who visit pubs once per month will visit about the same after the ban. Also, the majority of respondents (43.1%) who visit pubs 1 to 4 times per month will visit less often. The majority of respondents who visit pubs 5 to 8 times per month (44 %) will visit more often. However, the respondents who visit more than 10 times were equally divided (41.7%) between visiting more often and about the same time. In addition to that, this table shows that 2.6% of the respondents won't visit pubs at all after the ban, 29.4% will

visit more often, 30.4% will visit less often, and 37.6% will visit about the same. Here we can conclude that the number of visits will seem to decrease. Thus, the results of this table match with those of Table 20.

Table 29: Smoking Status * Opinion concerning the Ban Cross tabulation

			Should smoking be banned in public places			Total
			Don't know	Yes	No	
Smoking status	I am a non smoker	Count	1	86	6	93
		% within smoking status	1.1%	92.5%	6.5%	100.0%
		% within should smoking be banned in public places	50.0%	65.6%	9.8%	47.9%
	I am an ex-smoker	Count	0	12	2	14
		% within smoking status	.0%	85.7%	14.3%	100.0%
		% within should smoking be banned in public places	.0%	9.2%	3.3%	7.2%
	I am a smoker who would like to quit	Count	1	25	22	48
		% within smoking status	2.1%	52.1%	45.8%	100.0%
		% within should smoking be banned in public places	50.0%	19.1%	36.1%	24.7%
	I am a smoker who doesn't want to quit	Count	0	8	31	39
		% within smoking status	.0%	20.5%	79.5%	100.0%
		% within should smoking be banned in public places	.0%	6.1%	50.8%	20.1%
Total	Count	2	131	61	194	
	% within smoking status	1.0%	67.5%	31.4%	100.0%	
	% within should smoking be banned in public places	100.0%	100.0%	100.0%	100.0%	
	% of Total	1.0%	67.5%	31.4%	100.0%	

Table 29 shows that the majority of the nonsmoker respondents (92.5%) and ex-smokers respondents (84.7%) believe that smoking should be banned in public places. Moreover, the smokers who would like to quit were divided between supporters (52.1%) and opponents (45.8%) to the ban, while the majority is for the supporters.

On the other hand, the majority of the smokers who don't want to quit (79.5%) believe that smoking shouldn't be banned in public places. As a summary, 1% of the respondents don't know if smoking should be banned in public places; while 67.5% believe that it should be banned versus 31.4% believe that it shouldn't be banned. Thus, the majority of the respondents support smoking ban in public places and believe that it is beneficial.

Table 30: Education level * Should smoking be banned in public places * Smoking status Cross tabulation

smoking status				Should smoking be banned in public places			Total
				don't know	yes	no	
i am a non smoker	education level	elementary school	Count % within education level	0 .0%	1 100.0%	0 .0%	1 100.0%
		high school	Count % within education level	0 .0%	2 100.0%	0 .0%	2 100.0%
	TS	Count % within education level	0 .0%	1 100.0%	0 .0%	1 100.0%	
	bachelor degree	Count % within education level	1 2.2%	42 91.3%	3 6.5%	46 100.0%	
	higher degree	Count % within education level	0 .0%	40 93.0%	3 7.0%	43 100.0%	
	Total	Count % within education level	1 1.1%	86 92.5%	6 6.5%	93 100.0%	
i am an ex-smoker	education level	middle school	Count % within education level		1 100.0%	0 .0%	1 100.0%
		TS	Count % within education level		1 100.0%	0 .0%	1 100.0%
		bachelor degree	Count % within education level		6 85.7%	1 14.3%	7 100.0%

Table 30 (Continued): Education level * Should smoking be banned in public places * Smoking status Cross tabulation

		higher degree	Count		4	1	5
			% within education level		80.0%	20.0%	100.0%
	Total		Count		12	2	14
			% within education level		85.7%	14.3%	100.0%
i am a smoker who would like to quit	education level	high school	Count	0	3	3	6
			% within education level	.0%	50.0%	50.0%	100.0%
		TS	Count	0	0	1	1
			% within education level	.0%	.0%	100.0%	100.0%
		bachelor degree	Count	1	10	12	23
			% within education level	4.3%	43.5%	52.2%	100.0%
		higher degree	Count	0	12	6	18
			% within education level	.0%	66.7%	33.3%	100.0%
	Total		Count	1	25	22	48
			% within education level	2.1%	52.1%	45.8%	100.0%
			% within should smoking be banned in public places	100.0%	100.0%	100.0%	100.0%
i am a smoker who doesn't want to quit	education level	no schooling	Count		0	1	1
			% within education level		.0%	100.0%	100.0%
		middle school	Count		0	1	1
			% within education level		.0%	100.0%	100.0%
		high school	Count		1	7	8
			% within education level		12.5%	87.5%	100.0%
		TS	Count		0	1	1
			% within education level		.0%	100.0%	100.0%
		bachelor degree	Count		3	16	19
			% within education level		15.8%	84.2%	100.0%
		higher degree	Count		4	5	9
			% within education level		44.4%	55.6%	100.0%

On one hand Table 30 shows that 100 % of the non-smokers who completed elementary school, high school, or TS believe that smoking should be banned in public places. In addition to that, the majority of nonsmokers holding a bachelor

degree (91.3%) or higher degree holders (93%) believe that smoking should be banned in public places. Furthermore, 100% of the ex-smokers who completed middle school or TS believe that smoking should be banned in public places. Also, the majority of the ex-smokers holding bachelor degree (85.7%) or higher degree (80%) support the smoking ban.

On the other hand, the majority of smokers who would or wouldn't like to quit opposed smoking ban in public places. For instance, 50% of the smokers who would like to quit and who completed high school support the smoking ban, while 50% oppose it. 100% of the smokers who would like to quit and completed high school oppose the ban. The majority of smokers who would like to quit and hold a bachelor degree (52.2%) oppose smoking ban. The majority of smokers who would like to quit and hold a higher degree (66.7%) support smoking ban. 100% of the smokers who don't want to quit and who never went to school oppose smoking ban in public places. 100% of the smokers who don't want to quit and who completed middle school and TS oppose smoking ban in public places. The majority (87.5%) of the smokers who don't want to quit and who completed high school oppose smoking ban. The majority (84.2%) of smokers who don't want to quit and hold a bachelor degree oppose the ban. The majority (55.6%) of the smokers who don't want to quit and hold a higher degree oppose the ban. As a conclusion, Table 30 shows that non smokers and ex-smokers responded mainly with high percentages to support the smoking ban in public places regardless of their educational level. On the other side smokers who would and wouldn't like to quit and who hold at most bachelor degree had high percentages opposing the smoking ban. The results of bachelor degree and higher degree holders among them were remarkable as they included a major sample of supporters to the ban.

Table 31: Age * Should smoking be banned in public places * Smoking status Cross tabulation

smoking status				Should smoking be banned in public places			Total
				don't know	yes	no	
i am a non smoker	age 18-22	Count	0	11	2	13	
		% within age	.0%	84.6%	15.4%	100.0%	
	23-30	Count	0	41	4	45	
		% within age	.0%	91.1%	8.9%	100.0%	
	31-40	Count	1	26	0	27	
		% within age	3.7%	96.3%	.0%	100.0%	
	41-50	Count	0	8	0	8	
% within age		.0%	100.0%	.0%	100.0%		
Total	Count	1	86	6	93		
	% within age	1.1%	92.5%	6.5%	100.0%		
i am an ex-smoker	age 23-30	Count		5	1	6	
		% within age		83.3%	16.7%	100.0%	
	31-40	Count		1	1	2	
		% within age		50.0%	50.0%	100.0%	
	41-50	Count		4	0	4	
% within age			100.0%	.0%	100.0%		
51 and more	Count		2	0	2		
	% within age		100.0%	.0%	100.0%		
Total	Count		12	2	14		
	% within age		85.7%	14.3%	100.0%		
i am a smoker who would like to quit	age 18-22	Count	0	1	3	4	
		% within age	.0%	25.0%	75.0%	100.0%	
	23-30	Count	1	10	4	15	
		% within age	6.7%	66.7%	26.7%	100.0%	
	31-40	Count	0	8	4	12	
		% within age	.0%	66.7%	33.3%	100.0%	
	41-50	Count	0	5	6	11	
% within age		.0%	45.5%	54.5%	100.0%		

Table 31 (Continued): Age * Should smoking be banned in public places * Smoking status Cross tabulation

			0	1	5	6
	51 and more	Count	.0%	16.7%	83.3%	100.0%
		% within age				
	Total	Count	1	25	22	48
		% within age	2.1%	52.1%	45.8%	100.0%
i am a smoker who doesn't want to quit	age 18-22	Count		3	1	4
		% within age		75.0%	25.0%	100.0%
	23-30	Count		1	10	11
		% within age		9.1%	90.9%	100.0%
	31-40	Count		2	12	14
		% within age		14.3%	85.7%	100.0%
	41-50	Count		1	7	8
		% within age		12.5%	87.5%	100.0%
	51 and more	Count		1	1	2
		% within age		50.0%	50.0%	100.0%
Total	Count		8	31	39	
	% within age		20.5%	79.5%	100.0%	

Table 31 shows that the majority of nonsmokers (92.5%) and ex-smokers (85.7%) regardless of their ages support smoking ban in public places. In addition to that, the majority of smokers who would like to quit and whose age falls between 18 and 22 years old (75%) oppose smoking ban in public places. The majority (66.7%) of the smokers who would like to quit and whose age falls between 23 and 40 support the ban. The majority (54.5%) of the smokers who would like to quit and whose age falls between 41 and 50 years old oppose the ban. The majority (83.3%) of the smokers who would like to quit and whose age is 51 and above oppose the ban. Furthermore, the majority (75%) of the smokers who don't want to quit and whose age falls between 18 and 22 support smoking ban in public places. The majority (90.9%) of the smokers who don't want to quit and whose age falls between 23 and 30 oppose the ban. The majority (85.7%) of the smokers who don't want to quit and whose age falls between 31 and 40 oppose the ban. The majority (87.5%) of the smokers who don't want to quit and whose age falls between 41 and 50 oppose the ban. As for smokers who don't want to quit and whose age is 51 and above, their

responses were equally divided between opponents and proponents (50%). As a conclusion, Table 31 shows that the three variables are directly related. As the smoking status tends to non smoking (non-smoker or ex-smoker) and the age is increasing, the support of smoking ban sharply exceeds the opposition. On the other hand, as the smoking status tends to smoking (either in an attempt to quit or not attempting to quit), the opposition exceeds the support but the percentages of support and opposition fluctuate as the age increases (as age increases the support increases).

Table 32: Do you have children * Should smoking be banned in public places * Smoking status Cross tabulation

Smoking status				Should smoking be banned in public places			Total
				Don't know	Yes	No	
I am a non smoker	Do you have children	No	Count % within do you have children	0 .0%	12 92.3%	1 7.7%	13 100.0%
		Yes	Count % within do you have children	1 3.3%	29 96.7%	0 .0%	30 100.0%
	Total		Count % within do you have children	1 2.3%	41 95.3%	1 2.3%	43 100.0%
I am an ex-smoker	Do you have children	No	Count % within do you have children		1 100.0%		1 100.0%
		Yes	Count % within do you have children		4 100.0%		4 100.0%
	Total		Count % within do you have children		5 100.0%		5 100.0%
I am a smoker who would like to quit	Do you have children	No	Count % within do you have children		3 75.0%	1 25.0%	4 100.0%
		Yes	Count % within do you have children		6 33.3%	12 66.7%	18 100.0%

**Table 32 (Continued): Do you have children * Should smoking be banned in public places * Smoking status
Cross tabulation**

Total			Count	9	13	22
			% within do you have children	40.9%	59.1%	100.0%
I am a smoker who doesn't want to quit	Do you have children	No	Count	1	5	6
			% within do you have children	16.7%	83.3%	100.0%
	Yes	Count	2	17	19	
		% within do you have children	10.5%	89.5%	100.0%	
Total			Count	3	22	25
			% within do you have children	12.0%	88.0%	100.0%

Table 32 shows that the majority (92.3%) of the non smokers who have no children support smoking ban in public places. On the other side, the majority (96.7%) of the non smokers who have children support the ban. 100% of the ex-smokers who have children and who don't have children support the smoking ban in public places. The majority (75%) of the smokers who would like to quit and who have no children support smoking ban in public places. On the other side, the majority (66.7%) of the smokers who would like to quit and who have children oppose the ban. The majority (83.3%) of the smokers who don't want to quit and who have no children oppose smoking ban in public places. Also, the majority (89.5%) of the smokers who don't want to quit and who have children oppose smoking ban in public places. As a conclusion, Table 32 shows that the respondents' support or opposition to smoking ban is affected by the smoking status rather than being affected with having or not children.

Table 33: Gender * Should smoking be banned in public places * Smoking status Cross tabulation

smoking status				should smoking be banned in public places			Total
				don't know	yes	no	
i am a non smoker	gender male	Count	0	40	2	42	
		% within gender	.0%	95.2%	4.8%	100.0%	
	female	Count	1	46	4	51	
		% within gender	2.0%	90.2%	7.8%	100.0%	
	Total	Count	1	86	6	93	
		% within gender	1.1%	92.5%	6.5%	100.0%	
i am an ex-smoker	gender male	Count		6	2	8	
		% within gender		75.0%	25.0%	100.0%	
	female	Count		6	0	6	
		% within gender		100.0%	.0%	100.0%	
	Total	Count		12	2	14	
		% within gender		85.7%	14.3%	100.0%	
i am a smoker who would like to quit	gender male	Count	0	18	14	32	
		% within gender	.0%	56.2%	43.8%	100.0%	
	female	Count	1	7	8	16	
		% within gender	6.2%	43.8%	50.0%	100.0%	
	Total	Count	1	25	22	48	
		% within gender	2.1%	52.1%	45.8%	100.0%	
i am a smoker who doesn't want to quit	gender male	Count		7	14	21	
		% within gender		33.3%	66.7%	100.0%	
	female	Count		1	17	18	
		% within gender		5.6%	94.4%	100.0%	
	Total	Count		8	31	39	
		% within gender		20.5%	79.5%	100.0%	

Table 33 shows that the majority (95.2%) of non smokers' males thinks that the ban should be applied. The majority (90.2%) of non smokers' females supports the ban. Also, the majority (75%) of male ex-smokers supports the ban of smoking;

however, 100% of female ex-smokers support the ban. When it comes to smokers who would like to quit, the majority (56.2%) of males are in favor of the ban while the majority (50%) of females are against. Moreover, for smokers who do not want to quit, the majority (66.7%) of males oppose the ban, while the majority (94.4%) of females supported ban. This table also shows that 92.5% of non smokers, 85.7% of ex smokers, 52.1% of smokers who want to quit and 20.5% of smokers who do not want to quit are in favor of the ban. As a conclusion, Table 33 shows that regardless of the gender, the support for the ban is affected by the smoking status. On one hand, the non- smokers and ex-smokers support the ban rather than oppose it. On the other hand, smokers (who would like to quit and who don't want to quit) oppose the ban rather than supporting it.

Table 34: What is your total monthly salary/revenue (LBP) in your main job? * Should smoking be banned in public places * Smoking status Cross tabulation

smoking status			Should smoking be banned in public places			Total
			don't know	yes	no	
i am a non smoker	What is your total monthly salary/revenue (LBP) in your main job?	Count % within What is your total monthly salary/revenue (LBP) in your main job?	0 .0%	20 95.2%	1 4.8%	21 100.0%
	less than 1500000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	0 .0%	14 82.4%	3 17.6%	17 100.0%
	1500001-3000000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	1 3.4%	27 93.1%	1 3.4%	29 100.0%
	3000001-7500000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	0 .0%	20 100.0%	0 .0%	20 100.0%
	7500001-15000000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	0 .0%	4 80.0%	1 20.0%	5 100.0%
	more than 15000000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	0 .0%	1 100.0%	0 .0%	1 100.0%
	i am an ex-smoker	What is your total monthly salary/revenue (LBP) in your main job?	Count % within What is your total monthly salary/revenue (LBP) in your main job?		3 75.0%	1 25.0%
less than 1500000		Count % within What is your total monthly salary/revenue (LBP) in your main job?		1 100.0%	0 .0%	1 100.0%

**Table 34 (Continued): What is your total monthly salary/revenue (LBP) in your main job? *
Should smoking be banned in public places * Smoking status Cross tabulation**

	1500001-3000000	Count % within What is your total monthly salary/revenue (LBP) in your main job?		6 85.7%	1 14.3%	7 100.0%
	3000001-7500000	Count % within What is your total monthly salary/revenue (LBP) in your main job?		1 100.0%	0 .0%	1 100.0%
	7500001-15000000	Count % within What is your total monthly salary/revenue (LBP) in your main job?		1 100.0%	0 .0%	1 100.0%
i am a smoker who would like to quit	What is your total monthly salary/revenue (LBP) in your main job?	Count % within What is your total monthly salary/revenue (LBP) in your main job?	1 9.1%	3 27.3%	7 63.6%	11 100.0%
	less than 1500000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	0 .0%	3 60.0%	2 40.0%	5 100.0%
	1500001-3000000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	0 .0%	8 61.5%	5 38.5%	13 100.0%
	3000001-7500000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	0 .0%	7 53.8%	6 46.2%	13 100.0%
	7500001-15000000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	0 .0%	2 50.0%	2 50.0%	4 100.0%
	more than 15000000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	0 .0%	2 100.0%	0 .0%	2 100.0%

**Table 34 (Continued): What is your total monthly salary/revenue (LBP) in your main job? *
Should smoking be banned in public places * Smoking status Cross tabulation**

I am a smoker who doesn't want to quit	What is your total monthly salary/revenue (LBP) in your main job?	Count	Should smoking be banned in public places		
			Yes	No	DK
		Count % within What is your total monthly salary/revenue (LBP) in your main job?	2 28.6%	5 71.4%	7 100.0%
	less than 1500000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	2 20.0%	8 80.0%	10 100.0%
	1500001-3000000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	0 .0%	12 100.0%	12 100.0%
	3000001-7500000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	2 25.0%	6 75.0%	8 100.0%
	7500001-15000000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	1 100.0%	0 .0%	1 100.0%
	more than 15000000	Count % within What is your total monthly salary/revenue (LBP) in your main job?	1 100.0%	0 .0%	1 100.0%

Table 34 shows that the majority (82.4%) of the non smokers whose total monthly salary/revenue (LBP) in their main job is less than 1,500,000 supports the ban. The majority (93.1%) of the non smokers whose total monthly salary/revenue (LBP) in their main job is between LBP 1,500,001 and LBP 3,000,000 supports the ban. Also, 100% of the non smokers whose salaries range between LBP 3,000,001 and LBP 7,500,000 support the ban. The majority (80%) of the non smokers whose salaries range between LBP 7,500,001 and LBP 15,000,000 supports the ban. 100% of the non smokers whose salaries are more than LBP 15,000,000 supports the ban.

Also, 100% of the ex-smokers whose salaries are less than LBP 1,500,000 supports smoking ban. The majority (85.7%) of the ex-smokers whose salaries fall between LBP 1,500,001 and LBP 3,000,000 supports the ban. 100% of the ex-smokers whose salaries fall between LBP 3,000,001 and LBP 15,000,000 support the ban. Also, 100% of the ex-smokers whose salaries fall between LBP 7,500,001 and LBP 15,000,000 support the ban. Moreover, the majority (60%) of the smokers who would like to quit and whose salaries are less than LBP 1,500,000 supports smoking ban in public places. The majority (61.5%) of the smokers who would like to quit and whose salaries range between LBP 1,500,001 and LBP 3,000,000 support the ban. The majority (53.8%) of the smokers who would like to quit and whose salaries range between LBP 3,000,001 and LBP 7,500,000 supports the ban. Also, 50% of the smokers who would like to quit and whose salaries range between LBP 7,500,001 and LBP 15,000,000 support the ban, while 50% oppose it. 100% of the smokers who would like to quit and whose salaries exceed LBP 15,000,000 support the ban. The majority (80%) of the smokers who don't want to quit and whose salaries are less than LBP 1,500,000 oppose smoking ban in public places. 100% of the smokers who don't want to quit and whose salaries range between LBP 1,500,001 and LBP 3,000,000 oppose the ban. The majority (75%) of the smokers who don't want to quit and whose salaries fall between LBP 3,000,001 and LBP 7,500,000 opposes the ban. 100% of the smokers who don't want to quit and whose salaries exceed LBP 7,500,001 support the ban. As a conclusion, Table 34 proves that the support and opposition of smoking ban in public places is affected by the smoking status. Moreover, it was remarkable that as the range of salaries increases, the tendency to support the ban also increased.

**Table 35: Is smoking allowed at work * should smoking be banned in public places * smoking status
Cross tabulation**

smoking status				Should smoking be banned in public places			Total
				Don't know	yes	no	
i am a non smoker	is smoking allowed at work	No answer	Count % within is smoking allowed at work	0 .0%	3 100.0%	0 .0%	3 100.0%
		totally not allowed	Count % within is smoking allowed at work	0 .0%	36 92.3%	3 7.7%	39 100.0%
	allowed in special areas	Count % within is smoking allowed at work	0 .0%	32 97.0%	1 3.0%	33 100.0%	
	totally allowed	Count % within is smoking allowed at work	1 16.7%	4 66.7%	1 16.7%	6 100.0%	
i am an ex-smoker	is smoking allowed at work	totally not allowed	Count % within is smoking allowed at work		5 100.0%	0 .0%	5 100.0%
		allowed in special areas	Count % within is smoking allowed at work		5 71.4%	2 28.6%	7 100.0%
	totally allowed	Count % within is smoking allowed at work		1 100.0%	0 .0%	1 100.0%	
i am a smoker who would like to quit	is smoking allowed at work	No answer	Count % within is smoking allowed at work	0 .0%	1 100.0%	0 .0%	1 100.0%
		totally not allowed	Count % within is smoking allowed at work	0 .0%	5 71.4%	2 28.6%	7 100.0%
	allowed in special areas	Count % within is smoking allowed at work	1 3.6%	16 57.1%	11 39.3%	28 100.0%	
	totally allowed	Count % within is smoking allowed at work	0 .0%	3 60.0%	2 40.0%	5 100.0%	

**Table 35 (Continued): Is smoking allowed at work *Should smoking be banned in public places
*Smoking status Cross tabulation**

I am a smoker who doesn't want to quit	is smoking allowed at work	No answer	Count	1	0	1
			% within is smoking allowed at work	100.0%	.0%	100.0%
totally not allowed			Count	2	2	4
			% within is smoking allowed at work	50.0%	50.0%	100.0%
allowed in special areas			Count	4	20	24
			% within is smoking allowed at work	16.7%	83.3%	100.0%
totally allowed			Count	0	5	5
			% within is smoking allowed at work	.0%	100.0%	100.0%

Table 35 shows that the majority (92.3%) of the non smokers who work in smoke free entities supports the ban. The majority (97%) of the non smokers who work in entities where smoking is allowed in special areas supports the ban. The majority (66.7%) of the non smokers who work in entities where smoking is totally allowed supports the ban. Moreover, 100% of the ex-smokers who work in entities where smoking is totally not allowed support the ban. The majority (71.4%) of the ex-smokers who work in entities where smoking is allowed in special areas supports the ban. 100% of the ex-smokers who work in entities where smoking is totally allowed support the ban. The majority (71.4%) of the smokers who would like to quit and who work in entities where smoking is not allowed supports the ban. The majority (57.1%) of the smokers who would like to quit and who work in entities where smoking is allowed in special areas supports the ban. The majority (60%) of the smokers who would like to quit and who work in entities where smoking is totally allowed supports the ban. In addition to that, 50% of the smokers who don't want to quit and who work in entities where smoking is totally not allowed support smoking ban in public places, while 50% oppose it. The majority (83.3%) of the smoker who don't want to quit and who work in entities where smoking is allowed in special places opposes the ban.

100% of the smokers who don't want to quit and who work in entities where smoking is totally allowed oppose the ban. As a conclusion, Table 35 shows that the opposition of smoking ban for smokers (whether they would like or they don't like to quit) who work in entities that allow smoking partially or totally exceeds the support. However, non-smokers and ex-smokers mainly support smoking ban regardless of the smoking restrictions at work.

Table 36: Gender * How do you feel about the ban in restaurants * Smoking status cross tabulation

Smoking status			How do you feel about the ban in restaurants					Total
			Very good	Good	I dont mind	Bad	Very bad	
I am a non smoker	Gender Male	Count	27	7	3	3	2	42
		% within gender	64.3%	16.7%	7.1%	7.1%	4.8%	100.0%
	Female	Count	35	7	4	2	3	51
		% within gender	68.6%	13.7%	7.8%	3.9%	5.9%	100.0%
	Total	Count	62	14	7	5	5	93
		% within gender	66.7%	15.1%	7.5%	5.4%	5.4%	100.0%
I am an ex-smoker	Gender Male	Count	4	2	1	1	0	8
		% within gender	50.0%	25.0%	12.5%	12.5%	.0%	100.0%
	Female	Count	4	1	0	0	1	6
		% within gender	66.7%	16.7%	.0%	.0%	16.7%	100.0%
	Total	Count	8	3	1	1	1	14
		% within gender	57.1%	21.4%	7.1%	7.1%	7.1%	100.0%
I am a smoker who would like to quit	Gender Male	Count	6	8	7	11	0	32
		% within gender	18.8%	25.0%	21.9%	34.4%	.0%	100.0%
	Female	Count	1	4	4	5	2	16
		% within gender	6.2%	25.0%	25.0%	31.2%	12.5%	100.0%
	Total	Count	7	12	11	16	2	48
		% within gender	14.6%	25.0%	22.9%	33.3%	4.2%	100.0%
I am a smoker who doesn't want to quit	Gender Male	Count	1	4	2	11	3	21
		% within gender	4.8%	19.0%	9.5%	52.4%	14.3%	100.0%
	Female	Count	1	0	2	11	4	18
		% within gender	5.6%	.0%	11.1%	61.1%	22.2%	100.0%
	Total	Count	2	4	4	22	7	39
		% within gender	5.1%	10.3%	10.3%	56.4%	17.9%	100.0%

Table 36 shows that the majority (64.3%) of the male non smokers finds the ban in restaurants very good. The majority (68.6%) of the female non smokers finds the ban in restaurants very good. Also, the majority (50%) of the male ex-smokers find smoking ban in restaurants very good. The majority (66.7%) of the female ex-smokers finds smoking ban in restaurants very good. In addition to that, the majority (34.4%) of the male smokers who would like to quit finds smoking ban in restaurants bad. The majority (31.2%) of the female smokers who would like to quit finds the ban bad. Furthermore, the majority (52.4%) of the male smokers who don't want to quit finds smoking ban in restaurants bad. The majority (61.1%) of the female smokers who don't want to quit finds smoking ban in restaurants bad. As a conclusion, Table 36 shows that mainly the smoking status affects the feeling toward smoking ban in restaurants while the gender had no remarkable effect. Also, as concluded from previous tables, the tendency of non smokers and ex smokers is to support the ban and thus their majority finds it very good, good, or don't mind it. In contrast, the smokers' (whether they would like or don't want to quit) tendency is to oppose the ban and thus their majority finds it bad or very bad.

**Table 37: SHS is a serious threat to our health * How do you feel about the ban in restaurants *
Smoking status cross tabulation**

smoking status				How do you feel about the ban in restaurants					
				very good	good	i dont mind	bad	very bad	Total
i am a non smoker	SHS is a serious threat to our health	strongly agree	Count % within SHS is a serious threat to our health	54 76.1%	6 8.5%	5 7.0%	4 5.6%	2 2.8%	71 100.0%
		agree	Count % within SHS is a serious threat to our health	8 40.0%	8 40.0%	2 10.0%	1 5.0%	1 5.0%	20 100.0%
		neither agree nor disagree	Count % within SHS is a serious threat to our health	0 .0%	0 .0%	0 .0%	0 .0%	1 100.0%	1 100.0%
		disagree	Count % within SHS is a serious threat to our health	0 .0%	0 .0%	0 .0%	0 .0%	1 100.0%	1 100.0%
i am an ex-smoker	SHS is a serious threat to our health	strongly agree	Count % within SHS is a serious threat to our health	5 62.5%	1 12.5%	1 12.5%	0 .0%	1 12.5%	8 100.0%
		agree	Count % within SHS is a serious threat to our health	2 50.0%	1 25.0%	0 .0%	1 25.0%	0 .0%	4 100.0%
		ncither agree nor disagree	Count % within SHS is a serious threat to our health	1 100.0%	0 .0%	0 .0%	0 .0%	0 .0%	1 100.0%
		disagree	Count % within SHS is a serious threat to our health	0 .0%	1 100.0%	0 .0%	0 .0%	0 .0%	1 100.0%

Table 37 (Continued): SHS is a serious threat to our health * How do you feel about the ban in restaurants * Smoking status cross tabulation

i am a smoker who would like to quit	SHS is a serious threat to our health	strongly agree	Count	4	3	2	1	1	11
			% within SHS is a serious threat to our health	36.4%	27.3%	18.2%	9.1%	9.1%	100.0%
		agree	Count	3	7	6	8	0	24
			% within SHS is a serious threat to our health	12.5%	29.2%	25.0%	33.3%	.0%	100.0%
		neither agree nor disagree	Count	0	1	1	3	0	5
	% within SHS is a serious threat to our health	.0%	20.0%	20.0%	60.0%	.0%	100.0%		
	disagree	Count	0	1	2	4	0	7	
	% within SHS is a serious threat to our health	.0%	14.3%	28.6%	57.1%	.0%	100.0%		
	strongly disagree	Count	0	0	0	0	1	1	
	% within SHS is a serious threat to our health	.0%	.0%	.0%	.0%	100.0%	100.0%		
i am a smoker who doesn't want to quit	SHS is a serious threat to our health	strongly agree	Count	2	1	0	0	0	3
			% within SHS is a serious threat to our health	66.7%	33.3%	.0%	.0%	.0%	100.0%
		agree	Count	0	3	1	8	1	13
			% within SHS is a serious threat to our health	.0%	23.1%	7.7%	61.5%	7.7%	100.0%
		neither agree nor disagree	Count	0	0	2	5	2	9
	% within SHS is a serious threat to our health	.0%	.0%	22.2%	55.6%	22.2%	100.0%		
	disagree	Count	0	0	1	7	3	11	
	% within SHS is a serious threat to our health	.0%	.0%	9.1%	63.6%	27.3%	100.0%		
	strongly disagree	Count	0	0	0	2	1	3	
	% within SHS is a serious threat to our health	.0%	.0%	.0%	66.7%	33.3%	100.0%		

Note: SHS stands for Second Hand Smoker

Table 37 shows that the majority (76.1%) of the non smokers who strongly agree that SHS is a serious threat to their health feels that smoking ban in restaurants is very good. The majority (40%) of the non smokers who agree that SHS is a serious threat to their health feels the ban is very good, another 40% feel it is good. 100% of the non smokers who neither agree nor disagree that SHS is serious threat for their health feel that smoking ban in restaurants is very bad. In addition to that, the majority (62.5%) of the ex-smokers who strongly agree that SHS is a serious threat to their health feels that smoking ban in restaurants is very good. The majority (50%) of the ex-smokers who agree that SHS is a serious threat to their health feels it is very good. 100% of the ex-smokers who neither agree nor disagree that SHS is a serious threat to their health feels that smoking ban in restaurants is very good. 100% of the ex-smokers who disagree that SHS is a serious threat to their health feel that the ban is good. In addition to that, the majority (36.4%) of the smokers who would like to quit and who strongly agree that SHS is a serious threat to their health feels that smoking ban in restaurants is very good. The majority (33.3%) of the smokers who would like to quit and who agree that SHS is a serious threat to their health feels that the ban in restaurants is bad. The majority (60%) of the smokers who would like to quit and who neither agree nor disagree that SHS is a serious threat to their health feels that the ban is bad. The majority (57.1%) of the smokers who would like to quit and who disagree that SHS is a serious threat to their health feels that smoking ban in restaurants is bad. 100% of the smokers who would like to quit and who disagree that SHS is a serious threat to their health feel that smoking ban in restaurants is very bad. Furthermore, the majority (66.7%) of the smokers who don't want to quit and who strongly agree that SHS is a serious threat to their health feels that smoking ban in restaurants is very good. The majority (61.5%) of the smokers who don't want to quit and who agree that

SHS is a serious threat to their health feels that smoking ban in restaurants is bad. The majority (55.6%) of the smokers who don't want to quit and who neither agree nor disagree that SHS is a serious threat to their health feels that smoking ban in restaurants is bad. The majority (63.6%) of the smokers who don't want to quit and who disagree that SHS is a serious threat to their health feels that smoking ban in restaurants is bad. The majority (66.7%) of the smokers who don't want to quit and who strongly disagree that SHS is a serious threat to their health feels that smoking ban in restaurants is bad. As a conclusion, Table 37 shows that the feeling toward smoking ban in restaurants is affected mainly by the smoking status along with the extent to which the respondent agrees/disagrees that SHS is a serious threat to their health. For instance, as the smoker respondents (whether they would like or don't want to quit) disagreed that SHS is a serious threat to their health, the feeling toward the ban in restaurants tended toward bad.

Table 38: How often do you visit a restaurant per month * How do you feel about the ban in restaurants * Smoking status Cross tabulation

smoking status				how do you feel about the ban in restaurants					Total
				very good	good	i dont mind	bad	very bad	
i am a non smoker	how often do you visit a restaurant per month	once a month	Count % within how often do you visit a restaurant per month	2 50.0%	1 25.0%	0 .0%	1 25.0%	0 .0%	4 100.0%
		1-4 times	Count % within how often do you visit a restaurant per month	17 56.7%	8 26.7%	3 10.0%	0 .0%	2 6.7%	30 100.0%
		5-8 times	Count % within how often do you visit a restaurant per month	25 73.5%	3 8.8%	2 5.9%	2 5.9%	2 5.9%	34 100.0%
		more than 10 times	Count % within how often do you visit a restaurant per month	18 72.0%	2 8.0%	2 8.0%	2 8.0%	1 4.0%	25 100.0%
i am an ex-smoker	how often do you visit a restaurant per month	1-4 times	Count % within how often do you visit a restaurant per month	2 40.0%	2 40.0%	0 .0%	1 20.0%	0 .0%	5 100.0%
		5-8 times	Count % within how often do you visit a restaurant per month	6 66.7%	1 11.1%	1 11.1%	0 .0%	1 11.1%	9 100.0%
i am a smoker who would like to quit	how often do you visit a restaurant per month	once a month	Count % within how often do you visit a restaurant per month	0 .0%	0 .0%	0 .0%	2 100.0%	0 .0%	2 100.0%
		1-4 times	Count % within how often do you visit a restaurant per month	1 4.0%	9 36.0%	5 20.0%	10 40.0%	0 .0%	25 100.0%

Table 38 (Continued): How often do you visit a restaurant per month * How do you feel about the ban in restaurants * Smoking status Cross tabulation

		5-8 times	Count	4	3	4	3	1	15
			% within how often do you visit a restaurant per month	26.7%	20.0%	26.7%	20.0%	6.7%	100.0%
		more than 10 times	Count	2	0	2	1	1	6
			% within how often do you visit a restaurant per month	33.3%	.0%	33.3%	16.7%	16.7%	100.0%
i am a smoker who doesn't want to quit	how often do you visit a restaurant per month	don't know	Count	0	2	0	0	0	2
			% within how often do you visit a restaurant per month	.0%	100.0%	.0%	.0%	.0%	100.0%
		once a month	Count	0	0	2	2	1	5
			% within how often do you visit a restaurant per month	.0%	.0%	40.0%	40.0%	20.0%	100.0%
		1-4 times	Count	1	0	2	9	5	17
			% within how often do you visit a restaurant per month	5.9%	.0%	11.8%	52.9%	29.4%	100.0%
		5-8 times	Count	1	2	0	10	0	13
			% within how often do you visit a restaurant per month	7.7%	15.4%	.0%	76.9%	.0%	100.0%
		more than 10 times	Count	0	0	0	1	1	2
			% within how often do you visit a restaurant per month	.0%	.0%	.0%	50.0%	50.0%	100.0%

Table 38 shows that the majority (50%) of the non smokers who visit restaurants once month feels that smoking ban in restaurants is very good. The majority (56.7%) of the non smokers who visit restaurants one to 4 times per month feels that the ban is very good. The majority (73.5%) of the non smokers who visit restaurants 5 to 8 times per month feels that smoking ban in restaurants is very good. The majority (72%) of the non smokers who visit restaurants more than 10 times feels that the ban is very good. Moreover, the majority (40%) of the ex-smokers who visit the restaurant 1 to 4 times per month feels that the ban is very good, and another 40%

feel it is good. The majority (66.7%) of the ex-smokers who visit the restaurant 5 to 8 times per month feels that the ban in restaurants is very good. Also, 100% of the smokers who would like to quit and visit the restaurant once per month feel the smoking ban in restaurants is bad. The majority (40%) of the smokers who would like to quit and visit the restaurant 1 to 4 times per month feels the smoking ban in restaurants is bad. The majority (26.7%) of the smokers who would like to quit and visit the restaurant 5 to 8 times per month feels the smoking ban in restaurants is good. The majority (33.3%) of the smokers who would like to quit and visit the restaurant more than 10 times per month feels the smoking ban in restaurants is very good. In addition to that, 100% of the smokers who don't want to quit and who don't know how often they visit a restaurant per month feel that smoking ban in restaurants is good. 40% of the smokers who don't want to quit and who visit a restaurant once per month don't mind smoking ban in restaurants, while 40% feel it is bad. The majority (52.9%) of the smokers who don't want to quit and who visit a restaurant 1 to 4 times per month feels that smoking ban in restaurants is bad. The majority (76.9%) of the smokers who don't want to quit and who visit a restaurant 5 to 8 times per month feels that smoking ban in restaurants is bad, while 15.4% feel it is good. 50% of the smokers who don't want to quit and who visit a restaurant more than 10 times per month feel that smoking ban in restaurants is bad, another 50% feel it is very bad. As a conclusion, Table 38 shows that the smoking status rather than the number of visits to the restaurant per month prior to the ban affects the feeling toward the smoking ban in restaurants. The effect of the smoking status is regardless of the number of visits.

4. Main Results

Following are two tables showing the percentages of expected visits to restaurants (Table 39) and pubs (Table 40) under the three below assumptions:

First Assumption:

The number of visits to pubs and restaurants will be approximated as follow:

- 1 to 4 visits a month are approximated by an average of 2 visits per month.
- 5-8 visits a month are approximated by an average of 6 visits per month.
- More than 10 visits a month are approximated by an average of 13 visits per month.

Second Assumption:

The consumption of the visitors to pubs and restaurants during each visit is assumed to be the same.

Third Assumption:

More often and less often will be approximated by 25%, 50%, 75% and 100% increase or decrease in the number of visits per month. Thus different scenarios will be forecasted. They will show us if there is an increase or decrease in the revenues of restaurants and pubs after the ban. Moreover, the increase or decrease in the number of visits is assumed to be the same for all respondents.

Table 39: Expected Visits to Restaurants after the Ban

	More often				
	25%	50%	75%	100%	
Less often	25%	3.64%	13.01%	22.38%	31.75%
	50%	-2.09%	7.28%	16.65%	26.02%
	75%	-7.82%	-1.55%	10.92%	20.29%
	100%	-13.55%	-4.18%	5.19%	14.56%



Table 40: Expected Visits to Pubs after the Ban

	More often				
	25%	50%	75%	100%	
Less often	25%	2.25%	11.82%	21.40%	30.98%
	50%	-5.08%	4.50%	14.04%	23.65%
	75%	-12.40%	-2.83%	6.75%	16.32%
	100%	-19.73%	-10.16%	-0.58%	9.00%



The results of the different scenarios are represented in Tables 39 and 40. On one side, the results shaded in yellow show a decrease in the revenues of restaurants and bars due to the decrease in visits. On the other side the blue color shows an increase in the revenues of restaurants and bars due to the increase in visits. We notice that the blue colored cells exceed the yellow colored cells.

Table 39 shows that most of the scenarios will result of an increase in the revenues of the restaurants after the ban. On all scenarios where the percentage of “more often” and “less often” visits is the same (i.e 25% “more often” and 25% “less often” or 50% “more often” and 50% “less often”....). Also, on some scenarios where the “less often” percentage is higher than the “more often” percentage there is an increase in the revenues.

Table 40 shows that most of the scenarios will result of an increase in the revenues of the pubs after the ban. On all scenarios where the percentage of “more often” and “less often” visits is the same (i.e 25% “more often” and 25% “less often” or 50% “more often” and 50% “less often”....). However, only on scenarios where the “less often” percentage is higher than the “more often” percentage there is a decrease in the revenues.

5. Discussion of the Findings

- 1- The percentage of increase in visits to the restaurants after the smoking ban is greater than that of the decrease in visits. An increase in visits will generate more revenues for the restaurants and thus, will have a positive economic effect on the restaurants. Moreover, visits to pubs as reflected by the percentages in table 20 show nearly no effect of smoking ban on the number of visits, which concludes no negative effect on the pubs after the implementation of the law.
- 2- The percentage of respondents who believe that smoking should be banned in public places exceeds that of the respondents who believe that it shouldn't be banned.

As a discussion of those results, the conducted survey has shown that the majority of respondents support smoking ban in public places. Moreover, smoking ban will have a positive economic effect on restaurants and bars (i.e. an increase in their revenues due to the increase in the number of visits after the ban).

6. Conclusion

The primary data collected from the conducted survey was processed in this chapter. The responses of the simple random sample of 194 Lebanese individuals above 18 years old were analyzed using SPSS version 16.0. First, descriptive statistical frequency analysis was conducted, and then descriptive statistical cross tabulations (2 variables and 3 variables) were conducted. Then the main results from the analysis were presented so that the discussion of the findings could have been made. Several conclusions were drawn after processing the outputs of the survey. To begin with, the majority of males (68.9%) and females (65.9%) believe that smoking ban should be banned in public places. Second, the majority of males and females will visit restaurants more often after the ban. Third, the majority of males will visit pubs more often after the ban, while the majority of females will visit pubs less often after the ban. Fourth, the majority of non-smokers, ex-smokers, and smokers who would like to quit believe that smoking should be banned in public places, while the majority of smokers who don't want to quit don't believe that smoking should be banned in public places. Fifth, the majority of the respondents who believe that smoking should be banned in public places will visit restaurants and bars more often, while the majority of respondents who believe that smoking shouldn't be banned in public places will visit restaurants and bars less often. Finally, we studied different scenarios that we have created and the research main question was answered: Yes, smoking ban in public places has a consequence on the revenues of Lebanese restaurants and pubs.

Chapter 5: Conclusions and Recommendations

The analysis, results and conclusions held in chapter four set the basis for this chapter. This chapter starts with a brief recall of the conclusions derived in chapter four. Moreover, our main findings, results, and conclusions will be compared with those found in the literature review developed in chapter 2. In addition to that, this chapter states the limitations of our study and its managerial implications. Above all, this chapter ends with recommendations concerning smoking ban implementation in Lebanese public places in what favors the welfare of both its opponents and proponents.

1. Introduction

Based on the results held in chapter four, our study supports the claim that smoking ban in Lebanese public places has an economic effect on the restaurants and bars. For instance, smoking ban will have a positive economic effect on restaurants and bars. Moreover, several other conclusions were drawn from the analysis of the primary data. First, the majority of males and females believe that smoking ban should be banned in public places. Second, the majority of males and females will visit restaurants more often after the ban. Third, the majority of males will visit pubs more often after the ban, while the majority of females will visit pubs less often after the ban. Fourth, the majority of non-smokers, ex-smokers, and smokers who would like to quit believe that smoking should be banned in public places, while the majority of smokers who don't want to quit don't believe that smoking should be banned in public places. Fifth, the majority of the respondents who believe that smoking should be banned in public places will visit restaurants and bars more often, while the

majority of respondents who believe that smoking shouldn't be banned in public places will visit restaurants and bars less often.

2. Main Findings: Analysis of the Main Results

To begin with, the results of the descriptive statistical analysis of collected data showed that the percentage of respondents who believe that smoking should be banned in Lebanese public places exceeds that of the respondents who believe that it shouldn't be banned. Related to that result, the percentage of increase in visits to the restaurants after the smoking ban is greater than that of the decrease in visits. Thus, one can expect that the number of visits after the ban will exceed that before the ban. An increase in visits will generate more revenues for the restaurants and bars, and thus, will have a positive economic effect on the restaurants and bars. As discussed in the third section of chapter 4, taking three assumptions into consideration, the discussion showed that smoking ban has a positive economic impact on the revenues of restaurants and bars.

In chapter 2, we concluded that the results presented in the literature were divided into two categories:

1. Smoking ban in public places had no economic effect on restaurants and bars
2. Smoking ban in public places had a significant economic (positive or negative) effect on restaurants and bars.

However, the results and major findings of this thesis fall in the second category. Thus, our results are similar to those in the literature that concluded that smoking ban has a positive economic effect on restaurants and bars.

3. Limitations of the Research

This study tackled a sensitive, current health and social topic which is interesting for the majority of Lebanese. Nevertheless, one can be aware of certain limitations and shortcomings. First, selecting the simple random sample of 194 respondents from a large population was difficult. The intention was to gather the biggest number of respondents' answers to the survey questionnaire. However, the available logistics and the time limitations provided ended up with the sample size to be 194 respondents. Second, the scarcity of valid and reliable information, figures, numerical values, studies, and researches conducted on the Lebanese market concerning smoking and especially smoking ban were too scarce. However, a positive side of this fact is that it gave value to this research as it will be a reliable reference for coming studies. Third, the sample does not include uneducated people and unemployed people which could have also added more reliability for the primary collected data. Fourth, the regional coverage of the respondents did not cover all the regions of the Lebanese territory due to logistics limitations.

4. Recommendations

This section of the thesis is crucial as it is based on all the previous chapters. In this section we will propose valued, beneficial recommendations that will render the implementation of smoking ban in Lebanese public places more effective and efficient.

To begin with, we recommend the implementation of the Lebanese smoke-free law (Law 174) since our results show that there is no negative impact from its implementation. Second, we recommend an amendment to the Lebanese smoke-free

law (Law 174) in a way that would grant restaurants and hotels the choice to partition their venue into smoking and non-smoking sections. Third, we propose that the Lebanese authorities who are responsible for controlling the implementation of the smoking ban in public places (Ministry of Tourism and Ministry of Internal Security) cooperate with the hospitality industry in order to ensure that their premises comply with the smoke-free law conditions. Fourth, we propose that an amendment to the Lebanese smoke-free law would permit the opening of smoking lounges where smokers can find themselves comfortable keeping in mind that enforcing the smoking ban without alternatives for smokers might trigger them to react negatively and increase their smoking rather than decreasing it. Thus smokers must be treated fairly in order to gain their awareness as a first step to cooperate with them to decrease smoking in the future. Fifth, we urge the Lebanese authorities who are responsible for controlling the implementation of the smoking ban in public places **not to show any sort of complacency** with the parties that violate the laws. Sixth, we recommend that the Lebanese authorities who are responsible for controlling the implementation of the smoking ban in public places in cooperation with Lebanese research centers (such as universities) and social nonprofit organizations would evaluate periodically and objectively the implementation of the smoke-free law (its progress, results, economic effect...) in order to assess its validity and impact. Based on the later action, deviations, violations, and weaknesses can be detected and thus corrective actions would be considered. Seventh, the efforts of the official authorities along with the social nonprofit organizations must be unified to spread attention and increase the Lebanese people awareness on the dangerous and fatal health effects of smoking and secondhand smokers which triggered the smoking ban in Lebanese public places. This will help the public view to accept and adapt with the ban and value its importance

which will affect the quality of life. Eighth, in parallel to the smoke-free law, national official, and social campaigns must be launched aiming at increasing the awareness and guiding smokers to effective and efficient actions that will help them decrease their smoking habit in a short term and reaching a smoke-free state in the future.

Above all, every Lebanese whether an opponent or proponent to smoking ban in public places must be aware and fully convinced that the smoke-free law was enacted for his own health and to ensure him a better life quality. Regardless of the other health gaps in Lebanon, smoking ban in public places must be seen as the corner stone to build a healthy nation.

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APPENDIX A

Official Translation

Law No. 174 Tobacco Control and Regulation of Tobacco Products' Manufacturing, Packaging and Advertising

As amended by the Administration and Justice Committee

Chapter One: Definitions

Article 1: terms and expressions

For the purpose of implementing the provisions of this law, all the following definitions and terms shall be solely referred to.

“Accessories”: shall mean a product that can be used for the consumption of any tobacco product, namely the pipe, water pipe, mouth piece, cigar cutter, matches, or lighter.

“Retailer”: shall mean any person who is investing in an institution dealing wholly or partially with the direct sale of tobacco products to the consumer.

“Brand”: shall include any symbol, distinctive feature, trademark, commercial name linked to a trademark or a distinctive feature, symbol, special feature, picture or logo that is likely to be associated with a product, service, product trademark or service trademark, except for the colour.

“Packaging”: shall mean any pack or packet in which tobacco products are sold.

“Emissions”: shall mean nicotine, tar and carbon monoxide yields. The Council of Ministers is entitled to add other constituents to this definition by virtue of a decree, upon suggestion of the Minister of Finance and the Minister of Public Health.

“Person”: shall mean any moral or natural person.

“Manufacturer”: shall mean any person that manufactures tobacco products and accessories, by any means whatsoever, either directly or indirectly.

“Importer”: shall mean every person who is importing, distributing and wholesaling any tobacco product.

“Supplying”: shall mean selling, marketing, lending, delivering, giving, sending any product or service to others for free, in return of a pay off, or in exchange for a product or a service.

“Minor”: shall mean any natural person who is under 18 years old.

“Tobacco products”: shall mean products made of tobacco or tobacco alternatives, including leaves, leaf extracts such as pipes, and cigarette filters. Official Translation

“Tobacco alternative”: shall mean a battery-operated device, generally containing cartridges filled with nicotine, flavor and other chemicals, which turn into a vapor that is inhaled by the smoker, and all materials related to a tobacco product including the electronic water pipe.

“Tobacco advertising and promotion”: shall mean any form of commercial communication, recommendation or action aiming at promoting a tobacco product or tobacco use either directly or indirectly; marketing information broadcasted, written or drawn for the promotion of any product, by any written or audiovisual media outlet, or by any other electronic or informational mean.

“Brand sharing”: shall mean the use of a brand name including distinctive colour combinations on a non-tobacco product or service not in connection with a tobacco product.

“Tobacco sponsorship”: shall mean any form of contribution to any event, activity or individual with the aim of promoting a tobacco product or tobacco use either directly or indirectly.

“Enclosed public places”: shall mean places open to the public or places used collectively, regardless of their property. Enclosed public places are, for example but not limited to: official departments, offices and centers pertaining thereto, including public institutions and companies, hospitals, dispensaries, pharmacies, cinemas, theaters, all public and private transportation means, schools, universities, elevators, restaurants, night clubs, shopping malls. Enclosed public places include any of the aforementioned places that is covered by a ceiling and bounded by more than two walls, regardless of the type of materials used for the construction of the ceiling or the

walls, and regardless of whether the construction was permanent or temporary. Are considered as well as enclosed public places, all institutions of health, education and sports with all their opened and enclosed annexes.

“Smoking”: shall mean possessing or using a lit tobacco product, whether the smoke is inhaled or emitted voluntarily.

“Workplace”: shall mean any place used collectively by people while performing their remunerated or benevolent duties, including all related places used by workers collectively, such as corridors, elevators, stairs, stairwells, lobbies, joint facilities, cafeterias, toilets, lounges, lunchrooms, outbuildings including roofs, as well as vehicles used within working hours.

“Public transport”: shall mean every vehicle usually used for public transportation purposes. Official Translation

Chapter two: Tobacco Products

Article 2:

It is prohibited to import, manufacture, distribute or supply any tobacco products to which the terms and conditions of the present law don't apply. And it's also prohibited to import, manufacture, distribute or supply all tobacco products before they undergo the laboratory tests required in accordance with the provisions of the introduction of tobacco products and before obtaining a license from the competent authority. The maximum amount of nicotine allowable per cigarette was set to /1/mg (one), and the maximum amount of tar to /10/mg (ten).

Article 3:

Taking into account the applicable laws, the manufacturers or importers are required to inform the Lebanese Regie for Tobacco (Régie Libanaise des Tabacs et des Tombacs) about the use of quantitative and qualitative statements on tobacco products concerning constituents and emissions such as tar, nicotine and carbon monoxide yields within a period of two months from the date of implementing the law.

Chapter three: Obtaining and use of tobacco

Article 4: it is prohibited to:

- a. Provide free samples of tobacco products and advertising materials in any place.
- b. Provide minors with any tobacco product, through any means whatsoever such as selling it to them or distributing it for free.

- c. Sell cigarettes in a unit pack containing less than twenty cigarettes.
- d. Place tobacco products at points of sale in a way that allows consumers to grab them directly by themselves.
- e. Provide tobacco products and accessories in restaurants, nightclubs and enclosed places.

Article 5:

- a. Smoking, lighting a tobacco product or using such a product is prohibited in all enclosed public places, workplaces and means of public transportation. The aforementioned prohibition shall take effect in restaurants, nightclubs or any other tourism or entertainment place, one year after this law takes effect.
- b. Hotels are allowed to allocate (20%) twenty percent of their room capacity for smokers, provided that these rooms are adjoining.

Article 6:

All the administrations of the places aforementioned in the Article 5 of this present law, shall post clear “No smoking” signs at their entrance, inside the building and on the vehicles.

Chapter four: Label and Package

Article 7:

It is prohibited for manufacturers, importers, wholesalers and retailers to sell or provide any tobacco product unless its cover contains a notice about the risks and effects of the use of this product on health, as set forth in Article eight of this law.

Article 8:

a. It is prohibited to cover any tobacco product with any misleading element about its characteristics, effects, risk factors, emissions, including any expression, description or symbol implying that one tobacco product is less dangerous than another, such as “light”, “ultra light”, “mild”, or any other term in Arabic or any other language.

b. All tobacco packs or packets must contain health warnings in Arabic, written very clearly, describing the dangerous effects of tobacco on health. These warnings shall cover 40 % (forty percent) of the total surface of the pack and packet, and are to be determined by implementation decrees issued upon the proposal of the Minister of Public Health based on the opinion of Standards and Specifications Authority of Lebanon.

Warnings must be written on the two main sides of the pack and packet; and what is meant by the two main sides is the widest sides.

c. It is possible to issue a decree upon the proposal of the minister of public health and the minister of finance, to post warning images on the two main sides of the pack and packet, covering 40 % (forty percent) of the total surface of each side.

d. It is prohibited to hide the health warnings in any way.

Chapter four of this law related to the label and the package will be applied one year after its implementation decrees are issued.

Chapter five: Publicity and Advertising

Article 9:

All kinds of advertisements and promotional elements for tobacco products, tobacco brands, logos or trademarks are totally prohibited unless they respect the conditions and terms stipulated in the present law and in its implementation decrees.

It is also prohibited to produce, import, promote, sell or display all kinds of products that represent or imply to, in any way, tobacco products, such as and not solely, food items, candies, sweets and toys, especially those intended for the use by minors.

Official Translation

Article 10:

All manufacturers, importers, wholesalers, retailers or distributors are prohibited to give for free, to the buyer of any tobacco product or its derivatives, any gift bearing the logo, any distinguishing mark, any trademark or even the right to participate in a draw or any other competition.

Article 11:

It is prohibited to publish or broadcast, for free or in exchange for something, by any written or audiovisual media outlet, or by any other electronic or informational means and all media related mechanisms and means, any publicity or advertisement, program or article that can be considered as an advertisement or publicity of any tobacco products.

Article 12:

a. It is prohibited to post advertising on the roads through ads on billboards or on the roofs of buildings and shop fronts, and generally by any means visible for pedestrians in public places.

b. It is totally prohibited to provide sponsorship for any kind of cultural, sport or commercial events.

Article 13:

Taking the regulations into account, the retailer is allowed to refer that tobacco products are sold in his institution, and the wholesaler is allowed to post a sign on his institution's interface showing that he's an authorized distributor by the Lebanese Regie for Tobacco (Régie Libanaise des Tabacs et des Tombacs).

All provisions stipulated in chapter five of the present law and related to advertising and publicity, are applicable six months after its publication.

Chapter six: Monitoring implementation

Article 14:

The officially appointed members of the judicial police, the inspectors of the Ministry of Public Health, the Directorate of Consumer Protection in the Ministry of Economy and Trade and the tourist police will be in charge, every party within its jurisdiction, of monitoring the implementation of the present law's provisions..

If a tobacco product violating the provisions of this law is seized, it will be confiscated and handed with a copy of the seizure report to the Lebanese Regie for Tobacco.

Chapter seven: Sanctions

Article 15:

Upon violation of the provisions of articles four and ten, the violator shall bear a fine two to six fold the minimum wage. The same sanction applies to the head of any department violating articles five and six of the present law.

In the event of a second offense, the violator shall be sanctioned by imprisonment from one to six months and by bearing a fine of ten to twenty times the minimum wage, or by one of these two sanctions.

Article 16:

Upon violation of the provisions of article 5 of the present law, the offender shall bear a fine of one fifth the minimum wage.

All the investors and managers of enclosed public places where the provision of the article 5 of this law is violated intentionally, by negligence or nonperformance, shall bear a fine from two to six times the minimum wage. The investor or the manager of these places shall not be punished if he informs the competent authorities about the violation.

Article 17:

A fine of twenty to sixty times the minimum wage shall be borne by the person who violates the provisions of articles 7,8,9,11 and 12 of this law. In the event of a second offense, the sanction will be aggravated and the offender shall be sanctioned by

imprisonment from two months to one year and bear a fine of forty to a hundred times the minimum wage, or by one of these two sanctions.

Article 18:

A sanction of imprisonment from one to three months shall be imposed on every person having given false information or a false statement about any tobacco product.

This sanction shall be applied to the persons mentioned in Article 14 of this Law who misuse their authority in controlling its implementation.

The partner in crime shall be punished by the same sanction mentioned in this Article.

Article 19:

The right of the Lebanese Regie for Tobacco concerning prosecuting the violations will stay valid in accordance with the regulations and applicable laws. Official

Translation

Article 20:

Specific details regarding the implementation of this law shall be defined under decrees published by the Lebanese Council of ministers, based on the proposal of the Minister of Finance and the Minister of Public Health.

Article 21:

This law enters into force upon its publication in the official gazette.

Beiteddine, August 29, 2011

Signature: Michel Sleiman

Promulgated by the President of the Republic

The Prime Minister

Signature: Mohammad Najib Mikaty

The Prime Minister

Signature: Mohammad Najib Mikaty¹²

¹² Tobacco Control Laws -< <http://www.tobaccocontrollaws.org/legislation/country/lebanon>>

APPENDIX B

Official Translation

Decree No. 7437

The President of the Republic

Based on the Constitution

Based on the law no. 174 Date 3/9/2011 (*Tobacco Control and Regulation of Tobacco Products Manufacturing, Packaging and Advertising*) particularly Article 13,

Based on the legislative decree no. 340 Date 1/3/1943 and its amendments (penal code) particularly Article 770,

Based on the proposal of the Minister of Finance and the Minister of Public Health,

And after consulting the Council of State, and the approval of the Lebanese Council of ministers on 4/1/2012

Promulgates the following:

Article 1:

Wholesalers of tobacco products are permitted to display a sign outside their shop stating that they are authorized by the Lebanese Regie for Tobacco to sell tobacco products indicating their license number.

The text of the sign above mentioned, shall not identify or reflect a brand of tobacco and no other logo and/or trademark except for that of the Lebanese Regie for Tobacco is permitted on the sign.

Article 2:

Retailers are permitted to display only one sign inside their shop stating that tobacco is sold in their premises. And they are prohibited to post any similar sign outside their shop or on any of its facades.

Article 3:

The sign stated in article 2 of this decree, must have the following specifications:

1. The sign shall be no more than A5 in size (210mm * 148mm)
2. The text of the sign shall only read: "Tobacco products are sold here."
3. No other logo and/or trademark except for that of the Lebanese Regie for Tobacco is permitted on the sign.

The text above mentioned in the second clause of this article shall be printed in black against a white background. The text size and style shall be consistent across all parts of the sign and shall not be printed in bold, italics or with underlining.

Article 4:

Any vendor of tobacco products, whether wholesaler or retailer who violates the provisions of this decree shall be sanctioned in this case according to the provisions of article 770 of the Penal Code, related to breach of administrative or municipal regulations issued in pursuance with the law.

Article 5:

This byelaw repeals all previous legal instruments and decisions which its provisions are incompatible with the provisions of this decree or may not match with its content.

Article 6:

This decree is published and delivered where needed, and enters into force upon its publication.

Signed by:

- The President of the Republic
- The Prime Minister
- The Minister of Public Health
- The Minister of Finance

Baabda, 25th January, 2012.¹³

¹³ Tobacco Control Laws -< <http://www.tobaccocontrollaws.org/legislation/country/lebanon>>

APPENDIX C

Smoking Ban Survey

The purpose of this questionnaire is to get your opinions and feedback about smoking ban in public places in Lebanon. This information will help us conduct an effective research aimed at analyzing and synthesizing the impacts of smoke banning along with the economic effects of the Lebanese Economy. These results will help complete an MBA thesis with the title:

“The Lebanese perception towards smoking ban in Lebanon and the effect of its implementation on the revenues of pubs and restaurants”

This survey will take about 8 minutes to be completed

Section I: Personal Information

1. Age

2. Sex Female Male

Nationality

3. Educational Level:

No Schooling

Elementary school

Middle school

High school

TS

Bachelor degree

Higher Degrees (Masters, PHD...)

Don't Know

4. Marital Status:

Single

Married

Divorced/Separated

Widow/Widower

5. If married, does the spouse/partner live in the same household?

Yes No

6. If married, what is the age of the spouse/partner:

7. If married, what is the educational level of the spouse/partner:

- No Schooling
- Elementary school
- Middle school
- High school
- TS
- Bachelor degree
- Higher Degrees (Masters, PHD...)
- Don't Know

8. If married, Divorced/Separated or Widow/Widower do you have children?

- Yes No

9. If you have children, how many do you have?

10. For each of your child, indicate the age category

Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
0-3 years	0-3 years	0-3 years	0-3 years	0-3 years	0-3 years
4-7 years	4-7 years	4-7 years	4-7 years	4-7 years	4-7 years
8-12 years	8-12 years	8-12 years	8-12 years	8-12 years	8-12 years
13-17 years	13-17 years	13-17 years	13-17 years	13-17 years	13-17 years
18 and +	18 and +	18 and +	18 and +	18 and +	18 and +

11. How do you classify your zone of residence?

- Rural Urban

12. What is the region (Mouhafaza) of residence?

- North
- Mount Lebanon
- Beirut
- Bekaa
- South
- Al Nabatya
- Don't know

Section II: Work Activity

1. Did you have any paid activity during the last month?
 Yes
 No
2. When did you start working with the same employer? Give year and month
.....
3. Is your work
 Permanent
 Fixed period contract
 Temporary
 Casual
 Seasonal
 Don't know
4. Do you have any written contract with the employer?
 Yes
 No
 Don't know
5. Is the business or firm where you work
 Government
 Club, community organization, NGO or religious
 A private business
 Self-employed
 Labor union, professional association, or business league
 Don't Know
6. What is your occupation (use the codes, these are international classifications)?
 Legislators, senior officials and managers
 Professionals
 Technicians and associate professionals
 Clerks
 Service workers and shop and market sales workers
 Skilled agricultural and fishery workers
 Craft and related trades workers
 Plant and machinery operators and assemblers
 Elementary occupations
 Armed forces, occupations unspecified and not elsewhere classified and not economically active persons
7. In which industry (use the codes, these are international classifications)?
 Industry 1: AGRICULTURE, HUNTING, FORESTRY AND FISHING
 Industry 2: MINING AND QUARRYING
 Industry 3: MANUFACTURING
 Industry 4: ELECTRICITY, GAS AND WATER SUPPLY
 Industry 5: CONSTRUCTION

- Industry 6: WHOLESALE AND RETAIL TRADE: REPAIR OF MOTOR
- Industry 7: TRANSPORT, STORAGE AND COMMUNICATION
- Industry 8: FINANCIAL INTERMEDIATION, INSURANCE, REAL ESTATE
- Industry 9: COMMUNITY, SOCIAL AND PERSONAL SERVICES
- Industry 10: PRIVATE HOUSEHOLDS, EXTRATERRITORIAL ORGANISATIONS, REPRESENTATIVES OF FOREIGN GOVERNMENTS, OTHER ACTIVITIES NOT ADEQUATELY DEFINED

8. How many regular workers does the firm/business where you work have, including yourself?

- 1
- 2-4
- 5-9
- 10-19
- 20-49
- and more
- Don't Know

9. Is the business/firm registered for VAT?

- Yes
- No
- Don't Know

10. Is the business/firm registered for Income Tax?

- Yes
- No
- Don't Know

11. What is your total monthly salary/revenue (LBP) in your main job?

.....

12. How many hours you work per week in your main job?

.....

13. Does your employer contribute to any pension/retirement fund?

- Yes
- No
- Don't Know

14. Do you get paid leave?

- Yes
- No
- Don't Know

15. If you don't work, how do you support yourself?

- Supported by persons in the household (or family members)
- Supported by persons not the same household
- Charity, church, welfare, etc.
- Savings or money previously earned
- Other sources (i.e., study loan, bursary, etc.)

16. If you are married, what is the income, of your spouse/partner?

.....

17. If you are married, what is the occupation of your spouse/partner?

- Legislators, senior officials and managers
- Professionals
- Technicians and associate professionals
- Clerks
- Service workers and shop and market sales workers
- Skilled agricultural and fishery workers
- Craft and related trades workers
- Plant and machinery operators and assemblers
- Elementary occupations
- Armed forces, occupations unspecified and not elsewhere classified
and not economically active persons

Section III: Smoking behavior (kindly tick ONE only)

1. Which of the following describes you the best?

- I am a non-smoker. (go directly to question 10)
- I am an ex-smoker. (go directly to question 10)
- I am a smoker who would like to quit.
- I am a smoker who doesn't want to quit.

2. How many cigarettes do you smoke a day?

- 10 cigarettes or less
- 11-20 cigarettes
- 21-30 cigarettes
- 31 and +
- Don't know

3. How long have you been smoking for?

- Few weeks
- Few months
- Less than 1 year
- Between 1 to 5 years
- More than 5 years
- Don't know

4. Where do you usually smoke? (choose only one option)

- Home
- School/university
- Work
- Public places
- Social events
- Car

5. When you smoke, do you experience pleasurable feeling?

- Yes
- No
- Don't know

6. When you smoke, do you experience a good taste in your month?

- Yes
- No
- Don't know

7. When you smoke, do you experience a fall in stress?

- Yes
- No
- Don't know

8. When you smoke, do you experience a fall in appetite?

- Yes
- No
- Don't know

9. Do you think that smoking is harmful to your health?

- Yes
- No
- Don't know

Passive smoking is the inhalation of smoke, called second-hand smoke (SHS), or environmental tobacco smoke (ETS), by persons other than the intended 'active' smoker.

10. Kindly rate the degree to which you agree with the following statement: "I believe that second-hand smoke is a serious threat to the health."

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

11. Are you bothered by other people smoking in public places (workplace, restaurants, bars, nightclubs, malls, theatre halls, hotel lobbies...)

- Strongly Bothered
- Bothered
- Neither bothered nor unbothered
- Unbothered

12. Do you think that smoking should be banned in public places?

- Yes
- No
- Don't know

13. How do you feel about smoking ban in Restaurants?

- Very good
- Good
- I don't mind
- Bad
- Very bad

14. How do you feel about smoking ban in Pubs?

- Very good
- Good
- I don't mind
- Bad
- Very bad

15. On average, how often do you visit a restaurant per month?

- Once a month
- 1-4 times a month
- 5-8 times a month
- More than 10 times a month
- Never
- Don't know

16. When you dine out, which seating do you request?

- Smoking
- Non- smoking
- First available
- It depends on whom I am with

17. If restaurants were completely smoke-free, would you visit:

- More often?
- Less often?
- About the same?

18. On average, how often do you visit a pub per month?

- Once a month
- 1-4 times a month
- 5-8 times a month
- More than 10 times a month
- Never

19. If pubs were completely smoke-free, per month you would visit:

- More often?
- Less often?
- About the same?

20. Is smoking allowed at your work?

- Totally not allowed
- Allowed in special areas
- Totally allowed
- Don't know

21. Is smoking allowed at home?

- Totally not allowed
- Allowed in special areas
- Totally allowed
- Don't know

22. Is smoking allowed in your car?

- Totally not allowed
- Allowed in special areas
- Totally allowed
- Don't know

Thank you for taking the time to complete this survey