



A baseline evaluation of smokefree policies and practices in Victorian football clubs

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Introduction

Community based sporting clubs play a vital role in the physical and social health of the Victorian community. Sporting clubs, such as football, netball and lifesaving, provide an opportunity for children and adults to engage in healthy physical activity on a regular basis. Community based sporting clubs also provide valuable opportunities for social interaction between members of communities who are drawn together by a common interest, hobby or passion.

Given the role that sporting clubs play in society, health agencies have sought to work in partnership with sporting administrators to introduce healthy practices and policies into grass roots sporting environments. Evidence of the successful incorporation of sun protection practices amongst lifesavers (Dobbinson, Borland, Anderson 1999) and responsible alcohol management policies in Gippsland football clubs (Munro 1998) have indicated that such changes can be achieved when sporting organisations are provided with appropriate support, education and resources.

The present study sought to examine current smoking practices and policies within community football clubs throughout Victoria. In 2000, there were 119,850 registered players with football bodies in Victoria (Football Victoria 2000). These players represented nearly 4800 football teams from more than 1100 individual football clubs. The sheer volume of football players, teams and clubs spread across Victoria provides significant challenges in ensuring an efficient promotion of health messages throughout the State.

The Victorian Health Promotion Foundation has sponsored a range of Australian Rules Football organisations since 1988. Football has provided an opportunity for the social marketing of health messages to a range of target audiences during this period, including football players, spectators, administrators and the general public.

In more recent years, VicHealth and associated health agencies have sought to work with football organisations to introduce healthier sporting environments by addressing key health issues such as smoking and misuse of alcohol within football clubs. Both the Quit Campaign and the Australian Drug Foundation, in partnership with VicHealth and various football leagues, have developed specific strategies and resources aimed at facilitating healthy, structural change within grassroots football organisations.

In response to increased public support for smokefree environments, many sporting organisations have followed the lead of workplaces and public transport providers in developing policies to regulate smoking. The

Melbourne Cricket Ground is an example of a sporting venue which has developed a comprehensive policy prohibiting patrons from smoking within the confines of the stadium. VicHealth and the Quit Campaign aim to encourage operators of smaller sporting venues and clubs to adopt similar policies directed at providing smokefree environments. This ideal is reflected in the sponsorship contracts entered into by VicHealth with the following football bodies:

- Victorian Amateur Football Association (VAFA)
- Victorian Football Development Foundation (including grants to the Victorian Metropolitan Football League – VMFL)
- Victorian Country Football League (VCFL)
- North Melbourne Football Club
- Geelong Football Club.

With the exception of the two AFL clubs mentioned above (North Melbourne and Geelong), VicHealth's sponsorship arrangements are entered into with peak football bodies, rather than individual clubs. These peak bodies work in partnership with VicHealth and Quit on programs and policies which are intended to flow through to the enormous network of clubs across Victoria. As a result of this strategy, there is significant onus placed on the contracted organisations to deliver outcomes at the grassroots club level, in the absence of direct sponsorship of individual community based clubs.

VicHealth, Quit and the contracted football organisations all play active roles in educating and providing detailed information on implementing smokefree policies. To this end, a number of strategies have been developed to achieve maximum outcomes with the most efficient use of available resources. One of the aims of this study is to evaluate how effective this has been.

Some football leagues (and hence associated clubs) have had more extensive contact with VicHealth and Quit than others. For example, the VAFA and its network of clubs have received significantly more resources and support from Quit than the VMFL due to a direct sponsorship arrangement. The Footscray District Football League (FDFL) was singled out from the ranks of VMFL leagues and given additional input as a result of a pilot project implemented by Quit during 1999. The VCFL has received VicHealth funding for a number of years but its focus has been on addressing responsible alcohol management issues rather than smoking. The VCFL therefore provides an excellent reference group for assessing the effectiveness of the Quit sponsorship deals with other leagues. Further,

there is a unique opportunity to prospectively evaluate the impact of the sponsorship within the VCFL.

With regard to Quit's intervention in organisations, the most common strategy has been the distribution of a smokefree policy guide developed specifically for sporting venues. The guide sets out how to implement a smokefree policy step-by-step, and includes smokefree stickers, information on drafting a policy, and planning for non-compliance. It is expected that clubs who have had access to this policy guide will display more comprehensive smokefree policies than those who have not. Other intervention strategies employed across organisations have included targeted social marketing of the smokefree message, education and training sessions for league and club delegates, incentive competitions and grants programs.

Specifically, the current study aimed to:

1. Examine current smokefree practices and policies in grassroots Victorian football clubs.
2. Evaluate the uptake of the Quit Smokefree Policy Guide.
3. Assess the base level of smokefree policies amongst VCFL clubs.
4. Assess the impact of VicHealth's ongoing sponsorship of the Victorian football leagues.
5. Evaluate the effectiveness of specific intervention strategies implemented with the FDFL.

It was expected that clubs who had received policy guides on becoming smokefree would be more advanced in implementing smokefree policies than those who had not received a guide. Similarly, it was expected that clubs who had received a policy guide would be more likely to be entirely smokefree, or have more areas within the club designated smokefree. These clubs were also expected to hold a greater number of smokefree functions and have a larger number of written policies in place. More specifically, it was expected that VAFA clubs would be more likely to have developed smokefree policies and practices than non-VAFA clubs, given the nature of the support and intervention strategies employed. Further, it was expected that VCFL clubs would have the least number of smokefree policies given the focus on an alternative health message within this league. In contrast, FDFL clubs were expected to be more advanced in smokefree policies than their metropolitan league counterparts, given the recent additional input and resources from the Quit Campaign.

Method

A randomised telephone survey of football club secretaries was carried out between 1 September 1999 and 8 November 1999, with 66% of the calls made in the first five weeks. Seventy-five per cent of interviews were conducted during business hours with the remainder of the secretaries contacted between 5:00pm and 9:00pm, predominantly at their own request. The survey contained descriptive measures of the club, such as the size (measured by number of players, number of teams fielded and number of officials) and whether or not the club included any junior teams (defined as teams containing under 18s). In addition, participants were asked which areas of their club were designated non-smoking at the time of the survey and whether any barriers existed preventing them from becoming smokefree. The secretaries were asked if any tobacco products were sold from the club and if so, how these were sold (vending machine or over the counter). Other measures recorded included expectations placed on players and officials not to smoke, whether any social functions held by the club were smokefree, whether the club had a written policy on smoking and if not whether smoking had been on the club's agenda. Finally, secretaries were asked if they recalled receiving a policy guide on becoming smokefree, and if not, they were offered the opportunity to have one sent to them. The survey took approximately three minutes to complete.

Statistical analysis

Statistical analyses were conducted using the chi-squared test. Details of statistical tests are not included in the text. Where relationships between variables is reported, the probability level of significance was less than .05, indicating less than a 5 in 100 probability that the effect was caused by chance.

Sample

Thirty club secretaries from the Victorian Amateur Football Association (VAFA), 147 from the Victorian Country Football League (VCFL) and 67 from the Victorian Metropolitan Football League (VMFL) were randomly selected from lists provided by each league's administration. In addition, all 27 clubs in the Footscray District Football League (FDFL), a subset of the VMFL were included, yielding a total sample of 271 secretaries. The number of clubs selected from each league was based on the size of the league, thereby ensuring the proportions in our sample are representative of the Victorian Football League. This strategy was not employed for the FDFL, which made up a disproportionately large portion of the present sample.

Although the contact rates varied from 100% for the FDFL to 70% for the VMFL, only one club secretary refused to be interviewed. The differing contact rates were largely due to incomplete or incorrect contact details. Therefore it is unlikely that the final sample of 236 clubs was biased. The differing contact rates did alter the proportion of teams represented in the sample, with the VMFL becoming under-represented. However, the VMFL still formed 20% of the total sample. Details of the sample distribution are provided in Table 1.

Table 1: Sample distribution and contact rates for the VAFA, VMFL, FDFL and VCFL

League	Clubs approached		Successful contacts	
	%	(n)	%	(n)
Victorian Amateur Football Association (VAFA)	11	(30)	11	(26)
Victorian Metropolitan Football League (VMFL)	25	(67)	20	(47)
Footscray District Football League (FDFL)	10	(27)	11	(27)
Victorian Country Football League (VCFL)	54	(147)	58	(136)
Total	100	(271)	100	(236)

Results

Each area of interest is discussed in relation to the leagues and whether the clubs received a policy guide. Overall, only 29% of clubs had received a policy guide but of those clubs that did not have a policy guide, 96% wanted a policy guide sent to them (see Table 2).

Table 2: Percentage of clubs within each league who had received a policy guide

League	Received a policy guide %
Victorian Amateur Football Association (n=24)	79
Victorian Metropolitan Football League (n=43)	21
Footscray District Football League (n=25)	52
Victorian Country Football League (n=130)	19
Total (n=222)	29

The number of teams fielded, the number of players and the number of officials and support staff involved were used as measures of the size of each club. There were strong correlations between these variables, and it was decided that the number of players would be used as the measure of club size for the remaining analysis. However, club size was not related to any of the other variables measured including the club's smokefree status.

Smokefree areas

A number of commonly found facilities in football clubs were examined for their smokefree status. Over 86% of all clubs indicated that their kitchens were smokefree, but only 41% of the eating areas were completely non-smoking, with a further 4% partially non-smoking. Only 3% of grandstands were non-smoking and a further 1% were partially smokefree. Table 3 shows the smokefree status of surveyed areas of clubs.

Table 3: Percentage of non-smoking, partially non-smoking and not designated non-smoking policies for different areas of the clubs

Area	Smokefree status		
	Non-smoking %	Partially non-smoking %	Not designated non-smoking %
Change rooms (n=240)	64	1	35
Eating areas (n=226)	41	4	55
Social rooms (n=235)	33	3	64
Grandstands (n=177)	3	1	96
Administration area (n=192)	47	0	53
Kitchen (n=236)	87	0	13

Few clubs were smokefree in all areas (4%), about a quarter (24%) had indoor smoking restrictions and the remainder were not smokefree at all (see Table 4). The VAFA had the largest percentage of smokefree clubs, with 62% implementing either total smokefree bans or at least smokefree bans indoors. The FDFL had the smallest percentage of smokefree clubs, with only 11% of club secretaries indicating that indoor areas were non-smoking. Clubs that had at least all indoor areas smokefree were compared with clubs that were not yet smokefree. A significant relationship was found between league and smokefree status.

Table 4: Smokefree status of each league

League	Status of entire ground and facilities		
	Entirely smokefree %	Indoor smokefree %	Not yet smokefree %
Victorian Amateur Football Association (n=26)	8	54	38
Victorian Metropolitan Football League (n=47)	6	21	72
Footscray District Football League (n=27)	0	11	89
Victorian Country Football League (n=136)	2	12	86
Total (n=236)	4	24	71

Having a policy guide was also positively associated with having at least some indoor smokefree areas.

Barriers to becoming smokefree

Over half (53%) of the club secretaries (n=236) surveyed indicated that there were barriers preventing the club from becoming smokefree. There was however, no significant difference between the leagues on this point. The most common barrier mentioned was that players, club members or sponsors did not support smokefree policy (83 responses). Other barriers mentioned included the expected difficulties in enforcing a smoking ban (15) and the financial burden of becoming non-smoking (12). Secretaries also indicated that the buildings and grounds were not owned by the club (17) and were most commonly owned by the local council. The full list of barriers is presented in Table 5.

Barriers mentioned	Number of responses*
Players/members/sponsors don't support smokefree policy	83
Externally owned buildings/ground	17
Policing	15
Financial	12
Other	4
Total	131

* Multiple responses possible

Of those not entirely smokefree, there was no significant relationship between perceiving barriers and receiving a policy guide. While 45% of all clubs who had received a policy guide on becoming smokefree perceived barriers to implementing smoking bans, 57% of those who had not received the guide also had this perception.

Smokefree functions

Overall, 43% of clubs staged smokefree functions. There was a significant relationship between league and staging smokefree social functions, with 89% of VAFA clubs and just over 36% of VMFL and VCFL clubs holding smokefree social functions. Table 6 presents the percentage of smokefree functions held by each league.

Table 6: Percentage of clubs within each league that hold smokefree functions

League	Hold smokefree functions %
Victorian Amateur Football Association (n=26)	89
Victorian Metropolitan Football League (n=47)	36
Footscray District Football League (n=27)	41
Victorian Country Football League (n=135)	36
Total (n=235)	43

There was also a significant relationship between holding smokefree functions and having a policy guide. Sixty per cent of the clubs that had a policy guide held smokefree functions, as opposed to only 35% of clubs that did not have a policy guide (see Table 7).

Table 7: Percentage of clubs who hold smokefree functions in relation to receiving a policy guide

Received a policy guide	Hold smokefree functions %
Yes (n=65)	60
No (n=157)	35
Total (n=222)	43

Sale of cigarettes

There was a significant relationship between clubs selling tobacco products and the league to which they belonged. No Vafa clubs sold tobacco products, as opposed to the FDFL, where 36% of clubs sold tobacco products (see Table 8). Twenty-two per cent of the 135 VCFL clubs surveyed sold tobacco. The method of selling tobacco did not differ across the leagues. Seventy per cent of the clubs that sold tobacco sold it over the counter and only 30% by vending machine.

Table 8: Percentage of clubs selling tobacco products in each league

League	Sell tobacco products (%)
Victorian Amateur Football Association (n=26)	0
Victorian Metropolitan Football League (n=46)	17
Footscray District Football League (n=25)	36
Victorian Country Football League (n=135)	22
Total (n=232)	20

Despite the clear relationship between league and tobacco sales, there was no significant relationship between having a policy guide and selling tobacco products. Fourteen per cent of clubs with a policy guide sold tobacco products, in comparison to 23% of clubs that did not have a policy guide.

Players and officials refraining from smoking

There was a significant relationship between league and whether players were expected to refrain from smoking while wearing their football jumpers. Once again, the VAFA led the other leagues with 86% of these clubs indicating that their players were expected to refrain from smoking while wearing their jumpers (see Table 9). This was in comparison to only 57% of the VCFL clubs that had similar expectations. Overall, 65% of clubs said that players were expected to refrain from smoking while wearing their jumpers.

Table 9: Percentage of players expected to refrain from smoking within each league

League	Players %
Victorian Amateur Football Association (n=22)	86
Victorian Metropolitan Football League (n=46)	70
Footscray District Football League (n=25)	76
Victorian Country Football League (n=125)	57
Total (n=218)	65

No significant relationship was found between league and whether officials and coaches were expected to refrain from smoking while on duty (see Table 10). Overall, 48% of officials and coaches were expected to refrain from smoking while acting in an official capacity.

Table 10: Percentage of officials and coaches expected to refrain from smoking within each league

League	Officials and coaches %
Victorian Amateur Football Association (n=24)	54
Victorian Metropolitan Football League (n=47)	53
Footscray District Football League (n=27)	56
Victorian Country Football League (n=123)	42
Total (n=221)	48

There was also a significant relationship between having a policy guide and players being expected to refrain from smoking. Around 76% of clubs with a policy guide expected players to refrain from smoking while wearing their jumpers, as opposed to only 60% of clubs with no policy guide. Further, there was a significant relationship between having a policy guide and officials and coaches being expected to refrain from smoking. Fifty-nine per cent of those who received a policy guide expected officials and coaches to refrain from smoking while acting in an official capacity, while 43% of clubs who did not receive the policy guide held this expectation.

Policies and priorities

A significant relationship was found between league and whether a written policy on smoking was in place. The VAFA had the highest percentage of clubs with written policies at just over 54% (see Table 11). The VCFL had the lowest percentage, at 10%, while the VMFL and the FDFL had the same proportion of written policies in place, at 15%.

Table 11: Percentages of clubs with written policies within each league

League	Written policy on smoking %
Victorian Amateur Football Association (n=24)	54
Victorian Metropolitan Football League (n=46)	15
Footscray District Football League (n=27)	15
Victorian Country Football League (n=134)	10
Total (n=231)	16

There was also a significant relationship between league and whether smoking had been an issue on the agenda of the club. Almost 91% of all VAFA clubs that did not already have a written policy on smoking had smoking on their agendas, versus only 28% of VCFL clubs (see Table 12).

Table 12: Percentages of clubs with smoking on their agenda within each league*

League	Smoking on agenda %
Victorian Amateur Football Association (n=11)	91
Victorian Metropolitan Football League (n=40)	53
Footscray District Football League (n=23)	57
Victorian Country Football League (n=104)	28
Total (n=178)	41

* Asked of those without a written policy

As expected, there was a strong relationship between clubs who had received a policy guide and had a written policy on smoking. Almost 40% of those clubs with a policy guide had a written policy on smoking in place as opposed to 8% of clubs with no policy guide (see Table 13).

Have a policy guide	Written policy on smoking %
Yes (n=63)	38
No (n=156)	8
Total (n=219)	17

There was also a significant relationship between having a policy guide and whether smoking had been on the clubs’ agendas. Forty-one per cent of those clubs who did not have a written policy in place had smoking on their agendas, comprising 56% of those who had a policy guide and 36% who did not have a policy guide (see Table 14).

Have a policy guide	Smoking on agenda* %
Yes (n=39)	56
No (n=128)	36
Total (n=167)	41

* Asked of those without a written policy

Discussion

Smokefree areas

Ideally, football clubs will implement policies providing smokefree environments for players and spectators. While only a small number of clubs had smoking bans encompassing their entire grounds and facilities, a larger number had smokefree bans applying to all indoor areas. Despite the recent intensive work carried out by VicHealth and Quit, the FDFL still had the smallest percentage of smokefree clubs. The VCFL, which has received the least amount of input from Quit, had a similar percentage of smokefree clubs to the FDFL. This could be explained by the short duration of the sponsorship. The FDFL had been involved in a pilot partnership with Quit for less than one year at the time of the survey, and the task of making all indoor areas smokefree is likely to be labour intensive and take an extended

period of time. As expected, the VAFA, which has the longest standing sponsorship with VicHealth, had more than double the number of smokefree clubs than any other league. This is encouraging, and suggests that ongoing sponsorship can, over time, influence the policies of sporting bodies.

The findings indicate that over 85% of club kitchens are smokefree. Yet less than half of all clubs' eating areas are smokefree. While clubs appear to be implementing policies for indoor areas, smoking is still permitted in almost all outdoor areas, including seated spectator areas (only 3% of grandstands were smokefree). This suggests that there is important work to be done on extending smoking bans to include areas where spectators gather.

Barriers to becoming smokefree

Despite large differences in the smokefree status of clubs between the leagues, there was no difference in perceived barriers to becoming smokefree. Further, no relationship was found between whether clubs perceived barriers and whether they received a policy guide. This is hardly surprising, as the policy guide acknowledges the difficulties of becoming smokefree and offers strategies to deal with these difficulties. Further, a number of clubs have implemented smoking bans despite perceived barriers. Future research may need to examine whether the guide is successfully assisting clubs to overcome these barriers.

The most common barrier perceived by club secretaries was players', members' and sponsors' lack of support for smokefree policies. Further, club secretaries indicated concern about enforcement of smoking bans should they be implemented. Given that a number of clubs do not own their facilities, it may be necessary to lobby not only football clubs, but also local councils and other sporting bodies that in some cases have greater control over grounds and facilities.

Smokefree functions

As expected, clubs in the VAFA held significantly more smokefree functions than other leagues. The VCFL and the VMFL held the smallest number of smokefree functions. The FDFL held more smokefree functions than the VMFL and the VCFL. While the difference between the FDFL and the VMFL and VCFL is small, it is encouraging and may demonstrate the effects of increased Quit involvement. This probably reflects the fact that smokefree functions are easier to organise in the short-term compared to other policies and bans which require a longer term commitment. Furthermore, clubs with policy guides held more smokefree functions than clubs without. This is further evidence that while the policy guide does not decrease

perceived barriers, it does encourage smokefree practices to be implemented.

Sale of cigarettes

Consistent with the large amount of Quit input, no VAFA club sold tobacco products. This is in comparison to FDFL where over a third sold tobacco products. The number of FDFL clubs still selling tobacco is disappointing, especially since it is considerably higher than the number of VCFL clubs (who have received little or no Quit contact). However, this might once again be a reflection of the time needed to implement policies. The VAFA can be used as an example of a league that, with intensive sponsorship, has successfully removed tobacco sales from their clubs (including vending machines).

While there was a trend for clubs without a policy guide to sell more cigarettes, this did not reach statistical significance. Quit could more actively lobby clubs to refrain from selling tobacco, both over the counter and via vending machines.

Players and officials refraining from smoking

The VAFA once again led the leagues with 86% of clubs indicating that players were expected to refrain from smoking while wearing their football jumpers. As expected, the VCFL had the smallest proportion of clubs with similar expectations. The FDFL had greater expectations than other VMFL clubs that both players and officials would refrain from smoking. This result is in keeping with the extensive contact the FDFL have had with Quit, indicating the success of the partnership.

The policy guide also appears to influence expectations for players and officials to refrain from smoking. Clubs with policy guides expected players and officials to refrain from smoking significantly more often than clubs that had not received a policy guide, indicating the success of this intervention. However, a third of clubs overall have no expectations that players refrain from smoking while in their footy jumpers, and more than half had no expectation that officials and coaches would refrain from smoking while acting in an official capacity. The importance of players, officials and coaches maintaining a smokefree image may need to be further emphasised to leagues.

Policies and priorities

As expected, the VAFA had the highest number of written policies in place and the VCFL had the lowest number. While most VAFA clubs that did not

have a written policy in place had smoking on the agenda, few VCFL clubs had smoking on the agenda. This result supports the ongoing sponsorship of the VAFA and reflects the fact that at the time of the survey the VCFL had received little input from Quit. The VMFL and FDFL had a similar number of policies in place, despite more than double the number of FDFL clubs having policy guides. However, more FDFL clubs had smoking on the agenda than VMFL clubs, which may reflect the additional input provided to the FDFL, and again illustrates the importance of time in considering such changes.

Clubs that had received a policy guide were five times more likely to have a written policy on smoking. This is hardly surprising, given the aim of the policy guide is to provide clubs with a step-by-step method of creating a written policy.

Discussion

While the pilot partnership between Quit and the FDFL did not result in clubs becoming entirely smokefree, it seems to have had an impact on certain areas of smokefree policy. Specifically, the FDFL has placed higher expectations on players and officials to refrain from smoking and has positively affected the number of clubs holding smokefree functions. The short duration of the current partnership must also be emphasised and continued monitoring will be required. It should however be noted that there is no baseline data with which to compare the clubs surveyed, so it is difficult to assess whether change has occurred.

The current research highlights the length of contact necessary before changes in policies and practices become evident. The long-standing sponsorship of the VAFA appears to have substantially influenced their smokefree policies, with the VAFA outperforming the other leagues on all the variables examined. However, the pilot project implemented with the FDFL has yet to impact fully on the practices of the league, with FDFL clubs having similar policies to other VMFL clubs on longer-term factors, such as written policy and structural changes.

The positive association between clubs having the policy guide and their overall smokefree practices and policies is encouraging. This finding suggests that the guide itself has been a useful resource for the clubs.

Conclusion

The current study has investigated the impact of intervention strategies on the implementation of smokefree policies by Victorian football clubs. The

VAFA, which has received ongoing sponsorship for a number of years, proved to have consistently more advanced smokefree policies in place than other leagues. In contrast, the VCFL, which at the time of the study had received minimal promotion or education regarding the importance of smokefree environments, were the poorest performers on smokefree policies compared to other leagues. While the FDFL clubs showed some signs of improvement compared with other VMFL clubs, they showed no improvement in longer-term practices, such as introducing written policies governing smoking. The lack of progress in executing smokefree policy is most likely a result of the short time frame between the implementation of a direct intervention strategy with the FDFL during 1999 and the current survey. It is hoped that future research will detect further improvement amongst FDFL clubs, and increases in the introduction of smokefree policies amongst the country leagues, which are currently the subject of new Quit sponsorship arrangements in 2000.

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