

Gillian Griffith

Global map of smokefree policies



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Prepared for The Global Smokefree Partnership
Gillian Griffith, April 2008

Overview

This document maps out the smokefree policies of the vast majority of the countries that have ratified the FCTC. For each country the following information is included where available:

- An overview of current and future smokefree initiatives for 2008/9, in particular any plans for implementing Article 8
- Existing resources – tobacco control groups, help from NGOs, websites
- Examples of public education materials/implementation or enforcement materials
- Details of any particular needs related to implementing smokefree policies
- Any factors that are helping or hindering the implementation of Article 8
- Countries that have an influence on smokefree policies across the region
- One or more contact names in each country where available

It was provided by contacts worldwide in response to e-mail questionnaires sent between January and March 2008 (see Appendix 1):

Grouping of countries

The countries have been grouped into the six WHO regions, plus three additional territories. Within each region they are subdivided as follows:

1. Countries planning comprehensive smokefree policies for 2008/9 – this includes countries that have passed legislation and are due to implement it in the next two years; countries where governments have announced plans to implement comprehensive policies but have not yet drafted legislation; countries with cities or regions that have implemented smokefree legislation, even though there may be no concrete plans for legislation at national level. Many of the countries that have received Bloomberg Initiative funding are listed here, even if the legislation is currently quite weak. It implies that momentum for comprehensive legislation is building.
 2. Countries making progress with smokefree policies (some to a greater degree than others) – this is a very broad category and includes countries that have passed legislation but with several exemptions that make it difficult to enforce, suggesting that revisions may be needed in the future. It also includes countries that, although comprehensive smokefree legislation has been drafted, it has not progressed due to lack of government commitment, or tobacco industry opposition. Countries that currently have weak legislation but are planning to improve it are also included.
 3. Countries with limited or no smokefree policies – this includes countries with weak legislation and no concrete plans to improve it. This category is small thanks to global tobacco control efforts.
 4. Countries with established comprehensive smokefree policies: best practice – this includes all such legislation implemented before the date of this report. It includes countries that ban smoking all enclosed public places and workplaces but allow designated smoking rooms. New initiatives, such as prohibiting smoking in cars with children, are included.
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5. Other countries – there are just 10 countries in this category, all but one of them in the Western Pacific Region

Key points regarding certain regions

African Region – There is an acute lack of funding that would allow NGOs, health professionals and other advocates to become more involved in smokefree initiatives. A greater share of global resources would help to address this. In general the smokefree laws that currently exist are not well enforced

Region of the Americas – Good progress is being made in some countries in the Americas, in particular in Latin America where a collaborative approach is being adopted to smokefree legislation. There have been recent delegations from countries with successful policies e.g. Uruguay and Guatemala, to other countries wishing to adopt a similar approach. Details are included in the relevant country information below. Canada is an example of best practice in smokefree legislation. However, in many of the countries in The Americas, there are no regulations on smokefree environments.

Eastern Mediterranean Region – The vast majority of countries do not enforce their smokefree laws effectively. Good progress is being made with smokefree initiatives in some countries.

European Region – Most of the best practice in smokefree policies is in Europe. Many countries may be waiting for the EU to publish its communication on smokefree before finalising their smokefree strategies. It will be published sometime in 2008. Information on the number of countries that have translated the Article 8 guidelines will be available soon, and will indicate the level of commitment to comprehensive legislation. A visual map of EU legislation is attached in Appendix 2.

South East Asian Region – Collaboration between the ASEAN group of countries is allowing expertise to be shared and progress to be made in several countries such as Cambodia and Vietnam.

Western Pacific – Australia and New Zealand are at the forefront of best practice smokefree policies.

Notes

- Some countries that have not ratified the FCTC have been included, as their smokefree initiatives and experience are of interest and significance to global tobacco control e.g. Argentina, Russian Federation, Indonesia, Italy. The USA is briefly mentioned.
- Many documents were submitted with replies to the questionnaires, including campaign materials and copies of legislation. Most of these are not included due to space limitations, but will be supplied separately (see Appendix 3)
- Some of the information is in the form of opinions of the respondents, and this is indicated where necessary.
- Information from the recent WHO MPOWER report has been used mainly where personal contacts have not been available in countries. In some cases the MPOWER data does not correspond exactly with personal communications e.g. Algeria, so the data from the personal communication has been used. This may be worth investigating further.

Acknowledgements

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Table of Contents

1. Region of the Americas	5
<u>1.1 Countries planning comprehensive smokefree policies for 2008/9</u>	5
<u>1.2 Countries making progress with smokefree policies – some to a greater degree than others</u>	11
<u>1.3 Countries with limited or no smokefree policies</u>	17
<u>1.4 Countries with established comprehensive smokefree policies: best practice</u>	18
2. African Region	22
<u>2.1 Countries planning comprehensive smokefree policies for 2008/9</u>	22
<u>2.2 Countries making progress with smokefree policies – some to a greater degree than others</u>	26
<u>2.3 Countries with limited or no smokefree policies</u>	32
<u>2.4 Countries with established comprehensive smokefree policies: best practice</u>	35
3. South East Asian Region	36
<u>3.1 Countries planning comprehensive smokefree policies for 2008/9</u>	36
<u>3.2 Countries making progress with smokefree policies – some to a greater degree than others</u>	38
<u>3.3 Countries with limited or no smokefree policies</u>	39
<u>3.4 Countries with established comprehensive smokefree policies: best practice</u>	40
4. Western Pacific Region	41
<u>4.1 Countries planning comprehensive smokefree policies for 2008/9</u>	41
<u>4.2 Countries making progress with smokefree policies – some to a greater degree than others</u>	44
<u>4.3 Countries with limited or no smokefree policies</u>	48
<u>4.4 Countries with established comprehensive smokefree policies: best practice</u>	50
<u>4.5 Countries where no information is available</u>	53
5. Eastern Mediterranean Region	54
<u>5.1 Countries planning comprehensive smokefree policies for 2008/9</u>	54
<u>5.2 Countries making progress with smokefree policies – some to a greater degree than others</u>	57
<u>5.3 Countries with limited or no smokefree policies</u>	59
<u>5.4 Countries with established comprehensive smokefree policies: best practice</u>	60
6. European Region	61
<u>6.1 Countries planning comprehensive smokefree policies for 2008/9</u>	61
<u>6.2 Countries making progress with smokefree policies – some to a greater degree than others</u>	66
<u>6.3 Countries with limited or no smokefree policies</u>	72
<u>6.4 Countries with established comprehensive smokefree policies: best practice</u>	74
<u>6.5 Countries with no information available</u>	83
7. Other regions	84



1.1 Countries planning comprehensive smokefree policies for 2008/9

Argentina

Contacts: Veronica Schoj (IAHF), Eduardo Bianco (FCA), Ernesto Sebrie (Roswell Park Cancer Institute/Inter-American Heart Foundation)



Background

The government blocked FCTC ratification and any tobacco control laws, so advocates are working province by province and city by city to implement smokefree policies.

Smokefree initiatives

- Five provinces are now 100% smokefree – Santa Fe (Mar 2006), Córdoba (May 2006). These two are very significant because of the size of their population. The others are Tucumán (June 2006), Mendoza (8 February 2008) and Neuquén (6 May 20 08).
- Three major cities have enacted smokefree ordinances: Bahía Blanca (to be implemented 1 September 2008), Corrientes, capital of Corrientes province (October 2006), and Resistencia – capital of Chaco province (date not known). Corrientes is a very significant case, since it is the capital of a tobacco growing province.
- Buenos Aires has only partial smoking restrictions and is therefore not a good role model for other cities.
- The tobacco-growing province of Salta wants to go smokefree. Legislators are looking for a basic consensus with NGOs on the elaboration of the project (4 March 2008). This initiative is being led by Roberto Eduardo Romero.

(Copies of legislation provided)

Existing resources

1. Bloomberg Initiative Grants

(a) Sociedad Italiana de Beneficencia en Buenos Aires (Hospital Italiano)

A project to support the enactment and enforcement of 100% smokefree policies at provincial and municipal levels. Managed by Veronica Schoj [project summary supplied]

Some goals have already been achieved, as Mendoza and Neuquén are now 100% smokefree.

The project focuses on Buenos Aires province as one third of the national population lives there. The city has a limited ban but the province has no restrictions.

Plans for 2008 – (a) modification of the Buenos Aires city ordinance (b) the enactment of a 100% smokefree law for Buenos Aires province and (c) the enactment of municipal ordinances in Buenos Aires province

(b) Secretaria de Salud Publica de la Municipalidad de Rosario [Department of Public Health of the Municipality of Rosario]

A project to support the enforcement of 100% smokefree policies in the city of Rosario. See Bloomberg document for details of strategy and plans. Led by Beatriz Martinelli. Dept Public Health.

2. Launching first national smokefree coalition – a civil society alliance – in April 2008. It is confidential for now but VS will send web link in due course

3. Proyecto MEDEF – medico especialista en dejar de fumar www.medef.com.ar

4. ES received seed grant from ACS to help enforce smokefree laws in Santa Fe

Public education materials/implementation or enforcement materials

See Programa Nacional de Control del Tabaco www.msal.gov.ar/htm/site_tabaco/index.asp (in

Spanish)
Air monitoring studies – data analysed in Roswell Park.

Factors helping or hindering the implementation of Article 8/smokefree

Hindering – the government having blocked FCTC ratification; tobacco industry activities

Countries with an influence on smokefree policies across the region

Uruguay – provides a model of how an effectively organised civil society can overcome opposition to smokefree laws.

Brazil



Contacts: Paula Johns (Director ACT), Ernesto Sebrie (Roswell Park Cancer Institute/Inter-American Heart Foundation); Eudardo Bianco (FCA)

Background

Brazil has a very good track record on tobacco control in general.

Smokefree initiatives

- Brazil has had a federal smokefree law since 1996 that prohibits smoking in enclosed public places, but allows for isolated and ventilated smoking rooms (see http://apps.nccd.cdc.gov/nations/legislation/OriginalFiles/origbrazil_03.htm). The provision for smoking rooms has led to different interpretations of the law. Current smokefree activities are focusing on making restaurants, bars and clubs in Brazil smokefree by (a) amending the Federal law to eliminate smoking rooms (b) enforcing the current laws following good examples in parts of the country. See ‘Resources’ section below for more detail. As the country is federal, an approach similar to Argentina’s is being adopted.
- The City of Recife became smokefree on 12 February 2008, including bars, restaurants, clubs and hotels. State of Joao Pessoa is also smokefree. Both are in North Eastern Brazil.

Existing resources

Two Bloomberg Initiative Grants:

1. Associação de Controle do Tabagismo, Promoção da Saúde e dos Direitos Humanos

Project to achieve 100% smoke-free restaurants, bars, bingo halls and nightclubs in seven major Brazilian capitals. Paula Johns Director ACT. Working on two fronts (a) Campaign to amend federal law to eliminate designated smoking areas. ACT has had meetings with the Ministry of Health and other authorities. The proposal for an amendment is to be forwarded from the Presidency of Brazil to the National Congress. It is not known what obstacles the proposal will meet.

(b) Campaign for the enforcement of the current law, as there are a few examples of places in which the legislation is being implemented and with good compliance rates.

ACT is using a sidpack machine to measure the pollution in several capitals, Public opinion polling is being used to gauge public support for smokefree areas. The most recent opinion poll in Sao Paulo (November 2007) found that 88% of the population and 85% of smokers support a total smoking ban in enclosed spaces.

2. Instituto Nacional de Cancer

Project to promote smokefree environments in Brazil

Two others listed on BGI grants site, one on smokefree environments.

Public education materials/implementation or enforcement materials

ACT material campaigns about this issue are available at www.actbr.org.br Have radio spots, TV ad, posters and folders. (Portugese)

Factors helping or hindering the implementation of Article 8

Helping – good examples of smokefree (Recife etc)

Hindering – Federal system makes it difficult to pass country-wide legislation

Countries with an influence on smokefree polices across the region

Argentina, Uruguay

Guatemala

Contacts: Catherine Jo (ACS) Dora Oliva, IMSALUD, (leads Central American Coalition)

Smokefree initiatives

Article 51, 50-2000 Decree (from Health Code 90-97) regulates smokefree places. It covers health centres, government facilities, educational institutions, and public places such as theatres, airports and gas stations. Restaurants can create separate areas for smokers, provided they occupy no more than 25% of the total area.

A national bill has been drafted to amend the above article. It would create 100% smokefree enclosed public spaces and workplaces, as well as sports stadiums, playgrounds and outdoor eating areas.

This bill was drafted in 2005 and approved by the Health Commission from the Congress in August 2006. It was approved after its first discussion in December 2007 by the entire National Congress. In February 2008 it was approved after its second discussion. It is now on the National Congress agenda and its third and final discussion is pending, before it is officially approved. (Copy of draft bill supplied in English).

Existing resources

National Anti-tobacco Council (NAC) – The approval of the FCTC by the National Congress happened because of extensive lobbying and the combined efforts of the many institutions that belong to (NAC). It represents over 20 public and academic institutions, as well as NGOs.

Pan America Health Organization (PAHO) Local office and the American Cancer Society have also provided support

These organisations continue to work extensively with the National Congress, and with other governmental institutions, in order to ensure optimal conditions for FCTC implementation.

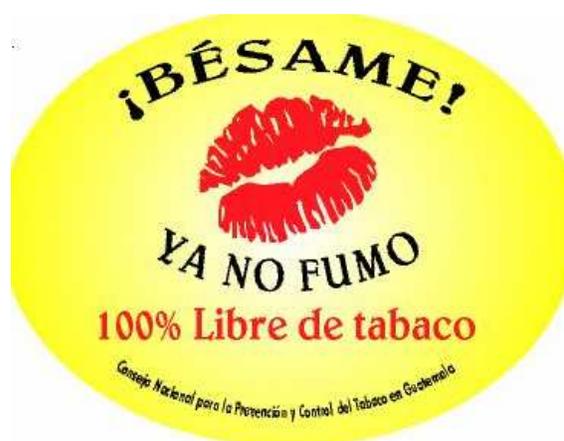
Public education materials/implementation or enforcement materials

NAC together with PAHO have developed materials for promoting smokefree initiatives with owners of bars, hotels and restaurants.

Press releases were prepared by NAC for the main newspapers promoting smokefree places

Other materials for promoting smokefree places have also been prepared by NAC

Copies of all materials supplied.



NAC has worked closely with the Municipality from Guatemala Department which is now 100% smokefree. Pizza Hut is the first chain of 100% smokefree restaurants (see above). NAC carried out a

survey regarding “Tobacco-Free Places Acceptancy” done in Miraflores Shopping Centre (see DO Appendix 5), are working with them to be the first tobacco smoke free shopping centre in Guatemala.

NAC is working with 4 North Degree, a well known cultural district, which is interested in becoming 100% smokefree and this initiative is under discussion. Materials have been produced for ‘Tobacco-free Nights in 4o. Degree North’ [asked DO to send]

Needs related to implementing smokefree policies

1. Need to renew efforts and create awareness among key cabinet members and legislators in the newly elected government
2. Tobacco control is not a priority for the Governments and there are limited funds for anti-tobacco measures. So Guatemala lacks funds to carry out activities, such as advocacy and public awareness campaigns, for implementing Article 8.

Factors helping or hindering the implementation of Article 8

Helping

With Tobacco Smoke-free Campaign, ACS and FCA, NAC are now training Central American Lawyers in all FCTC measures, especially Article 8. NAC has also lobbied in favour of the draft bill, and now has strong support from some Legislators in the Congress.

Hindering

The main factor that has hindered implementation of Article 8 is opposition by the tobacco industry. They drafted an opposing bill with support from the American Chamber of Commerce and presented it to the National Congress (asked DO to send). It proposed smoking areas in bars, hotels, airports and restaurants.

Countries with an influence on smokefree policies across the region

Not stated

Mexico

Contacts: Beatriz Champagne (Director IAHF), Ernesto Sebrie (IAHF and CTCRE, UCSF), Eduardo Bianco (FCA), Catherine Jo (ACS), Alejandro Madrazo Lajous, (Sonia Meza has not replied)



Smokefree initiatives

- Mexico City – a new 100% smokefree law for the city was approved by the Senate on 26 February 2008. This initiative was introduced in the local legislature.
- National law – Current federal tobacco control law is weak on smokefree, as it allows smoking areas and no physical barrier or ventilation are required. A stronger law was approved by Lower House in December 2007 and the Bill was approved by the Senate on 26 February 2008. Prohibits smoking in indoor workplaces and enclosed public places. Smoking is allowed in separate designated smoking rooms (DSRs) or outdoor smoking areas. Businesses have 180 days to set up DSRs.

Existing resources

Resources – Four Bloomberg Initiative Grants

1. Fundación InterAmericana del Corazón México A.C (IAHF). Sonia Meza Vargas Director Also Beatriz Champagne – for Mexico City to become smokefree over the next two years.
2. Instituto Nacional de Salud Pública (INSP)
18-month grant to develop materials and capacity for media advocacy efforts to promote tobacco advertising and promotion bans, 100% smoke-free areas, and cigarette packaging policies in Mexico.
3. National Council Against Addictions
Project to enhance the national capacity for tobacco control and to work towards the application of the Framework Convention on Tobacco Control
4. Secretaria de Salud / Instituto Nacional de Salud Publica
Project to develop a mass media campaign to promote smokefree policies and compliance

Public education materials/implementation or enforcement materials

Awaiting examples from Beatriz Champagne

Needs related to implementing smokefree policies

Mexico needs encouragement and stimulation to go proceed with smokefree policies

Factors helping or hindering the implementation of Article 8

Helping – The government recently invited a delegation from Uruguay to convince parliamentarians of popularity of SF (see Uruguay for detail); Bloomberg Initiative Grants

Hindering – The tobacco industry. According to AML they influenced Health Commission regarding federal bill and the local bill.

Courtesy of Choice programme (see

<http://tobaccocontrol.bmj.com/cgi/content/abstract/16/5/e6?etoc>)

The VIPs restaurant chain legally challenged the Mexico City bill, probably backed by the industry. It is believed the case was intended to threaten legislators that smokefree legislation would result in legal challenges from businesses. It did not succeed but is a lesson for legislators to be wary of the rhetoric around such legal cases.

Countries with an influence on smokefree polices across the region

Uruguay, Guatemala and Argentina. A delegation from Uruguay helped the Mexican government to develop its new smokefree policies (see Uruguay).

Panama

Contact: Reina Roa, Coalition Against Tobacco Panama (COPACET)

Smokefree initiatives

Congress has approved a National Tobacco Control Bill, including a ban on smoking in indoor workplaces and other specific areas. It is a 100% smokefree law and is pending Presidential approval. Snuff use is banned too. Smokefree measures are in Law No.13 and the provision was published in the Official Gazette N°25966 on 25 January 2008. Smoking is prohibited in the following places:

1. Public and private offices at the national, provincial, district and local level.
2. Public transport in general and in land, sea, and air terminals.
3. Enclosed places of public access where people congregate.
4. Open and closed environments for sports activities, both public and private.
5. The common areas of public buildings for private commercial and domestic use.
6. Indoor working environments.
7. Public and private educational and health institutions.

Copies of legislation supplied (Spanish)

Existing resources

Good NGO collaboration. Coalition Against Tobacco Panama (COPACET) is the main one. A full list of 15 was provided.

PAHO provided support for a 2004 workshop on snuff

Jon Samet's visit to the Gorgas Memorial Institute for the Study of Health in 2006 led to the formation of a coalition working for 100% smokefree indoor areas

FCA provided technical and financial support during 2007

But resources are still scarce. COPACET has relied on free publicity via the media – press conferences, TV and radio interviews, newspaper articles

Public education materials/implementation or enforcement materials

There have been parades supporting smokefree

Educational materials have been produced, including FCTC and national legislation, second hand smoke, supported with audiovisual material.

Educational events have been held with schoolchildren and adolescents, including seminars, workshops and cinemas discussions using films Duck smoker (a national production aimed at primary

school children)

Contents have been held, including a hat contest organized by health professionals from Region Metropolitana de Salud

Reina Roa provided several photographs and educational materials.

Needs related to implementing smokefree policies

Information from other countries on (1) monitoring the implementation of smokefree laws; (2) impact of SF policies on youth and other population groups; (3) changes in consumption of tobacco or non-smoked tobacco products

Factors helping or hindering the implementation of Article 8

Helping

1. The results of the Global Tobacco Young Survey (GYTS) – used as a tool briefing on tobacco consumption and exposure in the population among 13-15 year olds
2. Population more aware of the harmful effects of secondhand smoke and ready to defend their right to breathe air free of tobacco smoke; complaints re violations
3. Failure to comply with the provisions of Executive Order No. 17 of March 2005, which indicated the use of ventilators and oxygenations, which has facilitated the achievement of favorable legislation behind closed indoors to 100% smokefree environments.
4. Results of studies monitoring environmental snuff smoke in bars, restaurants, the airport, bowling alleys, hospitals and municipalities.
5. Results of the study of secondhand smoke snuff second hand on women and children between 3 months and 10 years in households from Panama City.
6. Increasing awareness of the authorities of the importance of protecting the health of people of the damage caused by the smoke.
7. Having ratified the FCTC.
8. Existence of NGO monitors the implementation of the FCTC and the national provisions that allow its implementation.
9. Interest from the Panama National University to become an entity 100% tobacco smoke-free on the Central Campus and all its regional entities, which will have a critical mass of people with adult awareness, motivating change.
10. The Ministry of Health (MINSA) has established a hot line for reporting violations to Law No. January 13, 2008.

Hindering

1. Pressure from the tobacco industry and casinos to keep smokers and non-smokers
2. Carlos Slim relations with national authorities
3. MINSA limited capacity to monitor compliance with the provision
4. National Council for Health without Tobacco, inter-entity created in 2003, is not meeting since the change of government in 2004. This situation limits the coordination between governmental and nongovernmental institutions for the effective implementation of the provisions of the FCTC and national regulatory provisions.
5. There is a lack of laboratories that can perform neither analyses environmental cotinine nor the resources to hire outside services to allow periodic sampling.

Countries with an influence on smokefree polices across the region

Not stated

Venezuela

Contacts: Natasha Herrera, Eduardo Bianco (FCA), (Oswaldo Albornoz – awaiting reply)

Smokefree initiatives

Monagas State has comprehensive smokefree legislation – smoking is prohibited in most public places and indoor workplaces, including places where food and drink are served.

Baruta City, Caracas and Guacaipuro also have smokefree legislation that allows smoking areas in restaurants. (legislation provided).

Not much smokefree legislation elsewhere. No smoking areas in restaurants; ban on smoking in

health institutions, and in some public buildings and private buildings open to public. There are more restrictions in some States:

Existing resources

No organisation or individual in Venezuela is strongly committed to tobacco control. Fundación PRECARDIO Nueva Esparta-Heart Foundation of Venezuela has an advisor in Tobacco control and Prevention (Oswaldo Albornoz)

1.2 Countries making progress with smokefree policies – some to a greater degree than others

Barbados

Contact: Adrian Randall, CEO, Heart and Stroke Foundation of Barbados (HSFB)

Smokefree initiatives

Has had draft legislation for two years but it has got no further than Cabinet. The government changed in January 2008 and smokefree legislation does not seem to be high on the political agenda. Nevertheless on 10 March 2008 a draft bill was finalised and discussions with the new government will begin.

Smoking prevalence is low (10%) and there is no billboard advertising (voluntary ban). Approx 85% of workplaces ban smoking voluntarily. Main problem is in bars, clubs and restaurants. Many are not totally indoor, and are predominantly outdoor.

HSFB and several other Barbadian NGOs were instrumental in getting smoking banned in all viewing areas of the Cricket World Cup 2007. Although smoking areas were provided, they were not in sight of play and there was no seating.

Existing resources

Heart & Stroke Foundation of Barbados www.hsfbarbados.org

Bolivia

Contact: Rolando Núñez, Bolivian Ministry of Health (via Eduardo Bianco).



Smokefree initiatives

National tobacco control programme started in 2005 when national government adopted Law#3029 that considers the FCTC as national law. National Tobacco Control Law approved on 12 December 2007 and will come into effect on 12 June 2008, including some protection from secondhand smoke. Law has limited smokefree provisions: public transport and terminals, health and educational establishments, some entertainment venues, but not bars, restaurants, clubs or indoor workplaces. Not well enforced.

Existing resources

No civil society organisations involved in tobacco control, in spite of efforts of Ministry of Health to encourage them. Tobacco control carried out by Ministry of Health and Sports (Health Education, Rolando Núñez)

Needs related to implementing smokefree policies

Technical assistance needed – interested in contacting GSP about this.

Chile

Contact: Maria Paz Corvalan, MEDEF Chile; María Teresa Valenzuela Schmidt, Pública - Facultad de Medicina

Smokefree initiatives

Tobacco control law, covering smokefree places, came into effect in May 2006. It covers public transport, educational establishments, malls, supermarkets, sports centres, private companies with more than 10 employees. Since 2007 bars and restaurants less than 100m² can choose to be 100%

smokefree. If they chose to allow smoking, they cannot admit anyone under 18 years. Others have to provide a separate smoking area (similar to Spain). For legislation see <http://www.emol.com/noticias/documentos/pdfs/tabaco.pdf>

Smokefree homes are being promoted by the Health Ministry.

Existing resources

For the first time the government has allocated money for a tobacco communication campaign and for human resources. The Health Ministry's activities are being coordinated with the Education Ministry across the country via the Comités Comunales Vida Chile. In 2007 approximately 700 workshops for the population on tobacco control legislation were held, as well as 600 workshops in social organisations, each for 20 people. The workshops are four hours long with a standardised programme.

Health without tobacco Manual – www.minsal.cl/ici/S_1/U_14/MANUAL%20SALUD%20SIN%20TABACO.zip [large file]

Organisations working on anti-tobacco initiatives:

Corporación de Laringectomizados de Chile www.galeon.com/conalach/

Educación Popular en Salud (EPES)– an NGO dedicated to women, health and social problems.

Began tobacco work in 2007. www.epes.cl

Chilean Health Ministry – www.minsal.cl

The Chilean Respiratory Diseases Society has a group dedicated to tobacco issues www.serchile.cl
María Teresa Valenzuela Schmidt works for School of Public Health, University of Chile.

Public education materials/implementation or enforcement materials

The Ministry of Health ran a TV and radio campaign at the end of 2007; This initiative is in line with the recommendations of the FCTC for educating the public. The campaign highlighted the health risks from tobacco and emphasises the need to respect smokefree places. Chile has a high smoking prevalence and 70% of children have tried tobacco by the age of 15. So one of the key aims is to prevent children becoming smokers. The campaigns are aiming to create a cultural change in attitudes to tobacco. Posters have also been used, with the slogans 'Children have no choice, you do' and 'Children mimic bad behaviour'. The campaign will be repeated in 2008.



The adverts can be viewed at:

TV advert 1. (exposing children to secondhand smoke)

<http://webhosting.redsalud.gov.cl/minsal/archivos/campanatabaco/TABACOGUAGUA.wmv>

TV advert 2. (children mimicking adults)

<http://webhosting.redsalud.gov.cl/minsal/archivos/campanatabaco/TABACOIMITADORES.wmv>

Radio advert

[http://webhosting.redsalud.gov.cl/minsal/archivos/campanatabaco/MinSalRadioImitadores\(1\).mp3](http://webhosting.redsalud.gov.cl/minsal/archivos/campanatabaco/MinSalRadioImitadores(1).mp3)

TV adverts also provided as video files.

Smokefree campaign poster from Chile

Needs related to implementing smokefree policies

Help with advocacy to reach local, regional and international decision makers who can reinforce

smokefree policies.
Need to empower civil society to demand more smokefree places, and defend their legal rights.
More smokefree campaigns

Factors helping or hindering the implementation of Article 8

Lack of funding

Ecuador

Contact: Ernesto Sebrie (Roswell Park Cancer Institute/Inter-American Heart Foundation); Rocío Vaca Bucheli, Executive Director, FESAR; Leonor Alvarado – awaiting reply



Smokefree initiatives

Current smokefree legislation is weak and poorly enforced, mainly because the law is aimed at the smoker rather than business owners and managers. However, progress is being made. Some private buildings, such as shopping malls, have set up their own smokefree policies, and have had good results. The Ministry of Health recently launched a tobacco control campaign that includes smokefree.

Existing resources

Ecuadorian Alliance for Tobacco Struggle and the Ecuadorian Foundation for Respiratory Health (FESAR) are working on a project, funded by Tobacco Free Kids, to advocate new legal framework in accordance with the FCTC. The initiatives are local and limited due to lack of resources and experience of working with the private and public sector.

Civil society is also launching a campaign to protect children from smoke in schools, cars and at home.

ES thinks Leonard (Canadian Lung Association) is working with a Bloomberg grant.

Public education materials/implementation or enforcement materials

RVB to send examples

Needs related to implementing smokefree policies

Resources (see above)

Factors helping or hindering the implementation of Article 8

TFK grant (see above)

Countries with an influence on smokefree policies across the region

Not stated

El Salvador

(hasn't ratified FCTC)

Contact: Dora Oliva. (Liliana Choto de Parada – awaiting reply)

Smokefree initiatives

Very little legislation, and not well enforced. No restrictions in bars and restaurants. See On 31 May 2007 the National Congress of El Salvador approved a national smokefree policy for 100% smokefree government facilities, hospitals and health centres, and public transport.

A tobacco control bill was drafted 10 years ago, filed with legislative assembly in 2003 and has been under discussion since then without any agreement. Draft bill supplied. It proposes a ban on smoking in all enclosed public places and workplaces.

Existing resources

In February 2008, the National Anti-tobacco Council from Guatemala carried out a visit to El Salvador in order to cooperate in tobacco control in Nicaragua through the strengthening of state institutions and civil society on the essential capabilities of tobacco control. As a result of this visit, the Salvadorian Council for Tobacco Control and Prevention was conformed. It is a relatively new organisation that is working to achieve FCTC ratification in El Salvador, and to introduce amendments to the draft bill existing at Health Commission from the National Congress. The National

Anti-tobacco Council from Guatemala, American Cancer Society and Campaign for Tobacco Free Kids worked together to review El Salvador's draft bill and proposed amendments to propose 100% smokefree places in accordance with Article 8. These amendments are under discussion with Legislators from the Health Commission.

Public education materials/implementation or enforcement materials

As tobacco control is not a priority for El Salvador Government and the civil society has only recently been working on tobacco control, no progress has been made with materials for implementing Article 8.

Needs related to implementing smokefree policies

Funding for activities

Tobacco control to become a higher priority for the Salvadorian Government. NATC recently met with the President, Antonio Saca, and he said that he does not agree with FCTC ratification, because would prefer that "the industry regulates itself without any legislation".

Factors helping or hindering the implementation of Article 8

The general opposition from government and legislators to ratifying the FCTC.

Honduras

Contacts: Odessa Henriquez, Honduran Alliance for Tobacco Control; (Laura Salgado – awaiting reply)

Smokefree initiatives

On 29 November 2006, the National Congress approved Decree 180-2006, which prohibits smoking in any indoor public place. The decree has been widely divulged and is actually about to be completed and approved for regulation.

The government agency IHADFA (Honduran Institute against Alcohol, Drug Addiction, and Drug Dependency), as well as the Honduran Alliance for Tobacco Control, representing Civil Society, have started private initiatives to promote smokefree environments. Education forums directed at professional unions, health services, and education centers are being organised. There are also agreements in Universities in which smoking is prohibited, but these are not enforced 100%.

The draft Law for Tobacco Control has been with the Secretariat of the National Congress since November 2007, waiting to be debated. It includes a ban on smoking in all indoor public and private places. Smoking areas allowed in most places?

Existing resources

Resources are currently not available. There have been efforts to create cessation clinics, but due to lack of human and treatment resources, these have not been sustainable, despite much interest and demand from people wishing to stop smoking. There is no budget allocation for tobacco control at government level.

Public education materials/implementation or enforcement materials

Fliers and posters with the WHO Smoker's body etc. have been created (examples provided). These are distributed in educational forums, health fairs, and other activities. The lack of budget limits the production and distribution of this material.

Needs related to implementing smokefree policies

Funding needed for training and production of materials to raise public awareness.

Factors helping or hindering the implementation of Article 8

There is a huge negative influence from the tobacco industry BATCA (BAT Central America), whose headquarters are in Honduras. Since last year, they have promoted "corporate social responsibility", with forums, economic help for projects, etc. In March 2008 they carried out many activities to promote BATCA's 80th anniversary. They are supported by private industry.



In spite of having a lot of help from some media, we need to raise awareness among non-smokers, since many non-smokers are still tolerant of smoking environments.

Countries with an influence on smokefree policies across the region

In May 2007, through the National Tobacco Control Council in Guatemala's initiative, the Central American Coalition for Tobacco Control was created, with headquarters in Guatemala. This has had much positive influence in the subregion. The Coalition has organised meetings and visits to countries that have not yet ratified the FCTC, including Costa Rica, El Salvador and Nicaragua, who recently ratified. There has not been any negative influence from other countries.

Tobacco control poster from Honduras

Nicaragua

Contacts: Dora Oliva, IMSALUD; (Ivette Auxiliadora Pilarte – awaiting reply)

Smokefree initiatives

The legal context of tobacco control in Nicaragua is favorable to FCTC implementation, as advanced measures already exist for the regulation of the distribution, promotion and advertising of tobacco. There is a law on “Non-Smokers Rights” under which the following places are 100% smokefree: governmental facilities, public transport, theatres, museums, elementary and junior high schools, and airports.

In January 2008 the political environment allowed the legislators to be influenced, so a visit was arranged by representatives of the National Council for Prevention and Control of Tobacco from Guatemala, with financial support from ACS. It aimed to secure State commitment for tobacco control. It also aimed to consolidate a civilian organisation move tobacco control forward and gain support from the academic sector and international health organisations. As a result of the visit the FCTC was ratified in on 24 January 2008 and the National Anti-tobacco Council of Nicaragua was conformed.

During this visit a meeting was held with Depute Luis Callejas, Vice President of the National Congress, who expressed his interest in implementing Article 8 and Article 13 of the FCTC. The draft bill is currently being reviewed by the Campaign for Tobacco Free Kids and the National Anti-tobacco Council from Guatemala. It proposes a ban on indoor workplaces, public transport, public gathering places, hospitals, cinemas, educational establishments, indoor and outdoor sporting events. Smoking areas are allowed in restaurants, bars, clubs, hotels, casinos and other recreational centres. Draft bill supplied.

Existing resources

The National Anti-tobacco Council from Nicaragua was recently conformed. It brings together more than 15 organisations, including universities, hospitals, medical associations, Ministry of Health .

Public education materials/implementation or enforcement materials

As tobacco control has not been a priority, little progress has been made with materials for implementing Article 8.

Needs related to implementing smokefree policies

Funding for activities

Tobacco control to become a higher priority for the Government.

Factors helping or hindering the implementation of Article 8

The main obstacle to implementation of Article 8 is the tobacco industry, which is directly lobby-

ing the National Congress, and working closely with restaurants and hotel owners.

Countries with an influence on smokefree policies across the region

Guatemala

Paraguay

Contact: Victor San Martin, National Tobacco Control; Gustavo Pineiro – awaiting reply

Smokefree initiatives

Existing legislation is weak. There is a current legislative initiative that includes a law on indoor 100% smokefree. But there are not the necessary votes to pass it because the legal and illegal tobacco industry is one of the main financiers of Paraguayan politics. Also some parliamentarians are key tobacco businessman. (Comments from VSM). Elections will take place shortly, which will make things clearer. The tobacco control movement has adopted a strategy of campaigning for smokefree small towns, bringing municipal ordinances. So far 22 smokefree ordinances have been obtained in the majority of Country Departments – 100% smokefree health and educational establishments, restaurants and eating places of <80m². Two of these are 100% smokefree in all places. Five others under consideration.

Existing smokefree resources

The National Tobacco Control is leading these activities and was responsible for the ratification of the FCTC by Paraguay. Consists of a team of six people, carrying out advocacy, education, design and printing of educational materials, etc throughout the country. It has joined an NGO “Vida Saludable” (Living Healthy), which brings together some people who have supported NTC in some areas of tobacco control. Working on creating a web page, but have no funds for that, so is progressing slowly.

Public education materials/implementation or enforcement materials

Me encanta vivir libre del humo



♥ Proteja a sus hijos del humo de tabaco ajeno.
 ♥ Deje que empiecen su vida sin el humo del tabaco ya que
 "los niños de hoy son el mundo del mañana"

uicc global cancer control
 Programa Nacional de Control del Tabaquismo
 Roche
 NOVARTIS
 Programa de Tumores MSPBS
 SOCIEDAD PARAGUAYA DE NEUMOLOGÍA
 UNIG Vida Saludable

Visite www.worldcancercampaign.org

Needs related to implementing smokefree policies

Comments from Victor San Martin. Due to the enormous and feared power of tobacco in Paraguay, directly linked to organised crime, few people want to venture into tobacco control. People are afraid to confront powerful people who the border with the neighbouring countries, behave in the same way as the cocaine mafia. There is very little organised civil society and help is needed to strengthen this.



The authorities protect the business of tobacco in every possible way, with very low taxes, and encouraging the production and cultivation of tobacco. Need a media campaign to demonstrate this and to educate civil society about the importance of smoke free environments.

Factors helping or hindering the implementation of Article 8

Helping: Many people are against exposure to secondhand smoke. Some volunteers support NTC in its activities and some journalists give them space in their programmes to inform people.
Hindering: Parliament has immunity and can violate the municipal ordinance indoor smoking bans. This may encourage smokers do the same. Municipal inspectors who are responsible for enforcing the Ordinances do not, because it is easier to come to "another kind of arrangement".

Trinidad and Tobago

Contact: Daisy Rattan – awaiting reply

Smokefree initiatives

Current legislation is weak, covering just healthcare, educational and government facilities. But it is well enforced. On 7 January 2008 the Health Minister announced that the government plans to ban smoking in public places. Awaiting further information .

1.3 Countries with limited or no smokefree policies

Antigua and Barbuda

Contact: No direct contact
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008).
No other source at present.

Bahamas

Contact: No direct contact
No national regulations on smokefree environments. There are voluntary restrictions in some public places and workplaces. (INGCAT; MPOWER, WHO, 2008).

Belize

Contact: No direct contact
Only some indoor workplaces are covered by national smokefree regulations. Some of the regulations are unwritten (MPOWER, WHO, 2008; INGCAT).

Colombia

Contact: No direct contact
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008).
No other source at present.

Costa Rica

Contact: Federico Rosales – awaiting reply

Smokefree initiatives

Weak legislation. Only public transport is smokefree. Smoking restrictions in educational facilities, some indoor workplaces and public palces such as cinemas, theatres, museums, hospitals, covered sports centres, all places intended primarily for the recreation of minors, and closed areas for collective use. Smoking areas are allowed. (INGCAT)
(see www.geosalud.com/leyes/leyfumado.htm). Well enforced. Awaiting further information.

Cuba

Contact: No direct contact
Smoking is prohibited in educational and healthcare establishments, shops, government buildings,

sports centres and theatres. Smoking areas are allowed in bars and restaurants. (INGCAT). The law is moderately enforced. (MPOWER, WHO, 2008).

Dominica

Contact: No direct contact
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008).
No other source at present.

Dominican Republic

Contact: No direct contact
Only educational facilities and some indoor workplaces are covered by national smokefree regulations. Information from MPOWER (WHO, 2008). No other source at present.

Grenada

Contact: No direct contact
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008).
No other source at present.

Guyana

Contact: No direct contact
Only healthcare facilities are covered by national smokefree regulations. Information from MPOWER (WHO, 2008). No other source at present.

Haiti

Contact: No direct contact
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008).
No other source at present.

Jamaica

Contacts: Adrian Booth, Eva Lewis Fuller have not replied.
No national regulations on smokefree environments.(MPOWER, WHO, 2008). There are voluntary restrictions in some enclosed places (INGCAT).

Peru

Contact: Carlos Farias – awaiting reply
Smokefree initiatives
Currently has smokefree healthcare, educational and government facilities and public transport.

Saint Kitts and Nevis

Contact: No direct contact
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008).
No other source at present.

Saint Lucia

Contact: No direct contact
Healthcare, educational and government facilities covered by national regulations. Information from MPOWER (WHO, 2008). No other source at present.

Saint Vincent and the Grenadines

Contact: No direct contact
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008).
No other source at present.

Suriname

Contact: No direct contact
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008).
No other source at present.

1.4 Countries with established comprehensive smokefree policies: best practice

Canada

Smokefree legislation
Most of Canada's 13 provinces and territories have comprehensive smokefree legislation. For an



overview see NSRA at www.nhra-adnf.ca/cms/index.cfm?group_id=1461

Alberta – The Tobacco Reduction Act took effect on 1 January 2008. It prohibits smoking in public places, workplaces, on public transport and within 5m of doorways, windows and air intake systems of any public place or workplace. Separate smoking rooms are permitted in nursing homes and mental health care facilities; hotel guest rooms can be designated as smoking rooms.

Legislation www.qp.gov.ab.ca/documents/Acts/T03P8.cfm?frm_isbn=9780779727513

Regulations www.qp.gov.ab.ca/documents/Regs/2007_240.cfm?frm_isbn=9780779727742

British Columbia – On 1 January 2008, revised smokefree legislation took effect, making all indoor public places and workplaces, including bars and restaurants smokefree. Smoking rooms are not permitted. Campaigners are calling for the ban to be extended to outdoor patios and cars carrying children under 19 (see www.cleanaircoalitionbc.com)

Manitoba – The Non-Smokers Health Protection Act took effect in 1 October 2004. Smoking is prohibited in all enclosed public places and indoor workplaces, including bars and restaurants. The legislation does not apply to federal workplaces or reserve lands. Municipalities can pass their own by-laws but the Provincial law takes precedent unless the municipality restriction is more stringent. See www.gov.mb.ca/healthyliving/nshpa.html

New Brunswick – Under the Smoke-free Places Act (which took effect on 1 October 2004) smoking is not allowed any enclosed public place or indoor workplace. However, smoking is permitted in designated hotel rooms and in designated smoking rooms in group living facilities.

Newfoundland and Labrador – Under the Smoke-Free Environment Act, smoking has been prohibited in day-care centres, schools, retail stores, acute health facilities, buses, taxis and recreational facilities since 1993. Amendments to the Smoke-Free Environment Act in 2002 required that restaurants frequented by children became smoke-free. From 1 July 2005, all workplaces and enclosed public places were required to prohibit smoking.

Northwest Territories – Smoking is prohibited in all workplaces, and most public places, under section 25 of the Safety Act - Environmental Tobacco Smoke Work Site Regulations which took effect in May 2004. Smoking is also prohibited in a 3m radius of entrances to workplaces. Designated smoking areas are allowed in certain circumstances, for example if a worker lives in a workplace.

Nova Scotia – Amendments to the 2003 Smoke-Free Places Act took effect on 1 December 2006. Smoking is prohibited in all indoor public spaces and workplace, as well as outdoor bar and restaurant patios. Smoking is only permitted in nursing homes and residential care facilities

Nunavut Territory – The Tobacco Control Act, which took effect on 1 February 2004 prohibits smoking in all workplaces and within a 3m radius of entrances. Municipalities can pass by-laws to further restrict smoking.

Ontario – The Smoke-Free Ontario Act took effect on 31 May 2006. It prohibits smoking in all workplaces and enclosed public places. Smoking is also prohibited in common areas of condominiums, apartment buildings and college residences. Controlled smoking areas are permitted at long-term care homes and designated smoking bedrooms at hotels are allowed. Aboriginal persons have the right to use tobacco if it is being used for traditional cultural or spiritual purposes. For more information on the legislation see:

www.mhp.gov.on.ca/english/health/smoke_free/background.asp

Prince Edward Island – Smoking is banned in all public places and workplaces but smoking areas are allowed in several places.

Quebec – Amendments to the Tobacco Act took effect on May 31, 2006. Smoking is prohibited in all workplaces and all enclosed public places, and within a 9m radius outside of health and social services institutions, post-secondary educational institutions and facilities where activities for minors are

provided. A maximum of 40% of rooms in residential psychiatric institutions, residential and long-term care centres, rehabilitation centres and shelters for the indignant or those in distress can be designated smoking, as can 40% of rooms in a tourist accommodation facility. Cigar lounges which were open before 10th May 2005 are also exempt from being smoke-free. For more information see www.msss.gouv.qc.ca/sujets/santepub/tabac/index.php?may_31_2006

Saskatchewan – Under the Tobacco Control Act smoking was prohibited in all enclosed public places, including bars, restaurants and private clubs on 1 January 2005. The Act gives municipalities the jurisdiction to enact stricter bylaws which could be used to ban smoking in outdoor areas. The law does not apply to reserve land. See www.health.gov.sk.ca/legislation for more information.

Yukon – Smokefree legislation is to be introduced on 15 May 2008 which bans smoking in public places, including outdoor decks and patios of bars and restaurants. It will also cover cars carrying children under 18 years. Smoking will be banned in vehicles used for business purposes if they are carrying two or more people (GL Today 31 March 2008). Smoking is currently banned only in government-owned or leased buildings and facilities.

New initiatives

Banning smoking in cars is a current issue in smokefree policy in Canada. Nova Scotia has passed a law banning smoking in cars with children (GL Today 27 Feb). In Ontario is to introduce legislation in Spring 2008 banning smoking in cars carrying children under 16. The bill past its first reading in December 2007. (GL Today 7/3/08). British Columbia is also planning to introduce a ban. New Brunswick and Manitoba are considering a ban but monitoring the situation first.

The Correctional Service of Canada (prisons) instituted an indoor ban on smoking in 2006, and at the end of April 2008 will extend the ban to inmates smoking in prison yards as well as staff smoking anywhere on the grounds.

Preparation for smokefree legislation

Canada's first 100% smokefree laws took effect in Victoria, BC in 1999. In 2004 two provinces and two territories became 100% smokefree. Each province used individual campaigns to achieve their goals, but the key factors in their success were:

- Strongly and clearly written legislation that does not allow exemptions
- Strong media strategies
- High profile people to champion the law
- Awareness of tobacco industry tactics to stop or delay laws and strategies to counter these tactics
- Strict enforcement of the laws

Campaigners used region-specific studies to provide evidence of the benefits of smokefree legislation. These surveys also helped encourage municipalities to adopt smokefree bylaws before the province went smokefree. Campaigners did not compromise on issues such as allowing designated smoking rooms. For more information on the campaign visit The Global Smokefree Partnership at <http://www.globalsmokefreepartnership.org/evidence.php?id=57>

Enforcement and compliance

Compliance appears to be high, especially in the provinces and territories that have had smokefree laws for a few years. An example of an enforcement document: Ottawa County Smokefree Air Regulation Enforcement Protocol (Canada):

www.co.ottawa.mi.us/HealthComm/Health/pdf/EnforcementProtocol.pdf

Uruguay

Contact: Eduardo Bianco, FCA. Adriana Blanco, PAHO; Laura Roballo; (Lic Gustavo Delgado and Winston Abascal have not replied)

Smokefree initiatives

Uruguay finally passed a national law on 29 February 2008. Prior to that it was a presidential decree.

The law is 100% smokefree and covers all public places, workplaces, public transport and some outdoor places. Designated smoking rooms are not allowed. The law is very well enforced.

A decree for implementing tobacco control has been passed. A new campaign will promote not smoking in cars and at home in the presence of children.

The Mexican Government asked Uruguay to help it develop smokefree legislation. A Uruguayan delegation – one Parliamentarian (Dr. Asqueta), a Ministry of Health tobacco control focal point (Dr. Abascal), and the President of the Bar and Restaurant's Owners Association, travelled to meet Parliamentarians, MOH and businessmen in Mexico. After their visit Mexico City approved a smokefree law and the national tobacco control law was improved regarding smokefree environments. This kind of support could act as a model for other regions and countries, but would need funding.

Preparation for smokefree legislation

The civil society tobacco control movement was strongly involved. The National Medical Association (Sindicato Medico del Uruguay) was critical as well as the National Tobacco Control Alliance, some Ministry of Health (MOH) authorities and PAHO (Tobacco Control Program in DC). PAHO held its first smoke free workshop for Latin America, in 2003, in Uruguay. After that the tobacco control movement decided to lobby for smokefree healthcare and educational facilities, and official public places within two years. Compliance was moderate. When Dr. Vazquez, an oncologist, became President after being on the MOH tobacco control advisory committee, he was asked to make all public and workplaces smokefree. He could use a Presidential Decree that regulated a previous one, from 1996, that set smoking areas but didn't define them clearly.

On 31 May 2005 he launched a Decree regulating smoking areas. They were so restrictive that it was almost impossible to comply and this generated media interest. Bar and restaurants owner association publicly stated that it would have been fairer to ban smoking in all public places. Another important issue was that main Shopping Mall in the country found that just 11% of smokers and 3.6% of their customers, would stop visiting if smoking was banned. These factors gave the impetus to request a total ban. In September 2005 the President issued a new decree banning smoking in all workplaces and public places. At the same time, with support of PAHO, a sensitisation campaign was launched in the media and the ban took effect on 1 March 2006.

One month before the ban, the President launched the Campaign "Un millón de gracias" (Thanks a million) that generated one million signatures thanking smokers for not smoking indoors after 1 March. This led to complete participation of civil society and increased public awareness. For more information on the campaign visit The Global Smokefree Partnership at:

<http://www.globalsmokefreepartnership.org/evidence.php?id=21>

Enforcement and compliance

Strong fines were set for breaches of the ban. Inspections were made at the very beginning of the implementation phase. Few people violated the decree and when they were fined it generated media coverage. By November 2006, 80% of people supported the ban. Free smoking cessation services are likely to be helping compliance.

Air contamination surveys have shown that some interior parts of Uruguay are not respecting the ban. A reinforcement campaign is needed. The Research Centre of the Tobacco Epidemic (CIET) is aiming to continue measuring air contamination nationwide so that it can monitor compliance. Would like to have two TSI-sidepacks per region used for three months. Data collected will be useful for defining best practices related to outdoors "smoking areas". Need to be sure that they are not contaminating indoor places. They could then be passed to other countries. Funding is needed for this. Have applied to ACS.

USA

Smokefree initiatives

A total of 13 States and Puerto Rico have passed comprehensive smokefree legislation covering public places and workplaces. A further three States will become smokefree in 2009. The US has not ratified the FCTC. The USA is not covered in detail here.

For more information visit American Non-Smokers' Rights Foundation

<http://www.no-smoke.org/pdf/mediaordlist.pdf>



2. African Region

2.1 Countries planning comprehensive smokefree policies for 2008/9

Burkina Faso

Contacts: Compaore Celestin via Jackie Tumwine; Sylviane Ratte

Smokefree initiatives

The current national smokefree regulation covers healthcare, educational and government facilities, as well as some indoor workplaces. It is not well enforced. There are currently no concrete measures for the implementation of Article 8 of the FCTC. However, organisations involved in tobacco control have led discussions and meetings in order to prompt, at the Ministry of Health level, the drafting and implementation of a national tobacco control action plan by the Ministry of Health. There is a tobacco control focal point at the Ministry of Health. Starting to develop an action plan and revising smokefree regulations. New smokefree legislation is being planned in accordance with Article 8. Helped by a Bloomberg Initiative grant.

Existing smokefree resources

Several organisations are involved in tobacco control. Not all are listed. They have no websites.

SOS/Jeunesse et Défis (SOS/JD) site web : soajeunesse.ifrance.com

Jeunesse solidaire chaine de l'amitié (JSCA)

Union des associations contre le tabac (UACT)

Association zeems taaba (AZT)

Afrique contre le tabac (ACONTA)

Convention pour la culture de la paix (CCP)

Association pour la protection des couches vulnérables du centre nord (APVCN)

Association trait d'union des jeunes burkinabé (ATUJB)

Association lagme yinsgo (ALY)

Association veenem paalga (AVEPA)

2 Bloomberg Initiative Grants

1. *Union des Associations de Lutte Contre le Tabac (UACT)*

Project to strengthen existing smokefree policies and advertising bans

2. *Department of Family Health*

Project to strengthen tobacco control by developing a strategic plan and a law on tobacco control

Public education materials/implementation or enforcement materials

None provided

Needs related to implementing smokefree policies

Training

Support for drafting tobacco control laws

Multi-sectoral plan of action against tobacco.

Sensitisation and pleas with the deputies to prompt the drafting of a law on tobacco

Pleas with the Ministry of Health on the necessity of drafting a national tobacco control action plan.

The creation of activities for the youth and adolescents.

The creation of brochures and other sensitization material for the youth.

Factors helping or hindering the implementation of Article 8

Political activists

Tobacco industry

Countries with an influence on smokefree policies across the region

France, USA

Kenya

Contacts: Ahmed Ogwell, Framework Convention Alliance; Jackie Tumwine, HERO-Uganda; Rachel Kitonyo, Institute of Legislative Affairs, Kenya; (Dorcas Kiptui – awaiting reply)

Smokefree initiatives

Nairobi banned smoking in July 2007 following the lead of Mombasa and Nakuru. National smokefree legislation is to be introduced 1 July 2008 (Tobacco Control Act). It prohibits smoking in public places, but designated smoking rooms are allowed.

Another initiative is the ongoing ban on smoking in the streets (except in designated areas) by three councils including Nairobi. All these are similar in spirit to Article 8.

Existing smokefree resources

The Kenya Tobacco Control Alliance (KETCA) is made up of NGOs that are active in tobacco control in the country. There are about 30 NGOs that have an element of tobacco control in their programmes. None are 100% tobacco control but still they contribute a lot of technical support and advocacy strength to the process in Kenya.



Public education materials/implementation or enforcement materials

There are various from pamphlets, booklets, posters, videos and even clothing that have targeted tobacco control messages. WHO smoker's body has been translated into Swahili.

Needs related to implementing smokefree policies

Experts in implementation are required, especially to share information on what has been successful elsewhere. The comparison would preferably be with a similar country or at least one with a similar socio-economic status. Since the new law allows for designated smoking rooms, there is need for guidance on the best models that work effectively.

Smokefree cities poster from Kenya

Factors helping or hindering the implementation of Article 8

The current political crisis has destabilised the roll out programme to inform the public that the ban is coming on 1 July 2008. Lack of dedicated funding in the current financial year will also be a big challenge (financial year runs July to June).

Countries with an influence on smokefree policies across the region

None mentioned

Mauritius

Contacts: Véronique Le Clézio, ViSa – awaiting reply

Smokefree initiatives

Public Health act being amended in February 2008 to ban smoking in all public places, including outdoor bars and restaurants, bus terminals, bus stops, taxi stands, public gardens and beaches. Public will then be consulted. Similar to the French ban. The draft public health act available at <http://www.gov.mu/portal/goc/moh/file/tobacco.pdf> As it currently stands, the legislation is strong,

but the tobacco industry may try to weaken it. The government issued a decree in November 2007 but it was not voted on by Parliament.

Niger

Contact: Inoussa Saouna, one of OTAF leaders (Observatoire du Tabac en Afrique Francophone)

Smokefree initiatives

Niger adopted a national tobacco control law on 15 May 2006. Article 12 of this law prohibits smoking in all public places, including bars, restaurants, hotels, schools, hospitals, and all those places where people assemble. However, it is not enforced. SOS Tabagisme Niger is trying to undertake actions to encourage effective enforcement of the law. In October 2007, SOS Tabagisme-Niger organised a seminar on consensus around the smoking ban. A declaration was adopted, demanding that the government implement the ban on 1 January 2008 (copy supplied). They have also engaged in a large awareness campaign on smokefree public places.

Existing resources

Current resources in Niger are NGOs, the WHO office, and the Ministry of Public Health. There are 6 active NGOs and association and one coalition of tobacco control NGO.

Organisations that made the declaration (above) – SOS Tabagisme-Niger and representatives of the Ministries of Health, Interior and Public Affairs, Central Unions, bar and hotel managers, local elected officials, NGOs and media associations.

Observatoire du Tabac en Afrique Francophone <http://otaf.globalink.org/>

Bloomberg grant

SOS Tabagisme Niger. Project to support enforcement of and public compliance with smokefree laws

Public education materials/implementation or enforcement materials

SOS Tabagisme produced a poster and an awareness spot for radio/TV. IS to provide poster.

Needs related to implementing smokefree policies

Need technical assistance and funding. SOS Tabagisme Niger established a monitoring committee to oversee the enforcement of the law, but the committee cannot function because of lack of resources/funding.

Factors helping or hindering the implementation of Article 8

The main obstacle is lack of engagement from the authorities in charge of the health of the population. The tobacco industry is also a hindrance. Lack of enforcement is a problem.

Countries with an influence on smokefree policies across the region

The country most advanced in the tobacco control fight in West Africa is Niger in terms of actual existing legislation. Mali and Nigeria are also influential.

Nigeria

Contacts: Akinbode Oluwafemi, ERA/FoEN; Adeole Akinremi, Nigeria Tobacco Control Alliance, Jackie Tumwine, HERO, Uganda

Smokefree initiatives

Three policy initiatives are in progress:

1. Smokefree chapter of Draft National Tobacco Bill. Will cover all Nigeria and prohibit smoking in all public places. It may also prohibit smoking in cars with children under 14. The law has been drafted. It was presented to the health ministry 1 February 2008 then to Cabinet and Parliament.
2. Smoking control bill of Lagos State. Contains provision for a ban on smoking in public places. Bill still being drafted.
3. Draft smoking control bill for the Federal Capital Territory. This includes Abuja (see below from Adeola). Identical to the Lagos initiative. Bill is still being drafted. Minister made statement on 16 January 2008 that the capital would be smokefree in June 2008. The tobacco industry may try to propose an alternative bill. The government is committed but things are happening very slowly.

4. Nigeria Tobacco Control Alliance launched a campaign to make Nigerian airports smokefree. www.ntcang.org Petition delivered 29/1/08. AO appeared on TV. Petition and media release provided. For media coverage see <http://www.tribune.com.ng/31012008/news/news18.html> and <http://www.guardiannewsngr.com/news/article35//indexn3.html?update=010208&ptitle=Group%20weeks%20ban%20on%20smoking%20at%20airports&update=010208>

Existing resources

There are few material resources but advocates have human resources. The scope of work limited due to poor finances.

See www.eraction.org and <http://supporttobaccolitigationngr.org/>

Bloomberg grant

Environmental Rights Action/ Friends of the Earth, Nigeria & Nigeria Tobacco Control Alliance

Project to support enactment of legislation to comply with the country's FCTC obligations

Public education materials/implementation or enforcement materials

Also see www.tobaccoandyou.com – a weekly tobacco control radio show.

Needs related to implementing smokefree policies

Financial resources for strategic campaigns. The advocates have the necessary skills for lobbying, writing technical papers and designing campaigns that could achieve implementation of Article 8, but finance is scarce.

Factors helping or hindering the implementation of Article 8

Helping

According to press reports, four Nigerian ministers, from the departments of health, sports, and the Federal Capital Territory, as well as two senators and other key government directors have expressed their commitment to a smoke-free Nigeria.

The government is taking big tobacco to court

Hindering

The tobacco industry

Countries with an influence on smokefree policies across the region

South Africa

Tanzania

Contact: Lutgard Kokulinda Kagaruki, Tanzania Tobacco Control Forum, via Jackie Tumwine

Smokefree initiatives

Current national legislation covers just healthcare and educational facilities and is not well enforced. Recent initiatives:

Tanzania Aviation Authority (TAA) airports declared smokefree on WNTD 2007

Tobacco Products (Regulation) Act, 2003 currently under review to ensure conformity with FCTC requirements

Implementing "Smokefree Dar es Salaam" campaign under Bloomberg Initiative grant.

Existing smokefree resources

Tanzania Tobacco Control Forum and its allies – Tanzania Public Health Association (TPHA); Lawyers Environmental Action Network (LEAT), Legal and Human Rights Centre (LHRC)

Bloomberg grant

Tanzania Tobacco Control Forum (TTCF)

Project to advocate for a smokefree Dar es Salaam and for strong national tobacco control legislation

Examples of public education materials/implementation or enforcement materials

Kiswahili translation of TPA (2003); FCTC and the smoker's body (enlarged). It is available at: www.who.int/tobacco/research/smokers_body/en/index.html - distributed during advocacy campaigns

Needs related to implementing smokefree policies

Planning to carry out comprehensive smokefree advocacy campaigns during implementation of BI programme – would appreciate more public education materials and a visit by an expert if possible during one of our members' training workshops

Factors helping or hindering the implementation of Article 8

Hindering – delay in the review of TPRA (2003) and hence its enforcement

Helping – enthusiastic TTCF and other civil societies, willing to advocate for smokefree policies; strong support from Ministry of Health & Social Welfare (Minister, Chief Medical Officer and TTCF Ministry Focal Person); because of previous campaigns a large proportion of the public is now aware of problems of tobacco use and secondhand smoke.

Countries with an influence on smokefree policies across the region

The example of Kenya banning smoking in public places has been cited several times as something that Tanzania could emulate.

Uganda

Contact: Jackie Tumwine, HERO, Uganda

Smokefree initiatives

Uganda has no comprehensive tobacco control law but has regulations banning smoking in indoor public places. They were enacted in 2004 as a result of a court case.

<http://gallery.globalink.org/v/members/tumwine/> Uganda's smokefree regulations do not conform to the standards of the Article 8 Guidelines. The smokefree law is not 100% smokefree, as it allows for designated smoking areas and has ventilation provisions. The law is not well enforced. Although, to JT's knowledge, there are no concrete national plans for Article 8 implementation, a tobacco control policy under the Ministry of Health is in the process of being drafted.

Existing resources

The Environmental Action Network (TEAN) <http://www.tean.globalink.org/>

Health and Environmental Rights Origination (HERO-UGANDA)

Uganda National Association of Community and Occupational Health (UNACOH)

Uganda Tobacco or Health Forum (national coalition of groups and activists)

National Environmental Management Authority (NEMA) A web page on tobacco on its website with a summary of the regulations. <http://www.nemaug.org/smoking.php>

Public education materials/implementation or enforcement materials

The smokers body http://www.who.int/tobacco/research/smokers_body/en/index.html

A web page on tobacco on its website with a summary of the regulations.

<http://www.nemaug.org/smoking.php>

The Control of Smoking in Public Places Regulations 2004 – includes information on enforcement

www.nemaug.org/UPLOADS/Smoking%20Regulations.doc

Needs related to implementing smokefree policies

Funds, public awareness campaigns and research

Factors helping or hindering the implementation of Article 8

Lack of political will and complacency on the part of NEMA whose duty it is to enforce the law. There are no designated inspectors as specified in the law, and there have been few publicized arrests.

Countries with an influence on smokefree policies across the region

South Africa, Kenya

2.2 Countries making progress with smokefree policies – some to a greater degree than others

Algeria



Contact: Hamdi Cherif Mokhtar, President OTAF (Observatoire du Tabac en Afrique Francophone)

Background

Smoking prevalence has been high for past few years, especially among young people. Male prevalence 43%, female 6.5%. Half of smokers under 27 years.

Smokefree initiatives

FCTC is not yet effective in Algeria, although it was ratified in 2006. Smokefree legislation exists (most provisions since 2001 – copies supplied) but it is not strictly enforced. It bans smoking in hospitals (since 2007), public transport, educational establishments, places serving food and drink, and some administrations and businesses. Policies in these places are effective due to ministerial instruction of Public Health and because of associations and the media. Legislation supplied.

Existing resources

Observatoire du Tabac en Afrique Francophone www.otaf.globalink.org
Association Ennour d'Aide aux Maladies Atteints du Cancer www.ennour.setif.org/

Public education materials/implementation or enforcement materials

Ennour had a smokefree campaign on World Cancer Day (4 February 2008)

Needs related to implementing smokefree policies

Promoting activities aimed at protecting the health of young people and non-smokers; dissemination of information on the health effects of tobacco use; using local information, media and advocacy campaigns. Focus on children.

Sharing training and experiences of organisations working in advocacy and media relations

Collection of data on smokefree

Developing methodology for collecting tobacco information related to French and Arabic-speaking people in Algeria

creation and dissemination of adaptable fact sheets in local languages

Using and dissemination of information-related skills

Mobilising the media, associations, schools, and communities around initiatives to create smokefree environments for children

Factors helping or hindering the implementation of Article 8

Not stated

Countries with an influence on smokefree policies across the region

Not stated

Burundi

Contact: Jeanne Curinyana, Association Burundaise (ABULUTA) via Jackie Tumwine

Smokefree initiatives

No national regulations on smokefree environments. (MPOWER, WHO, 2008). Smoking restrictions only apply to the Ministry of Health (see:

<http://apps.nccd.cdc.gov/nations/legislation/originalPdfFiles/origD.R.Congo.pdf>). (INGCAT)

Trainings, sensitisation/public awareness campaigns (among the old and the young, men and women, in the capital and in rural areas) on the dangers of smoking.

Training health professionals on the effects of smoking and in turn target groups

Discussions with Parliament on Article 8.

Existing resources

Don't have resources, but are looking for them.

ABULUTA is the sole anti-tobacco organisation in Burundi

ABULUTA is a member of IMPACT and benefits from the experiences of other members and also from countries that have ratified the FCTC.

Public education materials/implementation or enforcement materials

ABULUTA is drawing on the example of its neighbour, the Democratic Republic of Congo, and other FCTC Parties, as well as the Francophone workshop (10-12 December 2007). Very helpful for tobacco control.

Needs related to implementing smokefree policies

Funds for training meetings and public awareness campaigns on the dangers of tobacco e.g. TB, cancer. Looking for financial support to strengthen ABULUTA.
A strong partnership in tobacco control.

Factors helping or hindering the implementation of Article 8

The Burundian population lacks knowledge about the dangers of tobacco use
Lack of political will or weak political will for tobacco control

Countries with an influence on smokefree policies across the region

Democratic Republic of Congo

Cameroon

Contacts: Flore Ndembiyembe, Présidente de la Coalition Camerounaise Contre le Tabac (C3T) and Présidente de Health Promotion Watch (HPW); Daniel Sibetcheu, Ministry of Public Health; (Joseph Gonsu – awaiting reply)

Smokefree initiatives

Current national smokefree legislation covers healthcare, educational and government facilities. Poorly enforced. (MPOWER, WHO, 2008).

A multisectorial body on the FCTC was set up in 2004. It has carried out many activities with NGOs

After FCTC ratification (2006) some organisations decided to declare workplaces smokefree, including the urban community of Yaounde (the capital of Cameroon).

After WNTD 2007 many institutions and secondary schools were declared smokefree. The ministry of secondary education and some societies also went smokefree.

Public buildings related to the Ministry of Health were already smokefree.

A law project on tobacco control in Cameroon has been prepared which includes all aspects of FCTC. An anti-tobacco law is being developed.

Existing resources

NF initiated the formation of a Cameroon coalition against tobacco which brought together associations and NGOs. The coalition is officially recognised.

Some associations are fighting more specifically against tobacco.

See website www.africahealthpromotion.org Health Promotion Watch

National consumer movement

Cameroon is a member of OTAF (Observatoire du Tabac en Afrique Francophone), a coalition of French speaking tobacco control NGOs. Flore Ndembiyembe is current President. Inoussa Saouna from Niger was the President, and Hamdi Cherif from Algeria was also heavily involved.

Public education/implementation materials

The National Committee Against Drugs (Public Health Ministry) produced some brochures a few years ago.

Health Promotion Watch has materials

But overall there is a lack of support for raising public awareness

Needs related to implementing smokefree policies

A finalised anti-tobacco law

Country-specific data on tobacco use and the tobacco pandemic in Cameroon

The means to carry out public awareness raising campaigns

The necessary training for advocacy with the authorities (?)
A civil society that is equipped
A campaign to sensitise the public to Article 8.
Support is needed for enforcing current smokefree provisions

Factors helping or hindering the implementation of Article 8

Politicians have other priorities than tobacco
Ignorance of the health effects of tobacco among the general population
The anti-tobacco law has not yet been voted on

**Democratic
Republic of Congo**

Contact: Patrick Musavuli via Jackie Tumwine

Smokefree initiatives

In July 2004 the Ministry of Health formally banned smoking in its offices and health institutions. The law is poorly enforced.
In July 2007 a ministerial decree was signed and it entered into force on January 2008. Articles 5 and 6 offer protection from secondhand smoke. Where drink or food are served, a smoking area must not take up more than 50% of total area and must be separate and ventilated. (Legislation provided).

Existing resources

Lutte Contre Le Tabagisme en Afrique (LUCTAF) luctafrdc@yahoo.fr
<http://blogsobainbridge.typepad.com/patrick/>
Office Chretien de Secours aux Vulnerables (OCSV) officecsv@yahoo.fr
Fondation MIFUNDU mifundu@hotmail.com
Agir Ensemble kambalesahani@yahoo.fr
Safe Environment and Enhanced for All safenv4all@yahoo.fr

Public education materials/implementation or enforcement materials

Video shown on television.

Needs related to implementing smokefree policies

Capacity building for tobacco control activists in NGOs and government.
Institutional support (logistic and financial) for NGOs to lead effective public awareness campaigns.
Cessation centres for smokers who wish to quit smoking.

Factors helping or hindering the implementation of Article 8

Low awareness and popularity of the decree among the population.
Lack of measures for training for the enforcement of the law.
Lack of restrictive measures which must be in a law.

Countries with an influence on smokefree polices across the region

Tanzania, Zimbabwe, Rwanda

Ghana

Contacts: Isaah Ali via Jackie Tumwine; Edith Welington, Ghana Health Ministry (awaiting information)

Smokefree initiatives

No national regulations on smokefree environments. (MPOWER, WHO, 2008).
Ghana has draft tobacco control bill, but there has been no official announcement to go smokefree. Some workplaces have gone smokefree e.g. Ministry of Health, some transport companies; hotels; airports. JT believes all necessary smokefree regulations are in the 2003 Tobacco Product Bill. But it has not approved by Cabinet.

Existing smokefree resources

NGOs and advocates are available. But there are no websites, so international websites are used. Or-

organisations include Vision for Alternative Development, Action for Integrated Development, Federation of Youth Clubs, etc. The NGOs learn and share from each other. Fellow Advocates participate in each others programme as resource persons. What is needed are the appropriate logistics, capacity and lessons from other organisations and countries.

Public education materials/implementation or enforcement materials

No public education/implementation or enforcement material for smokefree. Existing materials are produced by Ministry of Health on tobacco smoke and are not readily available. NGOs are being called upon to reproduce it. Posters, flyers, cards, banners, T-shirts need to be developed to assist the campaign, especially with policy advocacy.

Needs related to implementing smokefree policies

Technical support/expertise in the area of smokefree policy development, advocacy and lobbying to help with the development of the necessary policy documents and materials.
Capacity building for key advocate and media allies
Logistics and finance to facilitate the process and help achieve the action plan to be developed through consultations and workshops among stakeholders.

Factors helping or hindering the implementation of Article 8

Helping

Commitment of NGOs to ensure the full implementation of the FCTC provisions.
Collaboration of NGOs with stakeholders such as WHO, MOH and Food and Drugs Board (FDB)

Hindering

Lack of governmental/political support
Inability to use public support.
Capacity on Article 8 implementation.
Logistics/Advocacy documents
Finance to undertake strategic projects and to enhance consultation among stakeholders.

Countries with an influence on smokefree policies across the region

Nigeria

Guinea

Contact: Dr Alexandre Delamou, Association Amis de la Santé

Smokefree initiatives

In 2006 the Ministry of Health published a decree banning smoking in public and private health structures. Smoking restrictions cover most other places but are limited and not enforced. Guinea ratified the FCTC on 7 November 2007 but it has not yet been implemented.

Existing resources

Resources are few but here are the organisations that are involved in tobacco control:
Guinean Association Against Tobacco (AGLAT) – installed tobacco control clubs in five schools
Association AMIS DE LA SANTE – celebrates WNTD every year and declared itself smokefree by refusing membership to smokers. Also organises a contest on tobacco use
The Guinean Association Against Drug Dependence and Addiction
The Faculty of Medicine – conducts studies on tobacco use
The Health Promotion division of the Ministry of Public Health

Public education materials/implementation or enforcement materials

WNTD celebrations
Awareness campaigns from tobacco control clubs

Needs related to implementing smokefree policies

Financial and technical resources

Factors helping or hindering the implementation of Article 8

Lack of resources
Strong tobacco industry influence
Lack of political will

Countries with an influence on smokefree policies across the region

Not stated

Mozambique

Contact: Francisco Cabo, Mozambican Public Health Association

Smokefree initiatives

Passed tobacco control law in December 2007 which bans smoking in indoor public places including healthcare and educational institutions, restaurant and bars, and all forms of public transport. The law isn't 100% smokefree as it allows for designated smoking areas of up to 25% of the total area. Smoking is also allowed in bars, casinos, hotels, clubs that mainly sell alcohol. Workplaces can have separate smoking rooms. Businesses dedicated to smokers or tobacco consumption are completely exempt.

Senegal

Contacts: Massamba DIOUF, Réseau National de Lutte Contre le Tabac (RNLCT) (via Jackie Tumwine)

Smokefree initiatives

Nothing has yet been done at legislative level to protect against secondhand smoke. Only the Ministry of Health has banned tobacco use in all its buildings. The decree establishing the [National Committee for the Fight Against Tobacco] (Comité National de Lutte Contre le tabac) has been published but its office has yet to be set up. The Committee is to oversee the implementation of Article 8.

Existing resources

Six NGOs are active in tobacco control. Their activities are mainly centred on sensitisation and research. L'Association Tam Tam Tabagisme; Réseau National de Lutte Contre le Tabac (RNLCT); Le Mouvement Anti Tabac (MAT); L'Association pour la lutte contre le Tabac et la défense de l'environnement (ALTE); L'Association "Sope Nabby"

Public education materials/implementation or enforcement materials

There is nothing for sensitising and informing the population against the dangers of secondhand smoke. Only the NGOs are active in this domain. Don't have websites.

1. Tam Tam Tabagisme tamtabac@gmail.com / massdiouf@gmail.com / Tel: 00221.77.551.38.10/
Fax: 00221.33.842.66.41

2. Mouvement Anti Tabac MAT/ SENEGAL 00221.77.512.44.12 djibson01@yahoo.fr

3. Association de Lutte contre le Tabac et la défense de l'Environnement (ALTE)
00221.77.420.78.44

4. Association Sénégalaise pour la Paix, la lutte contre l'Alcool et la Toxicomanie (ASPAT) BP: 12756, Dakar-Colobane.Sénégal Tel: 00221- 33824 46 49 Mobile: 00221- 687 61 69 Email: gilbertdiatta@amdc-senegal.org

5. Association Sope Naby Email: sopenabiu04@yahoo.fr

6. Volontaire Du Développement (V.D.D) 00221.77.631.62.27

Needs related to implementing smokefree policies

Campaigns using the press, media and TV with spot messages are an effective tool to sensitise the public about the dangers of second hand smoke. But this will only succeed with a change in the legislation.

Factors helping or hindering the implementation of Article 8

Lack of political will. There are certain areas of the country where smoking is formally banned e.g.

the religious villages of Yoff and Touba.

Countries with an influence on smokefree policies across the region

The countries bordering Senegal are Gambia, Mali, Mauritania, Guinea Bissau and Guinea Conakry. The problem with these countries is the high traffic of cigarettes entering these nations. This is what aggravates illicit trade of cigarettes in Senegal. [no comments made on good examples of smokefree in the region]

2.3 Countries with limited or no smokefree policies

Angola

Contact: No direct contact
Current national smokefree legislation covers only healthcare facilities. Poorly enforced. (MPOWER, WHO, 2008).

Benin

Contact: Gabi Faton, Executive Director Arbres de vie – sending information soon
Current national smokefree regulations covers healthcare and educational facilities, and some indoor workplaces. (MPOWER, WHO, 2008).

Botswana

Contacts: Bontle Mbongwe. Awaiting reply; Jackie Tumwine, HERO, Uganda
Smoking Act 1992 was amended in 2004.
(See www.gov.bw/cgi-bin/news.cgi?d=20050120&i=Ministry_ammends_smoking_act)
Current national smokefree regulations cover healthcare, educational and government facilities, indoor workplaces, restaurants and bars. (INGCAT; MPOWER, WHO, 2008).

Cape Verde

Contact: No direct contact
No national regulations on smokefree environments. Smoking is banned on public transport and restricted in healthcare and educational establishments (MPOWER, WHO, 2008; INGCAT).

Central African Republic

Contact: No direct contact. Jackie Tumwine, HERO, Uganda
In July 2007 a municipal decree banning smoking in public places was promulgated in the capital city, Bangui. More information needed.
Current national smokefree regulations cover healthcare, educational and government facilities, some workplaces, but not restaurants and bars. Moderately enforced. (MPOWER, WHO, 2008).

Chad

Contact: Daouda Elhadj Adam, Association pour la Défense des Droits des Consommateurs via Jackie Tumwine

Smokefree initiatives

When JT contacted him he was in Cameroon due to the political crisis/ violence in Chad. According to him, there is no law against smoking in public places. However, his organisation is working with the Ministry of Health on a national anti-tobacco law. A workshop was scheduled for February but the political crisis prevented that.

According to the MPOWER report there are national smokefree regulations on healthcare, educational, governmental facilities but they are not enforced.

Comoros

Contact: No direct contact
Current national smokefree legislation covers only educational and healthcare facilities. (See <http://apps.nccd.cdc.gov/nations/legislation/TextFiles/Comoros.htm>). It is moderately enforced. (INGCAT; MPOWER, WHO, 2008).

Congo-

Contact: Célestin Zouma, Organisation Internationale de Développement et d'Action Humanitaire (OIDAH), via Jackie Tumwine

Brazzaville	<p>Smokefree initiatives No smokefree law and no plans yet to implement Article 8.</p> <p>Existing resources Civil society organisations and associations. Activities are largely centred on public awareness campaigns and pleas. No websites.</p> <p>Public education materials/implementation or enforcement materials OIDAH (an NGO) is for the first time carrying out legal research on the stakes and implementation of the FCTC in the country. This research will take six months</p> <p>Needs related to implementing smokefree policies Capacity building; financial and logistical support</p> <p>Factors helping or hindering the implementation of Article 8 Lack of funds; Insufficient knowledge about the FCTC among decision makers and the general population</p> <p>Countries with an influence on smokefree policies across the region The Democratic Republic of Congo</p>
Cote d'Ivoire	<p>Contact: Pascal Bogui. Awaiting reply Current national smokefree regulations cover healthcare and educational facilities. Poorly enforced. (MPOWER, WHO, 2008).</p>
Equatorial Guinea	<p>Contact: No direct contact Current national smokefree legislation covers educational, government and healthcare facilities. Poorly enforced. (MPOWER, WHO, 2008)</p>
Gambia	<p>Contact: Samboujang Conteh, RAID Gambia. Awaiting reply Consultative forum on FCTC Current national smokefree regulations cover healthcare, educational and government facilities, workplaces, but not restaurants and bars. (See http://apps.nccd.cdc.gov/nations/legislation/PDFFiles/gambia.pdf). (INGCAT). Not well enforced. (MPOWER, WHO, 2008).</p>
Lesotho	<p>Contact: No direct contact Current national smokefree regulations cover healthcare, educational and government facilities. (MPOWER, WHO, 2008).</p>
Madagascar	<p>Contact: No direct contact Current national smokefree regulations cover healthcare, educational and government facilities, workplaces, but not restaurants and bars. Not very well enforced. (MPOWER, WHO, 2008).</p>
Mali	<p>Contact: Fatimétou Sidibé. Awaiting reply 1996 law banning smoking in public places. Covers healthcare, educational and government facilities, workplaces, but not restaurants and bars. Not well enforced. (MPOWER, WHO, 2008).</p>
Mauritania	<p>Contact: No direct contact Current national smokefree legislation covers only healthcare facilities. Not enforced. (MPOWER, WHO, 2008).</p>
Namibia	<p>Contact: No direct contact</p>

Current national smokefree regulations cover government facilities. (MPOWER, WHO, 2008).

Rwanda

Contact: Alice Umulisa, Mouvement Antitabac du Rwanda. Awaiting reply
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008).
No other source at present.

Sao Tome e Principe

Contact: No direct contact
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008).
No other source at present.

Seychelles

Contact: No direct contact
Current national smokefree regulations cover healthcare, educational and government facilities. Not enforced. (MPOWER, WHO, 2008).

Swaziland

Contact: No direct contact
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008).
No other source at present.

Togo

Contact: Mathias Gbegbeni. Awaiting reply
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008).
No other source at present.

Zambia

(not a party to FCTC)

Contact: Muyunda Ililonga, *Zambian Consumers Association Zambia (ZACA)* via Jackie Tumwine

Smokefree initiatives

Under statutory Instrument No 163 of Public Health (Tobacco) Regulations, 1992, the following places are smokefree: hospitals and health centres; nursing homes; kindergartens; cinema halls; theatres; elevators; public transport; schools for adolescents up to 21 years of age. There are no concrete plans to implement Article 8 yet but it is under active consideration.

Existing resources

Currently only Zaca and the Resident Doctors' Association (RDA) are working on tobacco control.

Bloomberg grant (general)

Zambia Consumer's Association

Project to advocate for comprehensive tobacco control legislation

Public education materials/implementation or enforcement materials

'No Smoking' signs prominently displayed in some areas. There is also some restriction on smoking by owners of premises e.g cinemas and buses

Needs related to implementing smokefree policies

Expertise in implementing effective smokefree places. e.g. attachment of an expert to a country for a period of time; exchange programmes, etc.

Financial resources are also required to make smokefree places a reality.

Factors helping or hindering smokefree policies

Zambia is not yet party to FCTC. Cabinet has only approved ratification of the FCTC recently and the process is still ongoing. So as a non-party, the government does not feel the pressure to implement Article 8.

Countries with an influence on smokefree policies across the region

None mentioned

2.4 Countries with established comprehensive smokefree policies: best practice

South Africa

Contact: Peter Ucko, National Council Against Smoking (via Jackie Tumwine)



Smokefree initiatives

National smokefree legislation introduced in 2007 prohibits smoking in all indoor public places. Separate and ventilated DSRs are allowed, taking up no more than 25% of floor area. The law was recently changed to ban smoking in partially enclosed areas, near doorways, in cars with children under <12 years, and private homes for schooling, tutoring, childcare etc. Waiting for President to sign revision. There are plans for smokefree World Cup in 2010.

Legislation

Tobacco Products Control Amendment Act of 1999
www.info.gov.za/gazette/acts/1999/a12-99.pdf

Tobacco Products Control Amendments Bill, 2006

All documents available on the South African Department of Health website at
www.doh.gov.za/docs/index.html

Existing smokefree resources

National Council Against Smoking (www.againstsmoking.org) works with Cancer Association of SA (www.cansa.org.za) and the Heart and Stroke Foundation of SA (www.heartfoundation.co.za) NCAS also works with many other NGOs and Church groups etc, all local authorities (cities and towns) and provincial health authorities, as well as national Department of Health

Public education materials/implementation or enforcement materials

Not much is available. Have the WHO Body Poster. Cessation booklet which is given out as a free service for the National Quit line run by NCAS.

Needs related to implementing smokefree policies

PU stressed the need for money – for posters, education programmes and for law enforcement. NCAS needs to make prosecutions in courts which requires cash.



3.1 Countries planning comprehensive smokefree policies for 2008/9

India

Contact: Shoba John, HealthBridge India

Smokefree initiatives

Current national smokefree regulations covers healthcare, educational and government facilities, indoor workplaces, bars but not restaurants. Poorly enforced (MPOWER, WHO, 2008). There are some new smokefree initiatives:

Chandigarh was the first Indian city to go smokefree 1 July 2007. See www.burningbrain.org for details.

Cities of Chennai and Delhi have made plans to go smokefree by 2012 and 2010 respectively.

Campaign to make Delhi University smokefree launched in January 2008

Delhi: State Government is the leading agency for the campaign. News on campaigns below:

<http://www.sahasamay.com/samayhtml/Articles.aspx?NewsId=93085>

http://timesofindia.indiatimes.com/Smoking_fine_may_go_up_in_Delhi/articleshow/2691335.cms

<http://www.expressindia.com/latest-news/No-butts-New-York-Mayor-will-help-Delhi-kick-the-habit/239839/>

Chennai: State Government+ Tamil Nadu Tobacco Control Coalition +Cancer Institute, Chennai

<http://www.thehindu.com/2008/02/06/stories/2008020654370100.htm>

<http://www.hindu.com/2007/05/28/stories/2007052813710400.htm>

Existing smokefree resources

Burning Brain Society www.burningbrain.org

Bloomberg Initiative Grants (5 of 6 are related to SFE)

1. *Government of Delhi, Department of Health and Family Welfare*

Project to make Delhi smokefree by 2009

2. *Government of Tamil Nadu, Directorate of Public Health and Preventive Medicine*

Project to make Chennai smokefree by 2009

3. *Hriday*

Project to advance tobacco control in India through capacity building, evidence based policy development, legislation, enforcement and advocacy facilitated by AFTC (Delhi)

4. *Pasumai Thaayagam Foundation*

Project to achieve 100% smokefree environments in Chennai

5. *Voluntary Health Association of India* Project to initiate a forceful anti-tobacco movement by conducting policy advocacy in partnership with other BGI-funded organizations, capacity building of our state and local level network and state and local level monitoring and reporting of legislation

Public education materials/implementation or enforcement materials

Tobacco Control Legislation: Ensuring Effective Enforcement and the Procedures and Practices in Tobacco Control Litigations

www.hriday-shan.org/hriday/ppt/EnforcementoftheTobaccoControlAct2003.ppt

Materials from the National Sensitization Workshop for Law Enforcement Officials for Effective Enforcement of the Indian Tobacco Control Act, 2003

www.hriday-shan.org/hriday/tecnicl-session.html

Badly need public education materials.

Needs related to implementing smokefree policies

Materials on low-cost enforcement strategies, activities and implementation campaigns. Compilation of all smoke free media campaigns from across the world in CDs for campaigns that are rearing to go.

Factors helping or hindering the implementation of Article 8

Hindering - lack of awareness about Article 8 Guidelines. Shoba feels GSP needs to produce and distribute widely to governments and civil society urgently hard copies of the same and a "Guidelines to Guidelines on Article 8 Implementation".

Countries with an influence on smokefree policies across the region

If larger cities in India would go smoke free, that would trigger off a smoke free spree in other South Asian countries. Thailand is an existing good example with regard to going smoke free in certain public places.

Sri Lanka

Contact: Olcott Guasekera, Sri Lanka National Federation on Smoking and Health (via Cassandra Welch)

Background

First SEARO country to ratify the FCTC and the fourth in world. Current national smokefree regulations covers healthcare, educational and government facilities, indoor workplaces but not restaurants and bars. Well enforced (MPOWER, WHO, 2008).

But the 2006 tobacco and alcohol law assumes that DSRs and ventilation protect health and is not FCTC compliant.

Smokefree initiatives

Proposals have been made by OG for 100% smokefree indoor places by end 2008. The Healthcare and Nutrition Minister, Nimal Siripala, has said the government is "taking steps to strengthen the provisions of tobacco and alcohol law to make its implementation more effective." Amendments to the law include "some of the recommendations of the Committee A to the Conference of the Parties guidelines on protection from exposure to tobacco smoke". He was speaking at first session of INP on illicit trade in Geneva in February 2008.

Existing resources

Sri Lanka National Federation on Smoking and Health (SLNFSH) OG President

Alcohol and Drug Information Centre <http://www.adicsrilanka.org>

Sri Lanka Federation of NGOs Against Drug Abuse – FONGOADA <http://www.ifngo.org>

Bloomberg grant

Jeevaka Foundation

Project to strengthen existing pack warning legislation, expand existing smokefree places and enforce current advertising ban

Public education materials/implementation or enforcement materials

No publicity given to Article 8 Guidelines

Needs related to implementing smokefree policies

Much advocacy / lobbying is required to change the present beliefs and bring current thinking in line with scientific evidence that 'there is no safe level of exposure to secondhand smoke and 100% elimination of smoking from indoor environments is the only science-based measure' to protect health.

Need to change smokefree law to make it FCTC compliant

Factors helping or hindering the implementation of Article 8

Attitude to ventilation as described above.

Countries with an influence on smokefree policies across the region

None mentioned

3.2 Countries making progress with smokefree policies – some to a greater degree than others

Bangladesh

Contact: Saifuddin Ahmed, BATA – awaiting reply

Smokefree initiatives

Smoking Prohibition Act 26 was approved in March 2005 and took effect in 2006. It includes a ban on smoking in public places, but does not cover many places – schools, hospitals, governmental and non-governmental institutions, public transport with one carriage (and waiting areas), shopping malls, covered sports areas. Smoking areas are allowed.

Legislation available in English at

<http://www.bata.globalink.org/documents/Translation%20of%20Tobacco%20Rules%20for%20HOL.pdf>

Existing resources

Bloomberg Initiative Grants

1. *National Tobacco Control Cell (NTCC), Ministry of Health and Family Welfare*

Project to promote the enforcement and amendment of national tobacco control legislation in order to achieve full compliance with the FCTC

2. *WBB Trust - Work for a Better Bangladesh*

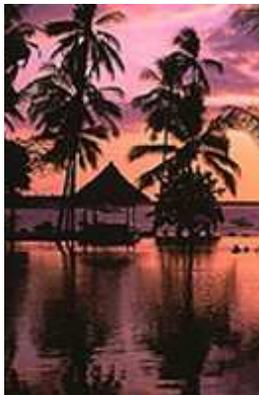
Project to strengthen Bangladeshi tobacco control through Government-NGO cooperation for improved FCTC implementation

Bangladesh Anti Tobacco Alliance www.bata.globalink.org/

Work for a Better Bangladesh www.wbbtrust.org

Indonesia

Contacts: Widyastuti Soerojo, Tobacco Control Support Center (TCSC)-Indonesian Public Health Association; Ulysses Dorotheo, Framework Convention Alliance



Background

Has not ratified FCTC.

Smokefree initiatives

National smokefree legislation (PP19/2003) is weak and only covers public transport, places of worship, medical facilities, schools and other places frequented by minors. DSRs allowed if they have 'air absorbers'. City of Cirebon is smokefree and does not allow DSRs (Mayor Decree No 27A/2006). According to SEATCA Report 2007 Cirebon is "an inspiring example of how communities can be smokefree if they work together and if the smokefree policy is culturally and emotionally accepted." Many indoor public places and public transport are smokefree. Smokers are required to smoke outdoors. Seems as if not all public places smokefree. Decree is not legally binding and compliance happens because of moral and religious obligation. Cirebon planning to draw up a local government act to legalise it.

Existing resources

Bloomberg Initiative Grants – two are related to smokefree; three others are more general

1. *Indonesian Forum of Parliamentarians on Population & Development*

Project to develop and promote national tobacco control legislation which is compliant with the FCTC and urge ratification

2. *Yayasan Lembaga Konsumen Indonesia (YLKI) and Center for Religious and Community Studies*

Project to advocate for smokefree areas in Java and assist in capacity building of enforcement agencies

Public education materials/implementation or enforcement materials

SEATCA – produced report 'Protecting the right to life: Smokefree public places in ASEAN' in December 2007.

Needs related to implementing smokefree policies

Need laws approved by Parliament not just presidential decree.

Ratification of FCTC

Need to demonstrate success and achievement.

Factors helping or hindering smokefree policies

Helping – high public support (see WS article in Health Policy 2005;72:333-349)

Hindering – enforcement of existing laws a problem

Countries with an influence on smokefree policies across the region

ASEAN countries

Nepal

Contacts: Home L. Sheathe, Non-Smokers Rights Association, Nepal; Dowager Rajkarnikar, National President, Nepal Cancer Relief Society (NCRS)

Smokefree initiatives

No national regulations on smokefree environments. (MPOWER, WHO, 2008).

No plan for implementation of Article 8 as the national tobacco control legislation has not yet passed by Government and Interim Legislature Parliament. It needs to be translated it into Nepali so that it can be disseminated among policy and decision makers, civil society, political parties, media advocates. No funds available to do so. HS at NSRA has started to translate it but hasn't completed it due to funding constraints. The current unstable political climate and the impending election have delayed the process. It has also been suggested that the tobacco industry has influenced the delay implementation.

Existing resources

There are few resources due to lack of funds. HL would like to explore funding for translation and dissemination of a printed seminar on smokefree policies. It would be sent to political parties, civil society and other stakeholders. The NCRS has committed to make Nepal a tobacco free country by 2020.

Bloomberg Initiative Grants

Resource Centre for Primary Health Care (RECPHEC)

Project to promote the passage and effective enforcement of tobacco control legislation and policy consistent with the FCTC

Public education materials/implementation or enforcement materials

No materials available due to lack of funds

Needs related to implementing smokefree policies

Smokefree legislation is needed.

Article 8 guidelines need to be translated (see above)

Educational materials needed (see above)

Support from other organisations in helping NCRS make Nepal smokefree.

Factors helping or hindering the implementation of Article 8

In spite of campaigning for one and a half years, legislation has not yet been passed. When the new constitutional assembly parliament and government is formed on 10 April 2008, pressure needs to be exerted.

Countries with an influence on smokefree policies across the region

Not stated

3.3 Countries with limited or no smokefree policies

Dem Rep Korea

Contact: Jin Sook Choi – awaiting reply

Current national smokefree regulations cover healthcare, educational and government facilities, indoor workplaces, but not restaurants and bars. Well enforced. (MPOWER, WHO, 2008).

Maldives

Contact: No direct contact

Current national smokefree regulations cover just government facilities. Moderately enforced. (MPOWER, WHO, 2008).

Myanmar

Contact: No direct contact
Current national smokefree regulations covers healthcare, educational and government facilities, but not workplaces, restaurants and bars. Moderately enforced. (MPOWER, WHO, 2008).

Timor-Leste

Contact: No direct contact
No national regulations on smokefree environments. (MPOWER, WHO, 2008).

3.4 Countries with established comprehensive smokefree policies: best practice

Bhutan

Draft tobacco legislation has been prepared through consultation with some of the relevant representatives and has to be further discussed to fit the Bhutanese context. Awaiting further information on this.

Thailand

Contacts: Ulysses Dorotheo, Framework Convention Alliance; (Lakkhana Termsirikulchai, Mahidol University – awaiting reply)



Background

Thailand banned smoking in all indoor public places in 2002, but night entertainment venues and bars were exempted.

Smokefree initiatives

A ban on smoking in public places took effect on 11 February 2008. All bars, pubs, discotheques and clubs, indoor and outdoor marketplaces are covered by the regulation. Non-air conditioned restaurants are also included, but can provide designated smoking rooms. Smoking has been banned in air conditioned restaurants since 2002. Owners of open air eating places and markets will have to provide smoking and no-smoking areas. Smokers will be fined 2,000 baht (60 US dollars) and venue operators and owners face a 20,000 baht (600 US dollars) fine if they do not adhere to the new regulations. Source: ASH Thailand press release 15 Jan. ASH UK 11 Feb. see www.ashthailand.or.th/ens

Existing resources

2 Bloomberg Initiative Grants

1. *Ministry of Public Health / Office of the WHO Representative to Thailand*

Project to move towards 100% smokefree environments

2. *South East Asia Tobacco Control Alliance (SEATCA)*

Project to strengthen the capacity of tobacco control and strategic stakeholders in seven ASEAN countries (Philippines, Vietnam, Thailand, Cambodia, Laos, Malaysia and Indonesia) and to strengthen regional tobacco control activities

Public education materials/implementation or enforcement materials

SEATCA – produced report ‘Protecting the right to life: Smokefree public places in ASEAN’ in December 2007.

Includes ASEAN tobacco control report card. May 2007.

Two Decades of Tobacco-Consumption Control in Thailand: Successes and challenges

http://www.anamai.moph.go.th/6thglobal/05_2decades.pdf

Countries with an influence on smokefree polices across the region

ASEAN countries.



4. Western Pacific Region

4.1 Countries planning comprehensive smokefree policies for 2008/9

Malaysia

Contacts: Ulysses Dorotheo, Framework Convention Alliance; Foong Kin, Universiti Sains Malaysia (awaiting reply)

Background

Control of Tobacco Product Regulations 2004. Smoking prohibited in a variety of places, including: government buildings, schools, places of worship. Air conditioned eating places or shops, open-air stadiums, and air conditioned public transport terminals can designate one third of the area as a smoking zone. It needs to be partitioned and have a ventilation system.

Smokefree initiatives

The government has pledged to begin legislating for 100% smokefree public places by the end of 2008. Malaysian has an action plan for legislation, yet to be approved by the Health Ministry. It will focus on eating areas (restaurants, coffee shops, bars, pubs and entertainment outlets), as well as government and private workplaces.

Existing resources

SEATCA www.seatca.org Includes ASEAN tobacco control report card. May 2007.

Countries with an influence on smokefree policies across the region

ASEAN countries

Nauru

Contact: Win Tin Si Thu, Ministry of Health

Background

Nauru has very high smoking prevalence – more than 50% of women and almost 50% of men. Current legislation only covers government buildings.

Smokefree initiatives

The tobacco control bill and legislation have been finalised, but is still awaiting approval by government. Nauru celebrated WNTD 2007 by raising awareness of the health effects of tobacco and the need to implement Article 8. Holding discussions with key stakeholders about implementing Article 8.

Existing resources

Some materials produced, but most relating to cessation.

Public education materials/implementation or enforcement materials

Activities in 2007/8 include: preparing educational materials for the public (posters, banners, leaflets, TV and radio ads); using role play by health workers; using slogan 'Smoke alone, Die alone'.

Needs related to implementing smokefree policies

Need legislation to be approved by government.

Factors helping or hindering the implementation of Article 8

See above.

Countries with an influence on smokefree policies across the region

Not stated

Philippines

Contacts: Ulysses Dorotheo, Framework Convention Alliance; Debby Sy, Lawyer



Background

National – 2003 Tobacco Regulation Act (Law RA9211) implemented in 2004. Smoking is completely banned in a limited number of public places – schools, health facilities, and public transport. Designated smoking rooms are allowed elsewhere.

Because the national law allows DSRs, some local government units (cities) are encouraged to enact and implement their own 100% smokefree policies.

Smokefree initiatives

A few cities have been smokefree for a number of years – Davao City (2002); Makati City (2003), Legazpi (2005). DSRs are allowed. Not compliant with Article 8 but with old national law. Some cities now planning to go 100% smokefree (helped by Rose Nathan's legislative programme). They are at different stages with their legislation – Davao City, Makati, Legazpi, Silang (Cavite), Iloilo. All these cities have an anti-smoking task force that has started work. E.g Davao task force includes mayor, tourism office and police

City of Manila is also trying to start a smokefree launch with a task force.

Pasig and Taguig (cities in Metro Manila) also recently announced plans to go smokefree.

Existing resources

The only active groups are (1) FCAP – FCTC Alliance, Philippines <http://fcap.globalink.org/> (2) Seventh Day Adventists

Framework Convention on Tobacco Control Alliance Philippines (FCAP) www.tobaccocontrol.ph (Debby Sy)

Bloomberg Initiative Grants

1. *Center for Health Development - Metro Manila*
Project to make cities and municipalities in metro Manila smokefree
2. *Framework Convention on Tobacco Control Alliance, Philippines (FCAP)*
Project to strengthen FCAP for more effective national tobacco control management in the Philippines
3. *University of the Philippines College of Law Development Foundation*
Project to build capacity among responsible agencies for better enforcement of existing legislation on smokefree places and bans on tobacco advertising

SEATCA www.seatca.org Includes ASEAN tobacco control report card. May 2007.

Public education materials/implementation or enforcement materials

SEATCA – produced report 'Protecting the right to life: Smokefree public places in ASEAN' in Dec 2007. Mainly notices and billboards. There are very few educational materials due to budget constraints. Davao aired TV adverts prepared by students. (Some enforcement officials have a ticketing system). Debby sent smokefree posters and campaign photographs. Example below



Enforcement – Rules and Regulations Implementing Republic Act No. 9211, otherwise known as the Tobacco Regulation Act of 2003
http://fcap.globalink.org/RA9211_IRR.pdf

Needs related to implementing smokefree policies

Educational materials for use before and after introduction of legislation.

Factors helping or hindering the implementation of Article 8

The tobacco industry. Recently Legaspi City reported that Chris Nelson, the General Manager of Philip Morris, visited the Mayor. The Mayor then declared a moratorium on implementing the smokefree ordinance.

Countries with an influence on smokefree policies across the region

ASEAN countries

Vietnam

Contacts: Ulysses Dorotheo, Framework Convention Alliance; Pham Hoang Anh, Healthbridge Vietnam; Nguyen Tuan Lam, WHO-TFI – awaiting reply; Phan Thi Hai VINACOSH

Background

There are smoking restrictions in several provinces, such as Hanoi, Hai Phong, Tuyen Quang, Da Nang and Ho Chi Minh City. Not comprehensive bans. Vietnam hosted the first smokefree South-east Asian Games in 2003.

Smokefree initiatives

A Directive (12/2007/CT_TTg) was signed on 12 May 2007 with the aim of strengthening tobacco control measures to reduce the harm of smoking. In December 2007 the Prime Minister signed a decision to “intensify the move into line with international convention on anti-smoking.” (SEATCA news Dec 07). Plan to legislate and implement it in 2008. Smoking is completely banned in educational facilities, government offices, indoor workplaces, public transport where there is a fire risk. Smoking areas allowed in other indoor public places, including the following: restaurants, bars, cinemas, theatres, stadiums, indoor entertainment places, waiting areas at bus terminals, and other crowded places. A 2008 Directive will ban smoking in medical establishments including hospitals. Compliance with the ban is good in meeting rooms, cinemas, theatres, inner city buses and some offices, but it is commonly violated in other places. 32 smokefree restaurants are promoted to tourists via leaflets.

Key activities in 2008:

1. Strengthening the implementation of smokefree legislation in Hanoi City by HealthBridge under a Bloomberg Initiative grant (March 2008–2010)
2. Media campaign to support smoke free policy implementation in work places by VINACOSH under a BI grant (2008–2010)
3. WHO and VINACOSH are preparing a grant proposal to BI to support some cities going smoke-free e.g. Hai Phong, Thai Nguyen, Da Nang) and smokefree health facilities in Ho Chi Minh City
4. Experiences from the HealthBridge and Vietnam Public Health Association media campaign "Speak out to protect yourself and your beloved", which aims to reduce the social acceptability of smoking, will be shared at a national workshop.
5. Finalising tobacco control master plan directed by VINACOSH and with technical support from WHO, HealthBridge, and other NGOs – promoting model smokefree environments in provinces such as Hanoi, Hai Phong, Tuyen Quang, Da Nang, Ho Chi Minh City, Tien Giang, Hai Duong, Thai Binh, Dong Thap and Khanh Hoa.
6. Drafting the tobacco control law and advocating for its passage at National Assembly

Existing resources

Vietnam Steering Committee on Smoking and Health (VINACOSH) www.vinacosh.gov.vn
HealthBridge Vietnam www.healthbridge.ca/tobacco_e.cfm 4 projects – Reducing the social acceptability of smoking in Vietnam; Building media partnerships for FCTC implementation in Viet-

nam; Facilitating FCTC implementation through media personnel support; Strengthening the role of organized civil society in the struggle to control the tobacco epidemic
Vietnam Public Health Association – working with HealthBridge
World Health Organization
Other organisations are working part time (project-based) on tobacco control
SEATCA www.seatca.org Includes ASEAN tobacco control report card. May 2007.

Bloomberg Initiative Grants

1. *HealthBridge Canada, Vietnam Office*

Project to strengthen the implementation and enforcement of smokefree policies in Hanoi (see above)

2. *Vietnam Committee on Smoking and Health (VINACOSH)*

Project to develop a strategic communication campaign to support the adoption of a strong tobacco control law and the implementation of smokefree environments (see above)

Public education materials/implementation or enforcement materials

VINACOSH website (Vietnamese language only) includes materials produced by HealthBridge e.g. ‘Speak out to protect yourself and your beloved’ media campaign (see above).

SEATCA – produced report ‘Protecting the right to life: Smokefree public places in ASEAN’ in Dec 2007.

Needs related to implementing smokefree policies

Experience of advocacy with government for a greater commitment to policy implementation

Experience of effective enforcement measures and their implementation.

Experience of implementing smokefree cities

Effective Information Education Communication materials for campaign

Countries with an influence on smokefree policies across the region

ASEAN countries. Thailand and Singapore a key influence.

4.2 Countries making progress with smokefree policies – some to a greater degree than others

Brunei Darussalam

Contact: Dr Roziamee Tengah, Ministry of Health

Background

Smoking prevalence 17.5% (2001). Anti-smoking campaigns were launched in 1988. Smoking was banned first in MOH buildings (1990), then in all government buildings (1994), Royal Brunei airlines flights (1999), Brunei airport (1999), schools (2002), and municipal buildings (2002).

Smokefree initiatives

Tobacco Order 2005 – one of its four Tobacco Regulations 2007 is the prohibition of smoking in certain places. Commencement date of Tobacco Order 2005 is provisionally set for mid 2008. Covers hospitals, medical clinics, nursing homes, educational institutes, nurseries, entertainment centres (cinemas, bowling allies, fitness centres etc), any place where food or refreshment is served (air-conditioned and non-air conditioned), indoor sports arenas, shops and shopping centres, hotel lobbies and function rooms, religious buildings, buses and taxis, transport terminuses and queues, government premises.

Priorities for 2008 (1) briefing and dialogue of Tobacco Order 2005 and Tobacco Regulations 2007 with all stakeholders

(2) Ongoing regular slots in local media (3) Launching notice – ‘No smoking by law’ (4) Training officers

Existing resources

Contacts with other countries e.g Singapore – Health Promotion Board, Health Sciences Authority

and National Environment Agency; Thailand – SEATCA and ASH Thailand. Helped with training tobacco control officers.

SEATCA www.seatca.org Includes ASEAN tobacco control report card. May 2007.

Public education materials/implementation or enforcement materials

SEATCA – produced report ‘Protecting the right to life: Smokefree public places in ASEAN’ in Dec 2007.

Needs related to implementing smokefree policies

None stated

Factors helping or hindering the implementation of Article 8

None stated

Countries with an influence on smokefree policies across the region

Thailand and Singapore

Cambodia



Contacts: Ulysses Dorotheo, Framework Convention Alliance; (Yel Daravuth, WHO-TFI – awaiting reply)

Smokefree initiatives

Currently no national smokefree laws. But National Center for Health Promotion (NCHP) has drafted and proposed a National Tobacco Control Law that is consistent with the FCTC. It includes provisions for smokefree areas and is currently awaiting approval.

Smokefree workplace ‘circulations’ have been issued and implemented in Ministries of Health, Education and several other government departments, and the Armed Forces (more detail in document provided by YD). 30 major pagodas and their monks have declared themselves smokefree temples and hospitals. Associated schools are also smokefree. Twenty major referral hospitals and 38 health centers, as well as three regional military hospitals, have declared themselves and their campuses smokefree. Four universities including the University of Health Sciences, twelve high schools, six military campuses, three government departments, one government provincial hall and three NGOs have also banned smoking, initiated by the NCHP, Ministry of Health, ADRA Cambodia and the Cambodia Movement for Health (CMH).

‘Smoke-free Cyclo Project’ set up with NCHP to break cycle of tobacco use and poverty. Promotes smokefree behaviour.

Existing resources

SEATCA www.seatca.org Includes ASEAN tobacco control report card. May 2007.

Adventist Development and Relief Agency (ADRA) – tobacco or health programme since 1994

Bloomberg grant

Cambodia Movement for Health (CMH)

Project to build media awareness on tobacco control policies and the FCTC

Public education materials/implementation or enforcement materials

SEATCA – produced report ‘Protecting the right to life: Smokefree public places in ASEAN’ in Dec 2007.

Needs related to implementing smokefree policies

National legislation

Factors helping or hindering the implementation of Article 8

95% of the population is Buddhist and most men become a monk at some point. Monks have a strong network for communication and education which allows for wide dissemination and a united

voice against tobacco. Because of the influence monks have and their roles in society, the Smoke Free Buddhist Monks program has the great potential to eventually convert the entire country.

Workplace smokefree initiatives in spite of lack of law.

Countries with an influence on smokefree policies across the region

ASEAN countries

Cook Islands

Contact: Ngapoko Short, Ministry of Health

Smokefree initiatives

Smokefree places: Rarotonga Hospital and grounds, main hospital on Cook Islands (December 2007); Rarotonga Airport, main airport, since 11 March 2008; TV station buildings and grounds (January 2007); all government buildings (2006); Some restaurants are smokefree with smokers' tables outside

Existing resources

Cook Islands Tobacco Working Group.

NGO's are supportive when assistance is requested.

Women's Christian Fellowship provides strong support for tobacco control

Public education materials/implementation or enforcement materials

Lack resources for public education

Health inspectors have been given training in enforcement

Needs related to implementing smokefree policies

Would appreciate expert assistance in reassessing smokefree policies and implementation

Factors helping or hindering the implementation of Article 8

Lack of funds for raising awareness of health effects of secondhand smoke i.e. printed materials, television and radio advertising, billboard advertising

Countries with an influence on smokefree policies across the region

Not stated

Fiji

Contact: Margaret Cornelius, Ministry of Health

Smokefree initiatives

The current legislation (Tobacco Control Act 1998) bans smoking in some public places such as restaurants, theatres, hospitals, and public transport. A Tobacco Control Enforcement Strategic Plan (2007-2011) has been prepared, and one of its objectives is to implement smokefree provisions in line with the FCTC.

Existing resources

Resources are provided by the National Centre for Health Promotion, Tobacco Control Enforcement Unit, and the Fiji Cancer Society a Non Governmental Organisation which is working in partnership with the Ministry of Health in various outreach programs. However, there is great need to acquire resources to monitor and enforce article 8.

Public education materials/implementation or enforcement materials

The National Centre for Health Promotion has been the fore runner in Mass Media Campaign awareness in regards to article 8, with media campaigns such as "Winners don't smoke" and ad hoc anti-smoking campaigns and enforcement messages on television and radio. Other examples are the development of enforcement flyers, a summary version of the Tobacco Control Act, No Smoking signage and posters.

Needs related to implementing smokefree policies

Provision of awareness-raising information relating to article 8 is a major need. This needs to be provided in the three languages- Hindi, English and Fijian languages. Funding is a constant problem.

Factors helping or hindering the implementation of Article 8

Article 8 is already included in the Tobacco Control Act 1998 – it is the enforcement part which needs to be strengthened. Enforcement awareness campaigns need to be broadcast at least once every quarter on television, radio and other advertising media to ensure that members of the public are aware that they will be penalised for breaking the law.

Countries with an influence on smokefree policies across the region

None stated.

Lao PDR

Contacts: Ulysses Dorotheo, Framework Convention Alliance; (Maniphanh Vongphosy, ADRA Laos – awaiting reply)

Smokefree initiatives

No national smokefree laws, but there are local initiatives e.g most universities, all Lao Women Union district offices, and some hospitals are smokefree. The City of Luang Prabang became smokefree in 2007. First World Heritage site to ban smoking in public places. Ban covers indoor and outdoor areas of Buddhist temples and other tourist spots. Also workplaces, state offices, public transport and other public areas such as hotels, guesthouses and restaurants.

Existing resources

SEATCA www.seatca.org Includes ASEAN tobacco control report card. May 2007.

Bloomberg grant

Adventist Development and Relief Agency (ADRA)

Project to develop strategic development of a tobacco control program for Laos

Public education materials/implementation or enforcement materials

SEATCA – produced report ‘Protecting the right to life: Smokefree public places in ASEAN’ in Dec 2007.

Needs related to implementing smokefree policies

National legislation

Factors helping or hindering the implementation of Article 8

TBC

Countries with an influence on smokefree policies across the region

ASEAN countries

Niue

Contact: Manila Nosa, Ministry of Health

Smokefree initiatives

Draft tobacco bill on passage in parliament

Existing resources

Large NGO group – NIUANGO (Niue United Association of NGOs)

Public education materials/implementation or enforcement materials

Use posters, leaflets etc from WHO or New Zealand

Needs related to implementing smokefree policies

None at present

Factors helping or hindering the implementation of Article 8

Government recognises the importance of Article 8 and there has been no resistance to date from other sectors

Countries with an influence on smokefree polices across the region

None stated

Solomon Islands

Contact: George Manimu, Ministry of Health

Smokefree initiatives

Tobacco control not very good but have banned smoking in government premises. Enforcement is very weak. Tobacco Control Bill is at final draft stage. It is due to be presented in Parliament in mid- or late 2008.

Factors helping or hindering the implementation of Article 8

The tobacco industry is working very hard to dilute the bill by exerting influence at the political level. However the Ministry of Health is not going to accept their suggestions.

Needs related to implementing smokefree policies

Solomon Islands does not have people dedicated to public education on the harmful effects of tobacco use.

4.3 Countries with limited or no smokefree policies

China

(excluding Hong Kong)

Contacts: Susan Lawrence, CTFK (awaiting reply); June Chan, ACS; Shuanhong Shen (awaiting reply)

Smokefree initiatives

China does not have any national smokefree legislation. There are some restrictions on smoking in certain cities, but none of them cover workplaces. In 1994 Shanghai declared virtually all indoor public places smoke-free, and in October 1995, Beijing prohibited smoking in major public places. The Special Administrative Region of Macao prohibits smoking in certain public places but is not comprehensive (see <http://apps.nccd.cdc.gov/nations/legislation/PDFFiles/Macao-1.pdf>). Taiwan also bans smoking in some public places (see www.globalink.org/tobacco/docs/ap-docs/legislation/law-tw.html) (INGCAT).

The Chinese Premier Wen Jiabao promised that August's Beijing Games would be smokefree and that the ban would be extended beyond the Games to most public places but there has been no announcement of Olympic restrictions with just months to go until the opening ceremony. The ban on smoking in taxis in Beijing is commonly ignored. A lawmaker recently called for government offices to be made smokefree.

Existing resources

12 Bloomberg Initiative Grants in China so far. Those specific to smokefree listed below:

1. *Beijing Municipal Health Bureau*
Project to implement mass media and health education campaigns supporting the Tobacco-Free Olympic Games and cities throughout mainland China
2. *Chinese Center for Disease Control and Prevention*
Project to increase the rate of tobacco-free environments in Olympic/Para-Olympic cities in mainland China
3. *Fudan University*
Project to advocate for the establishment of effective smoke-free bylaws in workplaces and public places in Shanghai
4. *National Centre for Tuberculosis Control and Prevention CDC*
Project to improve the health of TB patients and their families by establishing smoke-free TB centers and promoting smoke-free families in Hunan Province
5. *Office of Beijing of Patriotic Health Campaign Committee*



Project to advocate for the revision and strengthening of existing smoke-free legislation and regulations in public places

6. *Pioneers for Health Consultancy and Evaluation Center*

Project aimed at creating smokefree places in Kunming through legislative support as well as a public awareness and mass media campaigns

7. *Zhejiang University*

Project to build advocacy capacity for tobacco control among the public health workforce in China

Japan

Contact: Manabu Sakuta, Japan Society for Tobacco Control. Replied 1/3/08. Dr Igarashi – awaiting reply



Background

Smoking prevalence among Japanese men has dropped from 75% to about 40% in the past 30 years. Smoking bans have been introduced in many public places and in many taxis. But only 1% of restaurants impose a total ban on smoking.

Smokefree initiatives

No national regulations on smokefree environments. (MPOWER, WHO, 2008).

There are no current or forthcoming smokefree initiatives for the faithful implementation of Article 8 by the Japanese Government. Mr. Matsuzawa, Governor of Kanagawa Prefecture, is going to enact a smokefree Kanagawa Ordinance soon on a local government basis. However, he is facing strong opposition from JT and other tobacco companies.

A ban on smoking in taxis in Tokyo was introduced on January 2008. Compliance rates within two months were high – an estimated 95% of taxis are smokefree. (GL NIMI 17 March 2008).

Existing resources

NPO Japan Society for Tobacco Control www.nosmoke55.jp

Public education materials/implementation or enforcement materials

NPO Smoke-free Environment for Kids in Japan www3.ocn.ne.jp/~muen/

Needs related to implementing smokefree policies

1. Scientific evidence that can convince Japanese people that smoking rooms or corners are not effective protection against secondhand smoke and that smokefree policies are the only solution indoors.
2. International pressure on Japan for the faithful implementation of the FCTC. This would be extremely helpful.

Factors helping or hindering the implementation of Article 8

1. The Health Promotion Law, which stipulates the prevention of secondhand smoke, has no penalty for the violation of the law.
2. Tobacco Business Law and the Ministry of Finance have monopolised the power to organise the regulations on tobacco, including even the health warnings on the cigarette packs. The Ministry of Health has no power to control the tobacco pandemic because it is controlled by MOF. Tobacco Industry Law promotes "healthy development" of the tobacco industry, and the government is the major stockholder in Japan Tobacco Inc.
3. Most MPs and the public are not concerned about the problems associated with tobacco use. They are misled by the tobacco industry about the concept of smokers' right to smoke being respected as well as non-smokers' rights.

Countries with an influence on smokefree policies across the region

US, EU, Australia, Thailand, Hong-kong, Singapore

Korea	Contact: Jin Sook Choi, ASH Korea – awaiting reply Current national smokefree regulations cover healthcare and educational facilities. Moderately enforced (MPOWER, WHO, 2008).
Mongolia	Contact: No direct contact No national regulations on smokefree environments. (MPOWER, WHO, 2008).
Palau	Contacted Senator Caleb Otto – awaiting reply Current national smokefree regulations government facilities. Well enforced. (MPOWER, WHO, 2008).
Tonga	Contact: Malaki ‘Ake, Ministry of Health – awaiting reply Tobacco control legislation introduced in 2000 prohibits smoking in a limited number of places with exemptions (see http://apps.nccd.cdc.gov/nations/legislation/PDFFiles/tonga-1a.pdf). (INGCAT)

4.4 Countries with established comprehensive smokefree policies: best practice

Australia

Contact: Kylie Lindorff, VicHealth Centre for Tobacco Control



Smokefree legislation

Australian States each have their own separate smokefree legislation, but the provisions are becoming more and more consistent, as some of the original exemptions have been phased out. Smoking is banned in enclosed public places and workplaces in all eight jurisdictions, and only one allows exemptions for bars (licensed premises). A brief summary for each State is included below, and details for each are included in Appendix 4:

Queensland – All enclosed public places and workplaces, including outdoor areas where food or drink are served, and sporting stadiums are smokefree. Smoking is also prohibited within 10 metres of children’s’ playgrounds, within 4 metres of entrances to non-residential buildings, and on patrolled beaches. All outdoor areas serving food or drink, or where entertainers are working, must be smokefree. The only outdoor smoking allowed is in designated smoking areas that may not take up more than 50% of the outdoor area. Best legislative model apart from exemption for high roller rooms in casinos.

www.health.qld.gov.au/atods/tobaccolaws/index.asp

Australian Capital Territory – 100% smokefree. Smoking banned in all enclosed public places and workplaces, including high roller rooms in casinos.

www.health.act.gov.au/c/health?a=da&did=10054021&pid=1128469653

New South Wales – Smoking banned in all enclosed public places and workplaces. High roller rooms exempt but this is reviewed annually. Some city councils have introduced very stringent restrictions on outdoor spaces, such as beaches and the areas surrounding playgrounds.

www.health.nsw.gov.au/public-health/health-promotion/tobacco/legislation/index.html. and:

www.ashaust.org.au

Northern Territory – Smoking banned in all enclosed public places and workplaces, but smoking areas are allowed in bars. www.nt.gov.au/health/healthdev/aodp/tap/smokefree/index.shtml

South Australia – 100% smokefree. Smoking banned in all enclosed public places and workplaces (November 2007), including high roller rooms in casinos. Since 31 May 2007 smoking has banned in cars with children aged 16 and under. www.tobaccolaws.sa.gov.au/

Tasmania – 100% smokefree. Smoking banned in all enclosed public places and workplaces. Smoking is also prohibited within three metres of doors and 10 metres of ventilation intake units in non-domestic buildings. At least half of the tables in an outdoor dining area must be smokefree. Smoking in cars with children under 18 years from 1 January 2008.

www.dhhs.tas.gov.au/agency/pro/tobacco/index.php

Victoria – Smoking banned in all enclosed public places and workplaces. High roller rooms exempt but this is reviewed every six months. www.health.vic.gov.au/tobaccoreforms/index.htm

Western Australia – Smoking banned in all enclosed public places and workplaces. However, it is permitted in an enclosed public space used for a private function, such as a wedding. Smoking is also permitted in high roller rooms. www.tobaccocontrol.health.wa.gov.au/home/

New initiatives

NSW planning to introduce a ban on smoking in cars with children. Also banning cigarette tents at open-air music festivals

Victoria – wants its smoking ban tightened because pubs/clubs are creating pseudo outdoor areas.

Australian government wants to widen the outdoor ban in 2008 so that smokers on beaches, sidewalks and near playgrounds are fined.

Preparation for smokefree legislation

Victoria provides a good example of preparation for smokefree legislation. Examples of TV ads, brochures, posters etc can be found at www.health.vic.gov.au/tobaccoreforms/media.htm



Other resources:

Guiding Principles for Smoke-free Public Places and Workplaces Legislation – from the National Public Health Partnership

www.nphp.gov.au/publications/legislation/smoke_princpls.pdf

Smoke-free Public Places Legislation – Examples of Core Provisions – from the National Public Health Partnership

www.nphp.gov.au/publications/legislation/smoke_coreprov.pdf

Enforcement and compliance

Enforcement has varied considerably between states, but is high overall. Different officers enforce laws in different states. For example there has been little enforcement to date in Victoria. Although restaurants have been fined, no bars or clubs in breach of the laws have been fined. (ASH Australia). Problems with compliance in outdoor areas of Western Australia.

Future initiatives and priorities

Northern Territory – pubs, clubs and other workplaces still allow smoking indoors.

Many states allow exemptions for high-rolling rooms in casinos

Partially enclosed areas when crowded with people can be very smoky, putting employees at risk

Loophole in the law in several states allows smoking in areas that are up to 75% enclosed (See www.ashaust.org.au)

Outdoor spaces – some councils in NSW and Queensland have implemented extensive bans on smoking in outdoor spaces This may encourage others to do the same

Hong Kong

Contact: No direct contact

Smokefree initiatives

Hong Kong is a Special Administrative Region of China. The Legislative Council of Hong Kong Special Administrative Region approved comprehensive smokefree legislation in October 2006, and it came into effect on 1 January 2007. It prohibits smoking in most enclosed public places and workplaces, including restaurants, karaoke bars, public swimming pools and beaches. However, six

categories of 'qualified establishments' are allowed to delay implementing the legislation until 1 July 2009. These include bars, nightclubs, bathhouses and massage establishments. Click here to read more <http://www.smokefree.hk/cosh/ccs/detail.xml?lang=en&fldrid=225>

Legislation

Smoking (Public Health) (Amendment) Bill 2005

<http://www.smokefree.hk/cosh/ccs/detail.xml?lang=en&fldrid=365>

Enforcement and compliance

Implementation guidelines for smokefree policies – Hong Kong Tobacco Control Office

www.tco.gov.hk/english/downloads/downloads_guidelines.html

New Zealand

Contact: Matthew Allen, Allen and Clarke Policy and Regulatory Specialists



Smokefree legislation

New Zealand became 100% smokefree in 2004. The Smokefree Environments Amendment Act 2003 prohibited smoking in schools and early childhood centres from 1 January 2004. From 10 December 2004 all indoor workplaces and hospitality centres (including bars, restaurants, cafés and casinos) became smokefree. Designated smoking rooms are not allowed.

Future priorities are:

Creating smokefree environments at home and in cars – through education rather than legislation

Introducing a 5-metre law so that smokers smoke away from entrances to smokefree venues

Creating certain smokefree outdoor areas, such as beaches, parks and tourist locations – through local rather than national legislation

Preparation for smokefree legislation

The campaign for smokefree legislation was driven by a strong and coordinated NGO sector, strong government support and a continual need to counteract negative comments about potential damage to the hospitality industry.

'Going smokefree in New Zealand: lessons from battlefield' is a key document published by ASH New Zealand in May 2006. It describes the strategies used by supporters of smokefree legislation to neutralise objections from the hospitality industry. It shows to how provide counterarguments to generate public support for legislation. <http://www.ash.org.nz/pdf/goingsmokefreeinNZ.pdf>

Enforcement and compliance

High compliance in first year of ban (97%). Some pub owners defiant and some prosecutions are pending.

The smoke is clearing – one-year anniversary report on the impact of smokefree legislation.

http://www.moh.govt.nz/moh.nsf/wpg_Index/About-smokefreelaw-research

Smokefree Laws in New Zealand - Frequently Asked Questions - Part 3: Enforcement Powers

www.moh.govt.nz/moh.nsf/wpg_index/About-smokefreelaw-faqs-enforcement

Resources

ASH New Zealand www.ash.org.nz

Singapore

Contact: Ulysses Dorotheo; Lin Choo, Singapore Health Promotion Board. Awaiting information.

Smokefree initiatives

Singapore has had smokefree legislation since 1970, but has strengthened it in recent years. Smoking is prohibited in air-conditioned workplaces and restaurants and most indoor public places including, sports stadiums, shopping malls and hawker centres. From 1 July 2007 smokefree legislation was extended to entertainment outlets. Designated smoking rooms are allowed. A full list of places covered

by the legislation is found at
http://app.nea.gov.sg/cms/htdocs/category_sub.asp?cid=248#q1

Existing resources

SEATCA www.seatca.org Includes ASEAN tobacco control report card. May 2007.

Public education materials/implementation or enforcement materials

SEATCA – produced report ‘Protecting the right to life: Smokefree public places in ASEAN’ in Dec 2007.



Posters and signs from the National Environment Agency

4.5 Countries where no information is currently available

Kiribati	Contact: No direct contact No information available in MPOWER
Marshall Islands	Contact: No direct contact No information available in MPOWER
Micronesia	Contact: Senator John Martin – awaiting reply No information available in MPOWER
Papua New Guinea	Contact: No direct contact No information available in MPOWER
Samoa	Contact: Andrew Peteru, Ministry of Health – awaiting reply No information available in MPOWER
Tuvalu	Contact: No direct contact No information available in MPOWER
Vanuatu	Contact: No direct contact No information available in MPOWER



5.1 Countries planning comprehensive smokefree policies for 2008/9

Bahrain

Contacts: Fatimah El-Awa and Farrukh Qureshi, WHO EMRO; Hani Alghoumani, Framework Convention Alliance – awaiting information.

Smokefree initiatives

Shopping malls smokefree and Bahrain international airport has been smokefree since 31 May 2007. There are restrictions on smoking in healthcare and educational facilities, government facilities, and indoor offices but not in coffee shops and restaurants. Enforcement is carried out by public health inspectors and is relatively low.

A new law (originally drafted 14 years ago) has been approved by Parliament and Shuran Council Members, which bans smoking in cars carrying children. Restaurants are also required to create separate smoking areas. The law now needs to be ratified by King Hamad. (GL NIMI 9 April 2008).

Legislation (Arabic)

www.legalaffairs.gov.bh/htm/L1094.htm

(The emir decree No. 10/ 1994 on tobacco legislations) Item No. 2.

M O. Municipal affairs decree No. 83/2006

<http://www.legalaffairs.gov.bh/htm/RMAG8306.htm> (MO. Municipal affairs decree No. 83/2006 on cafe and restaurants condition which sell tobacco or related materials).

TFI EMRO site with legislation – www.emro.who.int/TFI/Legislation-members.htm

Existing resources

WHO website

Bahrain Antismoking Society

Public Health Department and Health Educators at the Ministry of Health

National Antismoking committee

Regional resources – municipal councils, commercial organisations, Ministry of Education scouts team (details not provided)

Public education materials/implementation or enforcement materials

WHO posters and leaflets (examples not provided)

Billboards (details not provided)

Needs related to implementing smokefree policies

Training on advocacy and using the media

Experiences of other countries

Factors helping or hindering the implementation of Article 8

Helping

Media support on TV and radio

One journal offering full support for the smokefree campaign

Commercial companies and smokefree restaurants and coffee shops have provided support

The shopping mall management and customers provided support

Financial support from UNDP office

Hindering

Some business and individuals have opposed the legislation

Countries with an influence on smokefree policies across the region

Other EMRO countries

Djibouti

Contacts: Fatimah El-Awa and Farrukh Qureshi, WHO EMRO – awaiting information. Hani Alghoumani, Framework Convention Alliance – awaiting information. Jackie Tumwine

Smokefree initiatives

On 18 October 2007 the Cabinet of Djibouti approved a decree that will ban smoking in public places. The decree conforms to the provisions of an earlier tobacco control law adopted in April 2007. It lists places where smoking is prohibited i.e. public places, work places, public transportation, health facilities, schools, universities and other educational institutions and venues for sport, cultural and leisure activities. Other provisions include the need to sensitise the public to the dangers of secondhand smoke. It also places a duty on employers to provide workers with a smokefree work environment.

Current legislation regulates smoking in educational and healthcare facilities, universities, indoor offices, but not all indoor workplaces or restaurants or bars. Enforcement is weak. See www.emro.who.int/TFI/Legislation-members.htm

Egypt



Contacts: Fatimah El-Awa and Farrukh Qureshi, WHO EMRO – awaiting information. Hani Alghoumani, Framework Convention Alliance – awaiting information. Jackie Tumwine sent a brief summary.

Smokefree initiatives

Smoking has been banned in public places, public transport, educational and health facilities since July 2007. It is not comprehensive, as restaurants and bars are not covered. Enforcement is weak.

Current legislation www.emro.who.int/TFI/Legislation-members.htm

Existing resources

Egyptian Smoking Prevention Institute – a US/Egypt funded initiative that aims to reduce tobacco use in Egypt through research and capacity building. PowerPoint presentation outlining projects was supplied.

Three Bloomberg Initiative Grants – one is on smokefree
Directorate of Health Affairs, Ministry of Health, Alexandria
Project to make Alexandria 100% smokefree

Public education materials/implementation or enforcement materials

See www.emro.who.int/tfi/tfi.htm Has examples of posters, and country information for the region
Two PowerPoint presentations were sent by Jackie Tumwine. Egyptian Smoking Prevention Institute (1) SPRY overview (2) Introduction to the FCTC

Needs related to implementing smokefree policies

Enforcement is needed. Quote from SPRY booklet on FCTC: “Many laws are present in Egypt to prevent smoking and reduce the exposure to Environmental Tobacco Smoke, but the reality is that none of these are enforced. All these laws are concerned mainly about cigarette smoking and did not consider water pipe smoking, although it is spreading at an alarming rate among youth in Egypt and other Arab and even western countries”

Factors helping or hindering the implementation of Article 8

Awaiting information from Fatimah El-Awa and Hani Alghoumani

Countries with an influence on smokefree policies across the region

Other EMRO countries

Oman

Contact: No direct contact

Smokefree initiatives

Currently drafting national comprehensive smokefree legislation. Government buildings, schools and hospitals are 100% smokefree with high compliance. No regulations in coffee shops and restaurants but some have smokefree areas.

Current legislation www.emro.who.int/TFI/Legislation-members.htm

Existing resources

WHO EMRO office

Ministry of Health www.moh.gov.om

Public education materials/implementation or enforcement materials

Video on risk of water pipe smoking

Printed material for students at state schools

Stickers publicising smokefree areas of restaurants and coffee shops

Needs related to implementing smokefree policies

More high-level advocacy from WHO headquarters and Regional Director to push the Oman Ministry of Health and Ministry of Labour for smokefree legislation

Factors helping or hindering the implementation of Article 8

Current lack of legislation is hindering, but the drafting of legislation will help.

Lack of support from some of the private business sector

Countries with an influence on smokefree policies across the region

Other EMRO countries

Pakistan

Contact: Ehsan Latif ; Fatimah El-Awa and Farrukh Qureshi, WHO EMRO; Hani Alghoumani, Framework Convention Alliance – awaiting information.

Smokefree initiatives

The Coalition for Tobacco Control – Pakistan (CTC-Pak) is currently monitoring the implementation of Article 8 in Pakistan. It was translated into a national legislation entitled, ‘Prohibition of smoking and protection of non-smokers health ordinance’

The monitoring reports and legislation are available at <http://www.ctcpak.org> The ordinance covers many places including government buildings, health and educational institutions, indoor public places, auditoriums, recreational and eating places. Smoking areas may be permitted. Current smoke-free laws are not well enforced.

A Federal Ministry of Health project has been approved under the second round of the Bloomberg Initiative grants which also focuses on implementation of Article 8. It aims to develop model smoke-free cities in each of the country’s four provinces.

Current legislation www.emro.who.int/TFI/Legislation-members.htm

Existing smokefree resources

Tobacco Control Cell – an independent organisation constituted to make recommendations for improved tobacco control measures at national and provincial level

Coalition for Tobacco Control – Pakistan (CTC-Pak) <http://ctcpak.org>. A list of partners from civil society can be accessed from <http://www.ctcpak.org/partners.htm>

Heartfile (NGO) www.heartfile.org

Network for Consumer Protection (NGO) www.thenetwork.org.pk

Ministry of Health (see above)



Bloomberg Initiative Grants

Society for Alternative Media and Research – project to assist with the drafting and enactment of tobacco control legislation

Public education materials/implementation or enforcement materials

The National laws related to smokefree places have been translated into Urdu, the national language. Various posters and stickers have and distributed to buildings that are smokefree. EL sent booklet and stickers. Hotels and restaurants have signs for no smoking areas.

Smokefree poster from Pakistan

Needs related to implementing smokefree policies

1. Capacity building of people associated with implementation and monitoring of FCTC Article 8.
2. Development of media campaigns for wider dissemination of roles and responsibilities of authorized officers and public in general
3. High level advocacy from the WHO Regional Director General to push the Ministry of Health for 100% smokefree legislation

Factors helping or hindering the implementation of Article 8

1. Lack of infrastructure to fully implement Article 8
2. Lack of a comprehensive policy/strategy to take this to the provinces and districts
3. Ill defined procedures for monitoring and reporting of violations at state level
4. Provision for designated smoking rooms
5. The tobacco industry

Also seem to bureaucratic obstacles to some tobacco control programmes e.g. National Tobacco Control Programme was due to start in January but has been delayed.

Existing resources

Three Bloomberg Initiative Grants – all general tobacco control, not specific to smokefree.

Countries with an influence on smokefree policies across the region

Other EMRO countries

Saudi Arabia

Contacts: Fatimah El-Awa and Farrukh Qureshi, WHO EMRO – awaiting information. Hani Alghoumani, Framework Convention Alliance – awaiting information.

Smokefree initiatives

Mecca and Medina made tobacco-free in 2002 by royal assent

http://www.emro.who.int/tfi/wntd2007/pdf/tobacco_free_mecca_medina.pdf

Village leaders in Marba, 150 km north of Yanbu, have vowed to make their hometown the Kingdom's first tobacco-free community. GL NIMI 2 April 08

In other places smoking is regulated in healthcare and educational facilities, government facilities, but not workplaces or restaurants. Enforcement is very weak. (MPOWER, WHO, 2008).

Current legislation www.emro.who.int/TFI/Legislation-members.htm

5.2 Countries making progress with smokefree policies – some to a greater degree than others

Kuwait

Contact: No direct contact

Smokefree initiatives

There are smokefree provisions in healthcare and educational facilities, government facilities, indoor workplaces and restaurants but not bars. Enforcement is weak. Information from MPOWER (WHO, 2008). No other source at present.

Libya

Contact: No direct contact

Smokefree initiatives

There are smokefree provisions in healthcare and educational facilities, government facilities, some indoor workplaces, but not restaurants. Enforcement is weak. Information from MPOWER (WHO, 2008). No other source at present.

Morocco

Contact: No direct contact

Smokefree initiatives

There are smokefree provisions in healthcare and educational facilities, government facilities, indoor workplaces, but not restaurants and bars. (For legislation see <http://www.who.int/idhl-rils/results.cfm?language=english&type=ByTopic&strTopicCode=XA&strRefCode=Mor>) Enforcement is weak. (MPOWER, WHO, 2008; INGCAT).

Sudan

Contacts: Fatimah El-Awa and Farrukh Qureshi, WHO EMRO; Hani Alghoumani, Framework Convention Alliance – awaiting information.

Smokefree initiatives

Smoking currently only regulated in educational facilities and indoor workplaces. Enforcement is weak. (WHO EMPOWER, 2008)

A National Tobacco Free Initiative has been formed – a coalition between the government and national NGOs. It aims to widen the current smokefree provisions.

Current legislation www.emro.who.int/TFI/Legislation-members.htm

Existing resources

Sudanese Society for educating the risk of tobacco
Suha Mobile – a hotline providing health messages

Public education materials/implementation or enforcement materials

Billboards, TV and radio adverts, Talk shows – examples not provided
There are also provincial programmes and a mobile video project delivering health messages

Needs related to implementing smokefree policies

Guidance on how to conduct a successful campaign
Guidance on how to build a partnership for smokefree
Effective enforcement of the laws and regulations

Factors helping or hindering the implementation of Article 8

Proposals to extend the current smokefree provisions
The positive influence of community leaders
Enforcement of laws is a hindrance

Countries with an influence on smokefree policies across the region

Other EMRO countries

Syrian Arabic Republic

Contacts: Fatimah El-Awa and Farrukh Qureshi, WHO EMRO – awaiting information. Hani Alghoumani, Framework Convention Alliance – awaiting information.

Smokefree initiatives

There are currently no restrictions on smoking in public places and workplaces. Apparently the Prime Minister has decided to ban smoking in workplaces and the Minister of Local Administration and Environment to ban smoking in public places and public transport. Current legislation www.emro.who.int/TFI/Legislation-members.htm

Existing resources

WHO EMRO office

Public education materials/implementation or enforcement materials

There is a leaflet on protecting yourself from exposure to secondhand smoke. Example not provided.

Needs related to implementing smokefree policies

Expertise is needed on the economic aspects of smokefree legislation

Factors helping or hindering the implementation of Article 8

New legislation being drafted [asked for confirmation of this]
Opposition of the tobacco industry and some other organizations

Countries with an influence on smokefree polices across the region

Other EMRO countries

United Arab Emirates

Contacts: Fatimah El-Awa and Farrukh Qureshi, WHO EMRO – awaiting information. Hani Alghoumani, Framework Convention Alliance – awaiting information.

Smokefree initiatives

UAE planning federal anti-tobacco law implemented in June 2007. Regulates tobacco, its use, content and sale. It doesn't ban shisha totally but this may be requested once ban is in place. It covers healthcare and educational facilities, governmental facilities, some indoor workplaces, but not bars and restaurants.

Dubai – on 18 January 2008 the third and last phase of smoking ban was implemented. It was first introduced in May 2007 and has now been extended to hotels and hotel apartments. Designated smoking rooms are allowed. Enforcement is weak. Current legislation www.emro.who.int/TFI/Legislation-members.htm

5.3 Countries with limited or no smokefree policies

Afghanistan

Contact: No direct contact
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008). No other source at present.

Iraq

Contact: No direct contact
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008). No other source at present.

Jordan

Contact: No direct contact
Limited national smokefree regulation – healthcare and educational facilities, indoor offices but not government buildings. Enforcement is weak. (MPOWER, WHO, 2008; INGCAT)

Kuwait

Contact: No direct contact
Smoking is banned in educational and healthcare facilities, cinemas and theatres and while driving. It is restricted in restaurants and some other workplaces. (INGCAT)

Lebanon

Contact: No direct contact
No national regulations on smokefree environments. Information from MPOWER (WHO, 2008). No other source at present.

Qatar	Contact: No direct contact No national regulations on smokefree environments. Information from MPOWER (WHO, 2008). No other source at present.
Somalia	Contact: No direct contact Limited national smokefree regulation – educational facilities and some indoor workplaces. Enforcement is weak. Information from MPOWER (WHO, 2008). No other source at present.
Tunisia	Contact: No direct contact A decree in 1998 restricts smoking in a limited number of places. (see http://apps.nccd.cdc.gov/nations/legislation/TextFiles/tunisia2.htm) (INGCAT)
West Bank and Gaza Strip	Contact: No direct contact There are smokefree provisions in healthcare and educational facilities, government facilities, some workplaces, restaurants but, not bars. Enforcement is weak. Information from MPOWER (WHO, 2008). No other source at present.
Yemen	Contact: No direct contact There are smokefree provisions in healthcare and educational facilities, government facilities, some workplaces, restaurants but, not bars. Enforcement is weak. Information from MPOWER, WHO, 2008; INGCAT)

5.4 Countries with established comprehensive smokefree policies: best practice

Iran	<p>Contacts: Fatimah El-Awa and Farrukh Qureshi, WHO EMRO; Hani Alghoumani, Framework Convention Alliance – awaiting information.</p> <p>Smokefree initiatives A Tobacco Control Law was approved in Parliament in October 2006. Comprehensive smokefree legislation was implemented on 22 December 2007. It bans smoking in public places including restaurants, traditional dining rooms and eating places, exhibitions, offices, governmental and non-governmental organisations, universities, hospitals, cinemas, all public transport and terminals. Water pipes were banned in tea houses in 2004 but the ban was reversed in 2008. Smoking in cars was banned in 2007 but is widely ignored. Legislation www.emro.who.int/TFI/Legislation-members.htm</p> <p>Existing resources The Police Force Government Ministries – Commercial Ministry, Ministry of Industry and Mine, Judicial Authorities, Ministry of Agriculture, Ministry of Training and Education, Ministry of Culture and Islamic Guidance IR Iran Broadcasting Tobacco Free Life Association</p> <p>Public education materials/implementation or enforcement materials Educational materials such as pamphlets, posters and booklets have prepared. Provincial materials are also available (no examples provided)</p> <p>Needs related to implementing smokefree policies Regional coordination against smuggled cigarettes [not directly relevant]</p> <p>Factors helping or hindering the implementation of Article 8 TV and radio broadcasts to educate the public about new smokefree regulations Dissemination of information on the new regulations to the provinces</p> <p>Countries with an influence on smokefree policies across the region Other EMRO countries</p>
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6.1 Countries planning comprehensive smokefree policies for 2008/9

Czech Republic (not a party to FCTC)

Contacts: Florence Berteletti-Kemp, Smokefree Partnership; Eva Kralikova, Society for the Treatment of Tobacco Dependence; Michael Forrest, European Network for Smoking Prevention

Smokefree initiatives

Parliament voted for ban in indoor public places including restaurants on 16 January 2008. The second reading in Parliament took place in February 2008 and nothing was decided. It still needs a third reading followed by the Senate. Health committee to submit revised and stronger legislation; It is not clear whether the bill will pass as the President doesn't believe in passive smoking. Decision to be made in March.

The Czech Parliament's health committee plans to submit a revised anti-smoking legislation amendment soon supporting the ban. The original version of the amendment only mentioned a partial ban, with restaurant owners required to build separate facilities of smokers. Restaurant owners are currently only required to put up non-smoking signs. A total ban on smoking has been brought up before in Parliament, but it has never received enough votes to pass, mainly because restaurant owners are afraid of what it would do to their profits. Critics say that the effect of no-smoking rooms is dubious and limits entrepreneurial freedom. According to the sponsor of the amendment, ODS deputy Boris Štastný, there are also several toned-down versions of the law under consideration, including the chance for the owner to designate his business as a "smoker's restaurant." The amendment also bans smoking in places where children and youth are prevalent, such as parks and sports fields and in public spaces of apartment houses such as halls, basements, elevators. But it also allows business owners to construct a separate smoking room to meet the requirement.

MP Boris Štastny has passed an amendment for a total ban. There is support for the total ban but, in his view, it currently stands a 50% chance of going through. The Smokefree Partnership is looking at ways to support MP Štastny and has asked the tobacco unit of the European Commission to contact Commissioner Kyprianou so that he can send a letter to the MP in support of the total ban. FBK is monitoring situation.

President and Štastny are in same party. Presidential elections to take place, so things are currently on hold. President and industry are hindering progress.

Existing resources

Smokefree Partnership www.smokefreepartnership.eu

There are several NGOs:

Czech Coalition Against Tobacco www.dokurte.cz

Society for treatment of Tobacco Dependence www.slzt.cz

Petition for smoke-free public places www.stopkoureni.cz

Internet based help for smokers www.odvykanikoureni.cz

Public education materials/implementation or enforcement materials

EK sent three leaflets – (1) Smoking and pregnancy (2) A disease – a chance to stop smoking (3) Mental health and smoking.

Needs related to implementing smokefree policies

International pressure; Disclosure of tobacco industry tactics

Factors helping or hindering the implementation of Article 8

Tobacco industry in hindering progress
International support would be of great help

Existing resources

Smokefree Partnership www.smokefreepartnership.eu
European Network for Smoking Prevention www.ensp.org
Czech Coalition Against Tobacco www.ceche.org

Germany



Contacts: Martina Pötschke-Langer and Nick Schneider, WHO Collaborative Center for Tobacco Control, Heidelberg German Cancer Research Center; Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention

Background

Plans for nationwide ban were dropped in December 2006 as they were believed to be unconstitutional. On 1 September 2007 smoking was banned in government buildings and public transport and stations.

Smokefree initiatives

Smoking is banned in pubs and restaurants in most of Germany's 16 states. Some bans are more comprehensive than others – the hospitality sector in Bavaria is totally smokefree but the Oktoberfest is exempt for 2008.

1 August 2007 in Lower Saxony and Baden-Wurtemberg smoking was banned in local authority buildings, schools, hospitals, bars and restaurants. Hessen also has smoke-free laws.

1 January 2008 smokefree legislation came into force in the states of Berlin, Bavaria, Brandenburg, Bremen, Hamburg, Mecklenburg, Western Pomerania, Saxony-Anhalt and Schleswig-Holstein, February 2008 – Saxony, Saarland and North Rhine-Westphalia were due introduce restrictions on smoking in public

July 2008 – Thuringia is introducing legislation in July 2008.

A list with details of 11 smokefree Lander from MPL will be ready at end March.

Several court challenges are before the High Court. MPL writing expertise for the Court.

Existing resources

Smokefree Partnership www.smokefreepartnership.eu
European Network for Smoking Prevention www.ensp.org

Moldova

Contact: Victoria Tataru, Executive Director for The Center of Information, Education and Social Analyses (CAPTES)

Background

Moldova signed FCTC in 2004, ratified it on 11 May 2007 and the law was approved on 8 June 2007. But because the law was submitted late and because it was incompatible with Article 30 of the FCTC, it was returned for revision. Problem expected to be resolved soon.

Smokefree initiatives

Law on Tobacco and Tobacco Products approved in Parliament in December 2007 and took effect on 7 March 2008. Broad scope, including the following smokefree provisions: smoking banned on public transport and terminals, indoor public places, playgrounds, bars and restaurants. Smoking areas are allowed. Long list of places including cinemas, shops, theatres.

2008 Project “Advocacy for efficient and practical tobacco control policies in Moldova, focusing on the smoke free public places”, Young and Free”/Coalition is planning to improve the tobacco control regulations in order to enforce the smoke free environments, to develop media awareness campaigns. The Coalition (see Resources below) is working on a legislative initiative – national regulation for smoke free environments in Moldova, including smoke free public transport.

Some restaurants in Chisinau town are totally smokefree. Article on this available at www.nufuma.md (Pro-Sanatatea nr8) (article supplied in Moldovan).

Existing resources

Three NGOs work on tobacco control.

Moldova Health Communication Network (President – Irina Zatushevski) Started in 1996 with a small study “Smoking among girl students in Moldovan State University”. Implemented several projects financed by the Open Society Institute.

Center of Information, Education and Social Analyses (CAPTES) (Executive Director – Victoria Tataru). Received grants from ACS and UICC in 2007 for 2007, it won a grant from the American Cancer Society (ACS) and International Union against Smoking (UICC) for Awareness Campaign for Tobacco Control Policy Changes project aimed at developing and promoting public awareness and education campaigns for tobacco control policy changes through mass media. Outcomes achieved: 1. Group of ‘tobacco-aware’ journalists established; 2 Radio and TV campaigns carried out to raise awareness among general public; 3. Best practice shared through collaboration with colleagues in Romania; 4. Good relationships established between civil society, mass media and policy makers; 5. Anti-tobacco website established www.nufuma.md (Romanian language). More detail provided on this project.

Tineri si Liberi/Young and Free (Executive Director – Antonita Fonari). Funded for project on Involving youth in advocacy activities for promoting tobacco control policies in Moldova.



In March 2007 a coalition of NGOs was formed ‘The Coalition for Tobacco Control Policy Promotion. Includes above three plus four other more general NGOs. All helped with ratification of FCTC.

Information in English on tobacco control at www.policy.hu/zatushevski

Public education materials/implementation or enforcement materials

Annual album of children’s drawings on ‘Let’s grow without tobacco’ published by CAPTES since 2000. ACS provided funding for monthly supplement ‘Pro-Sanatarea’ on tobacco control problems. (see www.forum-civic.org.md/index.action and www.nufuma.md).

Young and Free have published materials aimed at young people and pregnant women on the dangers of secondhand smoke. Examples provided.

Planning a smokefree leaflet campaign, Moldova

Needs related to implementing smokefree policies

1. Need to make the law function properly – potentially difficult because although the government is committed to tobacco control, it is also committed to the tobacco growing industry. Has a National Program for the Development of Tobacco Agriculture, and the industry is perceived to be economically important.
2. Need all partners to be involved in supporting and enforcing the law - government and NGOs, civil society and the media

Factors helping or hindering the implementation of Article 8

Helping

1. Political commitment to smokefree policies
2. NGOs in tobacco control
3. Media awareness campaign
4. Local public authorities and managers of health institutions – supporters of the smoke free public transport, Smokefree hospital project implementation, etc.

Hindering

1. Lack of governmental financial support for the implementation of smokefree policies.
2. High smoking rates and poor health status of population
3. The public's ignorance of tobacco issues.
4. Moldovan traditions in tobacco industry

The Netherlands



Contacts: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention; Fleur van Bladeren, STIVORO - Partnership Stop met Roken (via ENSP) – awaiting reply

Background

1 Jan 1990 – The Tobacco Use Reduction and Non-Smoker Protection Act of 10 March 1988 (Tobacco Act). Limited to government buildings and to buildings and institutions in semi-public, state-financed fields like health care, education and social and cultural work.

In the plenary debate in 2002 on a bill to amend the Tobacco Act, Parliament concluded that the results of private sector self-regulation fell far short of expectations. It decided to place private businesses directly within the Act. The resulting new provision of the Tobacco Act (Section 11a) entered into force on 1 January 2004. On same date the Smoke-Free Workplace Exceptions Decree took effect. The most important exception in this Decree concerns the hospitality businesses (hotels, restaurants and pubs). Employers in the hospitality industry are exempt from the statutory requirement to ensure smokefree working environments for their employees. Self-regulation is used.

Prime Minister Jan Peter Balkenende's new coalition took office in February 2007. The coalition agreement commits the government to working with the sector to make all hotels and catering establishments smokefree during its term of office.

Smokefree initiatives

From 1 July 2008 the hospitality industry in the Netherlands will be smokefree, because of an amendment of tobacco legislation. It is not yet finalised, but no problems are anticipated. A clear majority in Parliament support a smokefree hospitality industry, but there is no support for the Irish and UK version. There will be enclosed smoking rooms with no size restrictions. There was a lot of debate in Parliament about the borderline between 'inside' and 'outside'. The legislation not finalised. Not clear whether it will be more similar to Spain or Sweden.

Existing resources

Smokefree Partnership www.smokefreepartnership.eu
European Network for Smoking Prevention www.ensp.org

Serbia

Contact: Andjelka Dzeletovic, Tobacco Control Office, Institute of Public Health

Background

Smokefree legislation introduced in 1995 but very weak. Snap general election called on 13 March 2008.

Smokefree initiatives

A 100% smokefree law is being adopted in 2008/9. It covers all public places and workplaces. No DSRs are allowed.

The action plan of the Tobacco Control Strategy of the Republic of Serbia is being implemented in 2008. Serbia is planning to implement the FCTC and prepare a report for WHO. A small smokefree group on the new law is to be set up soon – responsible for writing the new law, strengthen intersectoral capacity, educating the public.

Intersectoral round table for Committees (start end March)

Celebrated NNTD, 31 January 2008 (see www.batut.org.yu or www.serbiancancer.org)

National Smokefree Campaign – includes celebrating WNTD. (Quit and Win campaign also planned)

Existing resources

Committee for Smoking Prevention (Ministry of Health)
Tobacco Control Office of Ministry of Health – Institute of Public Health

Public education materials/implementation or enforcement materials

January 2008 – new book on design and content of smoking ban notices. Previously ‘Thank you for not smoking’ in small format. Now ‘Smoking banned’ in A4 format. 100,000 copies delivered via Institutes of Public Health.

Switzerland

Contacts: Michael Forrest, European Network for Smoking Prevention, Verena El Fehri, AT-Schweiz (via ENSP) – awaiting reply

Smokefree initiatives

Switzerland is not a party to the FCTC. The 1993 Federal Labour Law imposes partial restrictions in government facilities and indoor workplaces and offices. Smoking is banned on public transport except taxis. Voluntary agreements in some cantons have made some healthcare and educational facilities, restaurants, bars, pubs, theatres and cinemas smokefree.

The Swiss federal parliament is considering a national smoke-free law, but the cantons (states) are taking action independently. Six cantons have become smokefree. The first was Ticino in Spring 2007, followed by Appenzell Ausserrhoden, Graubünden, Solothurn, Valais and, most recently, Geneva on 24 February 2008. 79% of voters supported smokefree legislation. The Geneva legislation will ban smoking in all indoor public places, including restaurants, bars and nightclubs. The law may take up to a year to pass, but interim regulations imposing a blanket ban will be introduced within weeks.

Votes in more cantons are expected in 2008. A recent medical study showed that two thirds of the Swiss population favours smokefree legislation (GL Today 6 Feb). Awaiting detail on extent of bans.

Existing resources

European Network for Smoking Prevention www.ensp.org
International Union Against Cancer (UICC) www.uicc.org
Swiss Cancer Society

Turkey

Contact: Sylviane Ratte; Florence Berteletti-Kemp, Smokefree Partnership; Elif Dagli, National Committee on Tobacco and Health Turkey.



Smokefree initiatives

On 3 January 2008 all forms of tobacco use were banned in enclosed workplaces, public places, including restaurants, bars, cafés, teahouses, hospitals, shopping malls, schools, taxis, public transport. No designated smoking rooms are allowed. Smoking rooms are allowed in hotels, psychiatric hospitals and homes for the elderly. Smoking is also banned in the open-air spaces of schools. Smoking areas allowed at outdoor sporting events and concerts, in hotels, and in psychiatric hospitals. The law becomes effective after four months (3 May 2008) but enforcement in restaurants and bars will be delayed until 19 Jul 2009. President ratified the bill on 18 January. Copy of legislation provided. Some commentators are predicting problems with enforcement due to high male smoking prevalence (60%) and the difficulties experienced with enforcing the previous smokefree law.

Bloomberg grant

Ministry of Health

Project to promote the expansion of smokefree public places and work places, encourage effective enforcement of smokefree policies, and strengthen provincial level support of smokefree legislation

Public education materials

ED will send public education materials

6.2 Countries making progress with smokefree policies – some to a greater degree than others

Armenia

Contact: Narine Movsisyan, Coalition for Tobacco Free Armenia (CTFA)

Smokefree initiatives

Armenia was one of the first countries to ratify the FCTC. National smokefree law bans or restricting smoking in public places.

1. Banned in all healthcare, educational and cultural institutions and public transport
2. Restricted (smoking areas allowed) in all other worksites. No restrictions in restaurants, bars and cafes, but smoking are sections allowed.

Full list of smokefree provisions at www.tobaccofreearmenia.am/legislation1.html

There are no enforcement measures and compliance is low. Currently working on the evaluation of the current smokefree situation, and pushing for smokefree policy that meets FCTC requirements.

Existing resources

Coalition for Tobacco Free Armenia (CTFA) www.tobaccofreearmenia.com

Austria

Contact: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention; Manfred Neuberger, University of Vienna

Smokefree initiatives

Austria has a weak approach to tobacco control. It has high smoking prevalence. Tobacco legislation was introduced in 1995 and has been updated since then. Smoking is banned in educational institutions, public transport but not in all workplaces or bars and restaurants. The law is poorly enforced. No Smoking signs have only been enforced since 2007. New smokefree legislation is planned for 2008.

The draft tobacco control law was amended so that owners of restaurants <75m² can decide whether to be smokefree or not. The current health minister, Dr Kdolsky, denies the effects of secondhand smoke and uses the same arguments as the tobacco industry. The amendment was opposed by medical community and senior politicians. Kdolsky claims that Austria was the first country to ban smoking in public places. (Comments from MN).

The recent report by Joossens ranked Austria's smokefree policies the lowest of 30 European countries

Existing resources

Smokefree Partnership www.smokefreepartnership.eu

European Network for Smoking Prevention www.ensp.org

Belgium



Contact: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention; Samuel Piret (FARES)

Smokefree initiatives

Smoking was banned in most workplaces on 1 January 2006. DSRs are allowed but employers are not obliged to provide them. On 1 January 2007 smoking was banned in restaurants, but a separated smoking room can be provided for smokers as long as no food is served. Bars >50m² must provide smoking and non-smoking areas. Smoking still allowed in bars <50m². Bars larger than this must provide smoking rooms and smokefree areas. No new initiatives are currently planned as there has been no government for many months.

Legislation – see <http://data.euro.who.int/tobacco/pdf/Link3.pdf>

Resources

Fonds des Affections Respiratoires www.fares.be

Enseignement.be : http://www.enseignement.be/prevention_tabac/

Non-smoking restaurants in Belgium : <http://www.thinkabout.be/Resto1.htm>

Le Dernier Mégot: <http://www.lederniermegot.be/>
Stobacco : <http://www.stobacco.com/>
Domptez le manque : <http://www.niquitin.fr/domptezlemanque/index.html>
Smokefree Partnership www.smokefreepartnership.eu
European Network for Smoking Prevention www.ensp.org

Bulgaria

Contacts: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention

Background

Smoking restrictions in workplaces and public transport were implemented in 1973 but were ineffective. Bulgaria has very high smoking prevalence (two thirds of men and almost one third of women).

Smokefree initiatives

On 1 January 2005 new smokefree legislation was introduced. Smoking is banned in all enclosed workplaces. Smoking is allowed in smoking areas which employers are obliged to provide. Smoking is also banned in public places, including restaurants, bars and cafés. Smoking is allowed in ventilated smoking areas. Good legislation but enforcement is a problem.

A total ban on trains was announced in March 2008 to increase safety.

Resources

Smokefree Partnership www.smokefreepartnership.eu
European Network for Smoking Prevention www.ensp.org

Cyprus

Contact: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention; Andreas Athanasiades, Cyprus Anti-Cancer Society (via ENSP)

Smokefree initiatives

The Protection of Health (Smoking) Unified Laws (2002-2004) ban smoking on all public transport vehicles, including taxis, as well as private cars that carry passengers below 16 years old. Smoking is banned in hospitals and healthcare establishments, schools, and in all public places, including theatres, cinemas, museums, libraries and food places. Smoking is also prohibited in restaurants, tavernas, cafes and coffee shops, but owners may provide ventilated, designated smoking areas. In workplaces the right of the non-smoker to work in an smokefree environment must be observed, and employers are required to put this in writing.

Existing resources

Smokefree Partnership www.smokefreepartnership.eu
European Network for Smoking Prevention www.ensp.org
Cyprus Anti Cancer Society www.anticancersociety.org.cy

Denmark



Contacts: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention; Hans Storm, Danish Cancer Society (via ENSP); Joergen Falk, National Board of Health (via ENSP)

Smokefree initiatives

Smokefree legislation was introduced in 15 August 2007. It is a Spanish-style ban. Smoking is banned in workplaces, public indoor areas, institutions and schools, public transport and the hospitality sector. There are several exemptions: in workplaces an employer can decide to allow smoking in designated smoking rooms or smoking cabins, and in rooms where only one person works. All restaurant, cafés and eating places are smokefree, but owners may set up designated smoking rooms or smoking cabins, where there is no service. If alcohol but no food is served, and where the serving area is <math><40\text{m}^2</math>, the owner can permit smoking in the entire area. Smoking is also allowed in care

homes and psychiatric facilities. The law was due to be reviewed in 2010 but at the end of March 2008 MPs voted to ban smoking in all pubs and cafes, including those less than 40m². Pub owners will continue to be allowed to set up smoking cabins. (GL Today 28 March 2008).

Legislation

Smokefree Environments Act 2007.

http://www.ensp.org/files/denmark_smoke-free_environments_act_20070606.pdf

Resources

Smokefree Partnership www.smokefreepartnership.eu

European Network for Smoking Prevention www.ensp.org

Georgia

Contact: George Bakhturidze – awaiting reply

Smokefree legislation introduced in 2003 and prohibits smoking in indoor public places, educational and healthcare establishments, government buildings and public transport. It is restricted in some eating places. (see <http://data.euro.who.int/tobacco/pdf/Law%20Georgia.pdf>) (INGCAT).

Bloomberg grant

FCTC Implementation and Monitoring Center in Georgia

Project to promote effective enforcement of tobacco control legislation and policy consistent with the FCTC

Israel

Contact: No direct contact

Smokefree initiatives

A limited smoking ban was introduced in 1983 and has been updated several times since then. It prohibits smoking in cinemas, theatres, educational and healthcare establishments, shopping malls, restaurants, other workplaces and public transport. Smoking areas or rooms are allowed in all places. (see <http://data.euro.who.int/tobacco/pdf/ForPDF10.pdf>) (INGCAT).

A ban on smoking in restaurants came into effect on 7 November 2007 but was not publicised. [Check this information]. A private member's bill that would have allowed restaurants and other eating places to set aside 20% of their area for smoking was rejected by on its preliminary reading on 23/1/08. DSRs are allowed.

There is a current proposal to ban smoking on military bases. The law passed a third and final reading. It also applies to Israeli Police, Prison Service, Defence Ministry and security units linked to Prime Minister's office.

Kazakhstan

Contact: No direct contact

Current national smokefree regulations cover government facilities, educational and healthcare facilities. (MPOWER, WHO, 2008; INCGAT).

Bloomberg grant

Public Fund "Center of support and the development of public health in Kazakhstan"

Project to support the enforcement of smoke-free policies

Latvia

Contact: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention

Smokefree initiatives

A limited smoking ban is in place. It covers indoor workplaces, offices, cinemas and theatres, all of which allow smoking rooms. It is banned in educational institutions (smoking rooms allowed in universities), healthcare institutions (smoking rooms allowed). A complete ban applies to the 10m zone around entrances to municipal and government buildings, at public transport stops and residen-

tial stairways. It is completely banned on public transport but smoking rooms are allowed on long-distance ships, trains and airplanes. Smoking rooms of no more than 50% total area are allowed in cafes, restaurants and other eating places. Smoking permitted in bars (?). Municipalities can restrict smoking in parks, squares, beaches and other similar places.

Planning new legislation in 2008 (FBK to send more information when available).

Luxembourg

Contact: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention

Smokefree initiatives

Smokefree legislation took effect on 5 September 2006. It has limited provisions. Smoking is banned restaurants (although separate smoking rooms are permitted if they account for less than 25% of the total area) and cafés (with a ban in place during dining hours). There is a total ban in schools, public buildings, buses and trains. In workplaces the employer is obliged to take all reasonable efforts to ensure that workers are protected from passive smoking, but this is a weak provision.

Existing resources

Smokefree Partnership www.smokefreepartnership.eu

European Network for Smoking Prevention www.ensp.org

Romania

Contacts: Florence Berteletti-Kemp, Smokefree Partnership; Eugenia Bratu, Public Health Specialist, Romtens Foundation; Radu Silveanu, Romtens Foundation; Michael Forrest, European Network for Smoking Prevention

Smokefree initiatives

Adopted limited smokefree legislation when it joined the EU in January 2007, with a variety of provisions and exemptions. Enforcement is a problem (ENSP Jossens report). Some modifications to law 349/2002 were adopted under Ordinance No 5/2008 on 31 January 2008. Key points:

- New set of rules regarding smoking rooms – specially designed for smoking; <50% entire enclosed space; ventilated (ashtrays and fire extinguishers)
- Policy to be in accordance with EU policy
- Ministry of Public Health will set up National Center for Tobacco Control, responsible for implementing FCTC.
- Collaborating with Moldova to share best practice in smokefree (see Moldova)

Existing resources

Smokefree Partnership www.smokefreepartnership.eu

European Network for Smoking Prevention www.ensp.org

Bloomberg grant

Romanian Network for Smoking Prevention

Project to promote the enactment and enforcement of smokefree laws at the county and national level, advocate for the implementation of other FCTC articles, and promote the use of a portion of tobacco tax revenue for tobacco control

Russian Federation

(hasn't ratified FCTC)

Contacts: Lynn Sferrazza CFK; Kirill Danishevski, Open Health Institute; Fiona Godfrey – awaiting reply
Most information below from LS

Smokefree initiatives

Russia has very weak smokefree laws (see <http://data.euro.who.int/tobacco/pdf/Conversion1.pdf>). There are no public places where smoking is outright banned except on the metro and buses. The ban on smoking in the metro is widely observed. However, bus drivers frequently smoke (passengers usually do not). In all other public places, including workplaces, smoking is restricted to smoking areas or rooms, rather than being banned. In workplaces, there is an obligation on the employer to provide a

smoking area/room (the legislation is not clear on whether it is a room or area).

Workplace smoking areas often end up being the stairwells.

The FCTC is expected to be ratified soon, sometime after the inauguration of Medvedev (after April) but this will not necessarily lead to good smokefree policies. Phillip Morris (PM) and BAT have spoken in favour of ratification and are pushing for implementing legislation at the time of ratification. The concern is that Russia will pass extremely weak legislation that meets bare minimum FCTC requirements (possibly not even that) and then say that it has done all it needs to do. Regulations are pending that are very weak, so there is good reason to suspect this.

Existing resources

There are a few of groups working on tobacco control.

Open Health Institute is the largest public health NGO doing this work. <http://www.ohi.ru/>. Includes Anti-tobacco Advocacy Coalition

Konfop, a consumer rights organisation also does tobacco control work.

Russian language – see the ADIC site in Ukraine <http://www.adic.org.ua/adic/>.

No one group in particular is focusing on smoke-free in Russia, although there are a few local initiatives in the regions of Russia.

Tatarstan and the Chuvash Republic are recognised as having done the most, but it is still limited. The Governor of the Chuvash Republic banned smoking in his cabinet building because he doesn't smoke, but smoking is still permitted in most public places.

Bloomberg Initiative Grants – none specific to smokefree and just one is relevant

Open Health Institute/Russian FCTC Coalition

Project to develop sustainable Russian structures to promote ratification of FCTC and advocate for stronger tobacco control legislation and compliance



Poster: "Over 330 thousand deaths are caused by smoking in Russia each year"

Public education materials/implementation or enforcement materials

LS has never seen any public education materials or implementation/enforcement materials produced by the Russian government. NGOs, however, have produced materials.

Open Health Institute. Materials available at www.ataca.ru (ATACa) Has some Canadian and Australian videos on second-hand smoke.

OHI also use translated version of ASH review of secondhand smoke and WHO smoker's body.

Needs related to implementing smokefree policies

More public and professional education on smokefree. Doctors don't advise patients to quit smoking and pregnant women are advised to continue smoking.

FCTC needs to be ratified and strong legislation needs to be passed.

Factors helping or hindering the implementation of Article 8

Main factors hindering (comments from LS) :

1. Tobacco industry control of the legislative process – the industry sits on the Duma Health Committee that considers tobacco control legislation. PM's lawyer and the BAT representative are at every session. Until recently, the committee was chaired by the head of TobakProm (the Russian state-owned tobacco industry). In addition, "corporate social responsibility" keeps many parliamentarians and government officials on the tobacco industry payroll. The PM website has a list of Russian NGOs that they donate to. Most of these NGOs are run by Ministers, government officials or their family members. This is all legal.

2. High prevalence rates – smokefree initiatives are not as popular in Russia as they are elsewhere. Smoking prevalence is high (men 60%; women 30%) so smokefree policies have met with a lot of resistance. The recent news regarding FCTC ratification led to many newspaper articles about how this will infringe smoker's rights. While some of these articles are likely planted by the tobacco industry, it seems that they represent the views of many journalists and members of the public.
3. Lack of education (see above)

Countries with an influence on smokefree policies across the region

Russia's laws in general influence the region. Many of the Former Soviet Republics (FSRs) have copied Russia's laws. However, Russia does not like to be seen as lagging behind (a possible reason for ratification). Therefore, if many of the FSRs passed and implemented strong smokefree legislation, this might force Russia to act as well. None of the FSRs currently have strong national smokefree legislation.

Slovakia

Contacts: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention; Darina Sedláková and Tibor Baska (via ENSP) – awaiting reply

Smokefree initiatives

Smokefree legislation under review. The current legislation prohibits smoking during all indoor meetings and conferences, in all hospitals, schools, cultural and sports premises, and on all forms of public transport. Smoking is also prohibited in all restaurants during main meals, with the exception of restaurants that have designated rooms for smokers.

Existing resources

Smokefree Partnership www.smokefreepartnership.eu
European Network for Smoking Prevention www.ensp.org

Spain



Contacts: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention; Elisardo Becona, Secretary General CNPT (via ENSP) – awaiting reply; Manel Nebot, Head of Health Promotion Unit, Servei d'Avaluació i Mètodes (via ENSP) – awaiting reply

Smokefree initiatives

Smokefree legislation came into effect in Spain on 1 January 2006. It prohibited smoking in enclosed public places and workplaces, but allowed exemptions for restaurants and bars. Smoking is permitted in restaurants and bars that are less than 100m². Smoking is prohibited in bars and restaurants more than 100m², but designated smoking rooms may be set up. Bars and restaurants were given until 31 August 2006 to install smoking rooms. Airports, cinemas and bars are also allowed smoking rooms. Advocates are planning to push for more comprehensive legislation after March 2008 elections.

Only 10% of small bars and 15% of small restaurants have opted to go smokefree since smokefree legislation was introduced, according to Spain's consumer organization.

<http://www.ocu.org/map/show/19521/src/315354.htm> (Spanish language)

Spain is a 'thorn in the side' of SFP as it used by countries as an alternative to 100% smokefree. But the Spanish Health Ministry Report found that it is not working. (FBK provided document).

Existing resources

Smokefree Partnership www.smokefreepartnership.eu
European Network for Smoking Prevention www.ensp.org

Ukraine

Contact. No direct contact. Tatiana I. Andreeva and Daria Semenova are at ADIC (see below)

Smokefree initiatives

The FCTC was ratified on 15 March 2006. A Tobacco control law was adopted by the Parliament on 22 September 2005 and was enacted on 25 October 2005 (except for some provisions, which are to be enacted later).

No national regulations on smokefree environments. (MPOWER, WHO, 2008). Some local councils in Ukraine adopted tobacco control regulations. Some restaurants in Ukraine have gone smokefree.

A 2005 survey by the International Centre for Policy Studies found that smoking was completely banned in only 17% of workplaces and that there were no restrictions in 30% of workplaces. There were differences between the regions of Ukraine, with the East of the country having the strongest restriction and the South having the weakest. More than half of Ukrainians (53%) believe that they are exposed to secondhand smoke every day. 96% of those surveyed support a ban on smoking in public places. See Tobacco in Ukraine: knowledge, attitudes and behaviour www.adic.org.ua/adic/reports/Tobacco_in_Ukraine_ENG.pdf

In 2005-2006 ADIC-Ukraine conducted project Research to help with drafting, implementing and enforcing tobacco control legislation in Ukraine and other former USSR countries. It was funded by Research for International Tobacco Control (RITC), the Canadian Tobacco Control Research Initiative (CTCRI), the American Cancer Society, and Cancer Research UK. The project's overall purpose was to determine what legislative provisions can implement the FCTC in Ukrainian legislation in most efficient way. Its conclusions were as follows:

1. The tobacco industry has changed the way it protects its vested interests concerning tobacco control legislation. Previously they fought any tobacco control initiatives, but now they use "health protection" rhetoric to mislead the public and decision makers. They even use the FCTC wordings as an instrument against the tobacco control.
2. The FCTC implementation and national tobacco control law enforcement needs national capacities. So in the near future efforts should be conducted not on pushing new amendments to the national tobacco control legislation, but on awareness campaigns, capacity building and enforcement issues.
3. Local tobacco control regulations are potentially a strong instrument for the implementation and enforcement of the FCTC provisions, however local capacity building is also needed for sustained efforts.
4. Model tobacco control legislative acts, relevant to current legal national or local tradition, are valuable tool to push effective tobacco control regulations.

Existing resources

Alcohol and Drug Information Centre Ukraine (ADIC) www.adic.org.ua/adic

Three Bloomberg Initiative Grants; 2 on SFE

1. *Cherkasy regional charity foundation "Parity"* Project to promote smokefree policies at the regional level in Ukraine

2. *Ministry of Health of Ukraine*

Project to develop and promote the enforcement of existing smokefree policies in order to raise awareness of the need for new legislation

Public education materials/implementation or enforcement materials

Some materials are available on the ADIC site www.adic.org.ua/adic

Factors helping or hindering the implementation of Article 8

The tobacco industry is very powerful and has already tried to influence the implementation of the FCTC. See above.

6.3 Countries with limited or no smokefree policies

Albania

Contact: No direct contact

Smokefree initiatives

Introduced smokefree legislation in summer 2006. (www.eph.org) Not enforced? MPOWER report states that there are no national smokefree regulations.

Azerbaijan

Contact: No contact information (Environmental Health Perspectives 2007;115(8)A413
Current national smokefree regulations cover healthcare and educational facilities, indoor work-places, but not restaurants and bars.
(see <http://data.euro.who.int/tobacco/pdf/ForPDF04.pdf>)(INGCAT; MPOWER, WHO, 2008).

Belarus

Contact: No contact person
There are restrictions on smoking in educational and healthcare establishments, and some some public places and public transport. For legislation see Presidential decree No. 28 (enacted 17.12.2002; effective 1.01.2003) art 38 <http://data.euro.who.int/tobacco/pdf/Conversion3.pdf>. (INGCAT).

Greece



Contact: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention

Smokefree initiatives

Greece has very high smoking prevalence and tobacco control has not been high on the political agenda. There is currently no national smokefree legislation covering enclosed public places and workplaces. Smoking is prohibited on public transport, and in other specific places that allow for smoking rooms. However, on 8 April 2008 the Greek Health Ministry announced that it will gradually ban smoking in public places, such as cafes and restaurants, by 2010. (GL NIMI 9 April 2008).

Existing resources

Smokefree Partnership www.smokefreepartnership.eu
European Network for Smoking Prevention www.ensp.org

Kyrgyzstan

Contact: No contact person
Current national smokefree regulations cover healthcare, educational and government facilities. (MPOWER, WHO, 2008).

Macedonia

Contact: No contact person
Smoking is banned in indoor workplaces, educational and healthcare facilities, government buildings, theatres and cinemas and public transport. Smoking areas are allowed. Smoking is restricted in restaurants. (INGCAT)

Montenegro

Contact: No contact person
Current national smokefree regulations cover healthcare, educational and government facilities. (MPOWER, WHO, 2008).

(Environmental Health Perspectives 2007;115(8)A413)

Poland

Contacts: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention; Małgorzata Misiuna, Polish Civil Coalition (via ENS); Witold Zatoński Health Promotion Foundation

Smokefree initiatives

Current legislation was last updated in 2003 and has limited smokefree provisions. Smoking is banned in healthcare establishments, schools and other educational facilities, enclosed spaces on the premises of institutions of employment and other public service buildings, and in one-roomed gastronomic buildings. Smoking areas are allowed.

Poland was progressive with smokefree legislation in the 1990s but has lagged behind since then. The legislation is under review (Joossens & Raw. Progress in tobacco control in 30 European countries 2005-2007, ENSP website).

Existing resources

Smokefree Partnership www.smokefreepartnership.eu

European Network for Smoking Prevention www.ensp.org

Bloomberg grant – not specific to smokefree

Promotion of Health - Health or Tobacco Foundation. 24-month grant to move toward the closing the gap in tobacco control and health burden between Eastern and Western Europe, involving specific projects in Poland, Kazakhstan and Kyrgyzstan.

6.4 Countries with established comprehensive smokefree policies: best practice

Estonia

Contact: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention

Smokefree initiatives

The Tobacco Control Act 2001 was updated 2005 to ban smoking in all enclosed public places and workplaces, and public transport. Designated, enclosed and separately ventilated smoking rooms are allowed in workplaces and long distance trains and ships, but are not obligatory. The ban on smoking in bars, restaurants, cafés, clubs and other food places came into effect on 5 June 2007. Smoking rooms as described above are allowed.

Finland

Contact: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention



Smokefree initiatives

Smokefree legislation was first introduced to Finland in 1977, prohibiting smoking in most enclosed public places, public transport and schools. Smoking is banned in healthcare and educational facilities, government buildings, indoor workplaces and offices, theatres and cinemas. Separate ventilated areas are allowed. Since 2003 compulsory smokefree areas have been introduced in restaurants and bars. In June 2007 smoking was prohibited in bars and restaurants. However, designated smoking rooms are allowed but eating, drinking and entertainment are not allowed in them. A two-year transition period was set up to allow bars and restaurants >50m² to install the smoking rooms. Restaurants of <50m², which were not covered by previous legislation, will have to be completely smokefree. This will take effect in June 2009. Finland has been criticised for having too long a transition period

Existing resources

Smokefree Partnership www.smokefreepartnership.eu

European Network for Smoking Prevention www.ensp.org

Finland's ASH www.suomenash.fi

The Cancer Society www.cancer.fi

Finnish Heart Association www.sydanliitto.fi

Pulmonary Association Heli www.hengitysliitto.fi

Folkhälsan /www.folkhalsan.fi

France

Contacts: Florence Berteletti-Kemp, Smokefree Partnership; Michael Forrest, European Network for Smoking Prevention

Smokefree initiatives

Smokefree legislation came into effect in France on 1 February 2007. Workplaces, including offices, schools, stores and hospitals, went smokefree first, but bars, night clubs and restaurants were exempted until 1 January 2008. Designated smoking rooms are allowed in cafes and restaurants without any services.

Legislation

Details of smokefree regulations (France Official Journal 16 November 2006, French language PDF)

http://www.ensp.org/files/france_decret_interdiction_total.pdf

<http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000818309&dateTexte=>

ENSP legislation summary, including information on France
http://www.ensp.org/files/legislation_on_smokefree_workplaces_oct2006.pdf

Existing resources

Smokefree Partnership www.smokefreepartnership.eu
European Network for Smoking Prevention www.ensp.org
French National Cancer Institute (INCa) www.e-cancer.fr

Iceland

Contacts: Michael Forrest, European Network for Smoking Prevention

Smokefree initiatives

Smoking is banned in workplaces, though ventilated smoking rooms are allowed (Tobacco Control Act 2002 No 6 31 Jan). Smoking is totally banned in schools, and sports and leisure facilities, and on public transport. Separate smoking areas were previously allowed in restaurants and bars, but on 1 June 2007, smoking was completely banned in restaurants, bars, cafes, pubs and nightclubs.

Some bar owners are ignoring the smoking ban (see Globalink NIMI 11 Feb). The Minister for Health, Guðlaugur Thór Thórdarsson, has called for MPs smoking rooms to be discontinued. Workplaces can establish smoking rooms but Minister feels MPs should set a good example. (Globalink NIMI 11 Feb).

Legislation

Tobacco Control Act 2002 No 6 31 Jan (translated 17/9/04): does not include revisions

[http://eng.heilbrigdisraduneyti.is/media/Reglugerdir-enska/Tobacco Control Act revised 2003.pdf](http://eng.heilbrigdisraduneyti.is/media/Reglugerdir-enska/Tobacco%20Control%20Act%20revised%202003.pdf)

Existing resources

European Network for Smoking Prevention www.ensp.org

Ireland



Smokefree legislation

Ireland was the first country in the world to become 100% smokefree on 29 March 2004. Smoking is banned in enclosed or more than 50% enclosed public places and workplaces (including all bars, cafes and restaurants). Designated smoking rooms are not allowed. Prison, hotel rooms and psychiatric hospitals are exempt. The main purpose of the Smokefree at Work legislation is to protect workers and the general public from exposure to secondhand smoke.

The main purpose of the Smokefree at Work legislation is to protect workers and the general public from exposure to secondhand smoke.

Public Health (Tobacco) (Amendment) Act 2004 <http://www.otc.ie/article.asp?article=191>

Public Health (Tobacco) Act 2002 <http://www.otc.ie/article.asp?article=55>

Preparation for smokefree legislation

Legislation followed a decade of lobbying and campaigning by tobacco control advocates. The Tobacco Free Policy Review Group was set up to carry out a fundamental review of health and tobacco and make recommendations to the Minister for Health and Children. The report was published in March 2000 and subsequently adopted as government policy. Towards a tobacco free society (<http://www.otc.ie/uploads/Toward%20a%20Tobacco%20Free%20Society.pdf>). Office of Tobacco Control was set up in 2000 and given statutory status in 2002. Legislation introduced in 2002. Public information campaigns prepared the public for legislation e.g. 'Promoting a tobacco free society leaflet'

<http://www.otc.ie/uploads/Promoting%20a%20TFS%20final%20for%20UICC%20conf.pdf>

Guidance documents on how to comply with the legislation were distributed to employers before implementation of the law. A specific document for the licensed trade was also produced.

www.otc.ie/comm_pub.asp

Workplace signage regulations were issued.

For more information on the campaign visit The Global Smokefree Partnership at www.globalsmokefreepartnership.org/evidence.php?id=20

The commitment of the Minister for Health and Children, Micheál Martin, to smokefree legislation, and the collaboration of health organisations was crucial to its introduction.

www.tri.ie Research Institute for a Tobacco Free Society

www.otc.ie Office of Tobacco Control

www.cancer.ie Irish Cancer Society

www.ash.ie ASH Ireland

www.irishheart.ie Irish Heart Foundation

Enforcement and compliance

Legislation is enforced by officers authorised by the Office of Tobacco Control and the Health Service Executive under the National Inspection Programme. There are 40 dedicated environmental health officers whose responsibilities include enforcing the smoke-free workplace legislation. These are supported by an additional 400 environmental health officers and a further 100 inspectors from the Health and Safety Authority.

http://www.otc.ie/smokefree_enforcement.asp

A low-cost compliance phoneline was introduced when legislation came into effect. By the end of the first year 95% of businesses had complied. http://www.otc.ie/comm_pub.asp#compliance.asp

Italy

Contact: Elizabeth Tamang (Awaiting information), Regione del Veneto - Direzione Prevenzione, Servizio di Sanità Pubblica e Screening

Smokefree legislation

Smokefree legislation came into effect in Italy on 10 January 2005 and bans smoking in all indoor public places and workplaces, including public transport and bars and restaurant. DSRs must be completely enclosed and ventilated, with an automatically closing door. Non-smokers must not be obliged to pass through the smoking room. DSRs must take up no more than 50% of the total area of the restaurant, bar or club. There were proposals to better define some aspects of the legislation, but this has not yet happened.

Legislation

2003 smokefree law www.parlamento.it/parlam/leggi/030031.htm

(GSP members area has translated version of legislation)

Preparation for smokefree legislation

The campaign for smokefree legislation was lengthy and labour-intensive. In 2001 a national coalition for tobacco control was founded that brought together governmental and non-governmental organisations, and scientific associations and individuals, to lobby for smokefree policies. The coalition helped to give rise to an inter-regional group on tobacco control which supports the Ministry of Health in developing tobacco control strategies. The National Health Plan 1998–2000, under Health Minister Rosy Bindi, put smoking reduction among the healthy lifestyle objectives for the first time.

The first bill proposing a ban on smoking in public places failed as it was judged to be too moralistic. When Girolamo Sirchia became Health Minister in 2001, he decided to try again to introduce a smoking ban in all public places, including restaurants, bars, and pubs. He introduced a new concept: legislation to protect people from secondhand smoke, rather than ban smoking. He tightening the existing smokefree laws and invited other associations to join his campaign, including the police. Threats from the hospitality industry not to enforce the law did not gain momentum. The legislation was passed in January 2003, before legislation in Ireland and Norway, but was not implemented for further two years. Part of the delay was due to the law allowing for designated smoking rooms (DRSs), and it took time to define a smoking room and to decide on the penalties for non-compliance with the law. Restaurant, bar and club owners were also given one year to make

changes need in order to comply. During this time the coalition and inter-regional group played an active role in supporting the Ministry to better define the law. Restaurant, bar, and club owners were allowed one year to make any changes needed to comply with the law.

For more information on the campaign visit The Global Smokefree Partnership at <http://www.globalsmokefreepartnership.org/evidence.php?id=19>

Enforcement and compliance

Research carried since the introduction of the ban found it to be highly popular and continuing to rise. Environmental air quality has improved dramatically and smoking prevalence has fallen (Annals of Oncology 2007;18:1620-1622).

Italian smokefree signage

<http://www.globalsmokefreepartnership.org/files/evidence/4.doc>

Awaiting more information from Elizabeth Tamang

Lithuania

Contacts: Aurelijus Veryga, Lithuanian National Tobacco and Alcohol Control Coalition (LNTACC); Michael Forrest, European Network for Smoking Prevention; Florence Berteletti-Kemp, Smokefree Partnership

Smokefree legislation

Lithuania introduced smokefree legislation on 1 January 2007. Smoking is prohibited in enclosed public places and workplaces, including bars, restaurants, cafés and clubs. Designated smoking rooms are not allowed, but workplace smoking rooms are allowed. Because the requirements for such smoking rooms are so strict (e.g. ventilation, washable walls) and expensive, it seems that employers are not installing them. AV reported that employers are giving a higher salary to non-smoking workers.

Cigar and pipe clubs are exempt from the legislation. Criteria are very strict – food cannot be served and there must be a separate entrance. There do not appear to be any such clubs in Lithuania and apparently there is no tradition of pipe and cigar smoking in the country.

The law is working well. A small survey found that smoking consumption has fallen as a result. It is accepted by public, as exemplified by the public outcry when the Prime Minister was found smoking a pipe in a restaurant while meeting with the Latvian Prime Minister.

Legislation – http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=281045

Preparation for smokefree legislation

External factors that influenced Lithuania: (1) smokefree policies in Ireland, Italy, Malta and other European countries; (2) Evidence from other countries that smoking bans do not damage business; (3) FCTC

Internal factors – (1) Active support from Minister of Health who was a Professor of Public Health; (2) Strong NGO movement (LNTACC a member of ENSP); (3) European Commission project 'HELP – for a life without tobacco'; (4) Existing tobacco advertising ban; (5) High public awareness of the health effects of tobacco.

The first proposal for a smoking ban by one individual in Parliament was unsuccessful due to lack of strategy and opposition from the tobacco industry via industry-support NGOs. Lessons were learned and the second proposal involved a coordinated strategy among NGOs and the Ministry of Health. It was also supported via public opinion surveys, a public relations campaign (newspaper articles, press conferences and participation in TV and radio debates) and evidence-based information for lobbying (ventilation doesn't work, businesses don't suffer, bans improve health). Key messages were used – protection from secondhand smoke, the right to a healthy workplace, positive influence on children. It became clear that the public wanted a smoking ban.

The industry used the arguments it had used in other countries via certain NGOs – rights of smokers, investments made in ventilation, impact on the hospitality industry. It had partial success with the exemption for cigar and pipe clubs.
(Presentation provided by AV).

Enforcement and compliance

Compliance is high and only a few fines were given to bars last year. Public awareness is high. There were some efforts to discredit the ban but it is respected and implemented without problems.

Malta

Contact: No direct contact

Smokefree legislation

Smokefree legislation came into effect in Malta on 5 April 2004. It was phased in over a year and by 5 October 2005 smoking was prohibited in any enclosed private or public premises which is open to the public, including workplaces. However, designated smoking rooms (DSRs) are allowed in bars, restaurants and workplaces. Bars and restaurants with an area of >60m² have to become smokefree or have a DSR. The DSR should be separate and fully enclosed, and not require non-smokers to pass through it.

Legislation

The Tobacco (Smoking Control) Act (CAP. 315) Smoking in Premises Open to the Public Regulations, 2004 (Maltese and English)

http://www.ensp.org/files/malta_tobacco_smoking_control_act.pdf

Resources

Health Promotion Department of Malta www.sahha.gov.mt/pages.aspx?page=26

Norway



Contact: No direct contact

Smokefree legislation

Norway's smokefree law came into effect on 1 June 2004, updating legislation first introduced in 1988, covering public places and workplaces which had allowed for separate smoking areas in restaurants and bars and made the law difficult to implement. The revised law bans smoking in public premises and transport, workplaces and institutions where two or more people are gathered, and establishments serving food and/or drink. However, designated smoking rooms are allowed in some workplaces.

Legislation

Act No.14 of 9 March 1973 relating to Prevention of the Harmful Effects of Tobacco (including amendments effective from 1 June 2004)

<http://odin.dep.no/hod/engelsk/regelverk/p20042245/042041-990030/dok-bn.html>

Enforcement and compliance

Compliance with the ban was high in the first year after implementation, and it was popular with the public. See 'Smoke-Free bars and restaurants in Norway a one-year evaluation report.' (M Lund, SIRUS, 2005):

<http://www.globalink.org/documents/2005smokefreebarsandrestaurantsinNorway.pdf>

Future initiatives will include reducing exposure to secondhand smoke among children and pregnant women, and changing the legislation to prevent workers being unwillingly exposed to in or near individual offices. See Norway's National Strategy for Tobacco Control 2006-2010. www.regjeringen.no/upload/HOD/Sykehus/National%20Strategy.pdf

Slovenia

Contact: Tomaz Caks, University of Ljubljana; Florence Berteletti-Kemp, Smokefree Partnership;

Michael Forrest, European Network for Smoking Prevention

Smokefree initiatives

New smokefree legislation came into effect in August 2007. Smoking to be banned in all enclosed public places and workplaces, including bars and restaurants, public transport, healthcare and educational facilities (including outside buildings), sports and recreational facilities. Workplaces can have designated smoking rooms or smoking cabins if the employer permits them. Smoking rooms are not allowed in hospitals (except psychiatric hospitals), schools or universities. Smoking rooms are allowed in bars and restaurants under strict conditions – they must be completely separate, ventilated, and no food or drink can be served,

Existing resources

Slovenian Coalition for Tobacco Control www.tobak-zveza.org

European Network for Smoking Prevention – has information on plans for tobacco control in Slovenia www.ensp.org/newsreports/networknews

Sweden



Smokefree legislation

All public places and workplaces in Sweden, including restaurants, bars, cafés and nightclubs became smokefree on 1 June 2005. The new law updated the Tobacco Act of 1994 by allowing for smokefree environments in all establishments that serve food. Restaurants and bars are allowed to set up designated smoking rooms (DSRs). These can only take up a small portion of the premises, must be ventilated, and non-smokers must not be forced to pass through them. No food may be served or taken into the DSRs. Very few DSRs have been set up to date.

For more information visit

www.sweden.gov.se/sb/d/5628/a/45113;jsessionid=aC6xPKDF95W4

Preparation for smokefree legislation

The 2005 smoking ban was the culmination of fifty years of campaigning by many advocacy groups, including the Swedish Network for Tobacco Prevention (SNTP) and the National Public Health Committee. In 2001 a proposal was made for a 100% smoking ban. In 2002 Parliament decided that all serving establishments were to become smokefree. The primary motivation was to ensure that service personnel have the same right to protection from secondhand smoke as employees in other occupations. The Swedish government initially favoured a voluntary agreement on smokefree environments, but concluded in 2003 that legislation was needed.

Prior to the decision two information campaigns were coordinated by the SNTP – one aimed at decision-makers in the government and the restaurant association, the other aimed at the general public. Media releases were issued by the National Institute of Public Health during the months before implementation. Municipal and county authorities, NGOs, and the National Quitline issued numerous other press releases. There was positive media coverage of the new law. For more information on the campaign visit The Global Smokefree Partnership at:

<http://www.globalsmokefreepartnership.org/evidence.php?id=18>

Enforcement and compliance

Compliance with the law has been high. Fewer than 2% of facilities have set up smoking rooms, and these have been mainly in nightclubs, casinos and bingo halls.

Priorities for the future are protecting the workers who are still exposed to secondhand smoke as well as children.

Resources

Swedish Network for Tobacco Prevention

Health Professionals Against Tobacco, Sweden – a coalition of organisations

www.tobaccoorhealthsweden.org

National Institute of Public Health www.fhi.se

UK: England



Smokefree legislation

England became smokefree on 1 July 2007. The entire UK is now smokefree, making it the world's most populated smokefree jurisdiction. Smoking is prohibited in enclosed or substantially enclosed public places and workplaces. Designated smoking rooms are not allowed. There are a few exemptions such as residential accommodation, designated rooms in care homes, psychiatric hospitals (until 1 July 2008 only), designated hotel rooms, performers on stage. An attempt to exempt some pubs and private clubs failed before the legislation was passed, allowing England to become 100% smokefree.

The Smoke-free (Premises and Enforcement) Regulations 2006
<http://www.opsi.gov.uk/si/si2006/20063368.htm>

Preparation for smokefree legislation

Unlike in Scotland, the government did not support smokefree legislation, preferring a voluntary approach to regulation. In spite of this, a new strategy by health advocates focusing on comprehensive workplace legislation succeeded because of effective advocacy. It showed clear public and media support for smokefree legislation. It also showed how the interests of the tobacco industry and the hospitality industry differ. This difference was used to secure the backing of the hospitality industry to support comprehensive national legislation in order to achieve a level playing field and protect itself from litigation.

The successful implementation of the Irish legislation in March 2004 and Scottish legislation in 2006 had a positive impact, but they were not sufficient on their own to change the position of the UK Government. A coordinated approach was taken. ASH and Cancer Research UK set up a "core group" of key NGOs and others, including Asthma UK, the BMA, the British Heart Foundation, the Chartered Institute of Environmental Health and the Royal College of Physicians.

England is an example where advocacy has succeeded, achieving legislation when faced with strong resistance by Government.

Comprehensive smokefree legislation in England: how advocacy won the day.
www.ash.org.uk/files/documents/ASH_675.pdf

Enforcement and compliance

Five sets of smokefree regulations including a sample smokefree policy and suggested steps to take if someone smokes in a smokefree place. <http://www.smokefreeengland.co.uk/thefacts/the-regulations.html>

Greater Manchester (England) Enforcement protocol for Smokefree Provisions of Health Act 2006 (see Annex 1)

Examples of compliant signage for smokefree premises and vehicles

<http://www.smokefreeengland.co.uk/resources/>

There was a smooth transition to smokefree places and public and business support was high. Compliance after three months was 98%.

<http://www.smokefreeengland.co.uk/files/three-month-report-factsheet.pdf>

Resources

Action on Smoking and Health www.ash.org.uk

Smokefree England www.smokefreeengland.co.uk

Cancer Research UK www.cancerresearchuk.org/

British Medical Association www.bma.org.uk

British Heart Foundation www.bhf.org.uk

Asthma UK www.asthma.org.uk

Royal College of Physicians www.rcplondon.ac.uk

Chartered Institute of Environmental Health www.cieh.org

UK: Northern Ireland

Smokefree legislation

Smoke-free public places legislation came into force in Northern Ireland on 30 April 2007 under The Smoking (Northern Ireland) Order 2006. Smoking is prohibited in enclosed or substantially enclosed public places and workplaces. Designated smoking rooms are not allowed. There are a few exemptions: private accommodation, designated hotel bedrooms, designated rooms in residential

care homes, nursing homes and research and testing facilities, specialist tobacconists, prisons, young offenders' centres and remand centres (certain areas are not exempt), designated rooms in residential accommodation in mental health units (until 30 April 2008), a designated room used as a detention cell within a police station, an exercise area within a police station and an interview room within a Child Abuse and Rape Enquiry (CARE) suite (until 30th April 2008).

At the end of March 2008 it was announced that smoking while driving is to be banned. This is part of a set of measures to improved road safety that are due to be implemented by January 2010 (ASH Scotland News 31/3/08)

Legislation

www.opsi.gov.uk/si/si2006/uksi_20062957_en.pdf

Preparation for smokefree legislation

The campaign for smokefree legislation ran for many years and included lobbying decision makers, preparing evidence information on the health effects of secondhand smoke for the public. But ASH Northern Ireland and the Ulster Cancer Foundation were galvanised by the introduction of smoke-free legislation in the Republic of Ireland in 2004. Its success convinced decision makers and the public that comprehensive smokefree legislation was feasible. For more information on the campaign visit The Global Smokefree Partnership at

www.globalsmokefreepartnership.org/evidence.php?id=23

The Department of Health, Social Services and Public Safety (DHSSPS) public consultation on possible strategies for legislation in March 2005. Almost 71, 000 people responded and more than 91% were in favour of comprehensive smokefree legislation. The government announced in June 2005 that it would introduce a partial smoking ban in, banning smoking in enclosed workplaces and in pubs and bars that serve food. The Health Minister then took a few months to consult with experts and the public before making the legislation comprehensive and cover all indoor public places and workplaces.

For more information on the public consultation visit

www.dhsspsni.gov.uk/showconsultations?txtid=19500

Enforcement and compliance

A compliance telephone number is available. Compliance appears to be high so far with very few calls to the compliance line. See www.spacetobreathe.org.uk/article.asp?aid=229

Resources

Space to breathe www.spacetobreathe.org.uk

UK: Scotland

Smokefree legislation

Scotland was the first country in the UK to introduce smokefree legislation on 26 March 2006. 100% smokefree – Prohibits smoking in enclosed or wholly enclosed public places and workplaces. Designated smoking rooms are not allowed. There are a few exemptions such as residential accommodation, including communal areas such as stairwells), designated rooms in psychiatric hospitals and care rooms, designated hotel rooms.

The Smoking, Health and Social Care Act (2005) is aimed at protecting the general public from exposure to secondhand smoke at work and in public, and prohibits smoking in enclosed or wholly enclosed public places and workplaces.

Smoking, Health and Social Care (Scotland) Act 2005

<http://www.opsi.gov.uk/legislation/scotland/acts2005/20050013.htm>

Smoking, Health and Social Care (Scotland) Act 2005 – Regulations

<http://www.opsi.gov.uk/si/si2006/20061115.htm>

The Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006

<http://www.scotland.gov.uk/Publications/2005/08/02143247/32478>

Preparation for smokefree legislation

A National Consultation was carried out in 2004. Members of the public and organisations were asked to complete and return a questionnaire. The majority (82%) of respondents thought that further action needs to be taken to reduce people's exposure to second-hand smoke. 80% of respondents would support a law that would make enclosed public places smoke-free. 56% did not think that there should be any exemptions if a law was introduced. The general public and the hospitality sector tended to focus on pubs, clubs and restaurants in terms of exemptions, organisations also referred to long-stay care facilities, prisons and workplaces that are also homes of looked after individuals.

In January 2004 the Scottish Executive (Government) published a tobacco control action plan 'A Breath of Fresh Air for Scotland: Improving Scotland's Health – the Challenge'. The plan set out a range of measures to strengthen tobacco control, including preventing exposure to secondhand smoke. <http://www.scotland.gov.uk/Publications/2004/01/18736/31541>

ASH Scotland published 'The unwelcome guest: how Scotland invited the tobacco industry to smoke outside' in 2005. The report shows how smokefree campaign was won. It describes how campaigners learned to combat tobacco industry arguments and tactics, using the experiences of other countries. It in turn acts as a guide for campaigners in countries wanting to introduce smoke-free legislation.

<http://www.ashscotland.org.uk/ash/files/The%20Unwelcome%20Guest.pdf>

The Scottish Executive (Government) supported smokefree legislation and worked with organization such as ASH Scotland www.ashscotland.org.uk to achieve it.

Scottish Coalition on Tobacco – a multipartner alliance working on tobacco control including promoting smokefree

For more information on the campaign visit The Global Smokefree Partnership at <http://www.globalsmokefreepartnership.org/evidence.php?id=16>

Enforcement and compliance

Compliance with the law is high – it was never less than 95% in the first nine months.

<http://www.aerzteinitiative.at/Scotland1yearSmokefree.pdf>

A low cost compliance phoneline was introduced when legislation came into effect, but only for one year.

Enforcement is the responsibility of the Royal Environmental Health Institute of Scotland www.rehis.org

Cigarette litter has been the only negative aspect of compliance with the law, as smokers smoke outside pubs and restaurants.

Resources

Clearing the Air website <http://www.clearingtheairscotland.com/>

ASH Scotland www.ashscotland.org.uk/

UK: Wales

Smokefree Resources

The Health Act 2006 gave the National Assembly for Wales powers to make regulations for a ban on smoking on enclosed public places. The Smoke-Free Premises etc. (Wales Regulations) came into effect on 2 April 2007. Smoking is banned in all enclosed public places and workplaces. Designate smoking rooms are not allowed. There are few exemptions to the legislation. Exemptions include designated hotel bedrooms, designated rooms in research and testing facilities, designated rooms for use by adults in care homes, adult hospices and residential mental health units.

Legislation

http://www.opsi.gov.uk/legislation/wales/wsi2007/wsi_20070787_en_1

Preparation for smokefree legislation

A public consultation on the draft legislation was held from 21 July 2006 to 13 October 2006.

Welsh Assembly Members voted in favour of the regulations on 30th January 2007.

Enforcement and compliance

By the end of 2007 compliance with the legislation had risen to almost 98%. Responsibility for enforcement of the ban rests with local authorities and a non-confrontational approach to enforcement is adopted. The focus is on building compliance through awareness-raising, advice and support, with enforcement action being considered only when the seriousness of the situation warrants it. A low-cost compliance telephone line is available. For more information see:

www.smokingbanwales.co.uk/english/compliance-data

Resources

Smoking Ban Wales www.smokingbanwales.co.uk

ASH Wales www.ashwales.co.uk

6.5 Countries where no information is currently available

San Marino

No information available from MPOWER



Bermuda

Smokefree legislation

Bermuda, an overseas territory of the UK, became 100% smokefree on 1 April 2006. The Tobacco Products (Public Health) Amendment Act 2005 prohibits smoking in enclosed public places and workplaces including bars, restaurants, private clubs, hotels, and business vehicles. Smoking rooms are not allowed.

Legislation

Tobacco Products (Public Health) Amendment Act 2005

<http://www.globalsmokefreepartnership.org/files/evidence/1.DOC>

Preparation for smokefree legislation

Much of lobbying of the government and the public for smokefree legislation came from the local advocacy group, Bermuda Advocates for Non-Smoking (BANS). BANS was instrumental in raising awareness, and worked with the media and public health to mobilise support for the ban. Consultations were held with the hospitality industry. A mass media campaign was developed to educate the public. Public meetings were also held. The media was unanimously supportive throughout the campaign. Every article that was published in local newspapers favoured the ban. Public opinion was also supportive, once the government made its long-term plan clear. There was some objection based on the need to protect the rights of smokers. But they were unable to discredit the evidence on the dangers of secondhand smoke. For more information on the campaign visit The Global Smokefree Partnership at <http://www.globalsmokefreepartnership.org/evidence.php?id=17>

Enforcement and compliance

Compliance with the legislation was high in the months following its introduction. In 2007 awareness of the ban increased from 77% before the smokefree campaign to 93% afterwards; exposure to secondhand smoke fell from 47% before the ban to 40% afterwards. (Jennifer Attride-Stirling personal communication).

Cayman Islands

(British Overseas Territory)

Smokefree legislation has been drafted but there have been ongoing delays in passing and implementing it. (NIMI 9 Jan 08)

North Mariana Islands

(commonwealth in political union with USA)

A bill was introduced to House of Representatives to ban smoking in restaurants, bars and public places. Exemptions for open-air bars, hotel rooms and outdoor jobsites (GL Today 5/3)

Isle of Man

(British Crown Dependency)

On 30 March 2008 smoking was banned in enclosed public places, including bars and restaurants (GL NIMI 28 March 2008).