Background: In 2005 China ratified the WHO Framework Convention on Tobacco Control (FCTC) and committed to implement tobacco control legislation and policies. Wide variation in smoking prevalence between men and women in China and the high exposure of women to secondhand smoke suggest that each component of the FCTC should be analyzed from a gender perspective. This study describes women's attitudes toward and predictors of support for four key FCTC measures in China. Methods: Cross-sectional data were collected from 1,408 women in two urban cities on demographics, smoking behavior, and attitudes toward key tobacco control measures. Results: Seventy percent of the study women (n=1,408) were exposed to second-hand smoke at home, work, or other public places. Support for the four FCTC measures of interest was as follows: 92.5% supported banning smoking in public places, 79.2% supported increasing the cigarette tax, 92% supported stronger health warnings on cigarette packages, and 87.1% favored banning tobacco advertising. The predictors for supporting each of these measures included socioeconomic, attitudinal, and behavioral factors. Conclusion: Urban Chinese women appear to support implementation of key WHO FCTC measures. Predictors of women's attitudes toward the key FCTC measures varied. The formulation process resulting from the tobacco control policy should consider women-specific predictors in order to facilitate successful implementation of FCTC.

Abdullah et al. 2010 China Article Background: In 2005 China ratified the WHO Framework Convention on Tobacco Control (FCTC) and committed to implement tobacco control legislation and policies. Wide variation in smoking prevalence between men and women in China and the high exposure of women to secondhand smoke suggest that each component of the FCTC should be analyzed from a gender perspective. This study describes women's attitudes toward and predictors of support for four key FCTC measures in China. Methods: Cross-sectional data were collected from 1,408 women in two urban cities on demographics, smoking behavior, and attitudes toward key tobacco control measures. Results: Seventy percent of the study women (n=1,408) were exposed to second-hand smoke at home, work, or other public places. Support for the four FCTC measures of interest was as follows: 92.5% supported banning smoking in public places, 79.2% supported increasing the cigarette tax, 92% supported stronger health warnings on cigarette packages, and 87.1% favored banning tobacco advertising. The predictors for supporting each of these measures included socioeconomic, attitudinal, and behavioral factors. Conclusion: Urban Chinese women appear to support implementation of key WHO FCTC measures. Predictors of women's attitudes toward the key FCTC measures varied. The formulation process resulting from the tobacco control policy should consider women-specific predictors in order to facilitate successful implementation of FCTC.

T. M. Abe, J. Scholz, E. de Masi, M. R. Nobre and R. K. Filho. Decrease in mortality rate and hospital admissions for acute myocardial infarction after the enactment of the smoking ban law in Sao Paulo city, Brazil. Tobacco control. 2016;(6):

Abidin et al. 2014 Malaysia Article Objective: To identify the relationship between knowledge, attitude and perception regarding environmental tobacco smoke (ETS) and smoking among Malaysian adolescents living in states with complete or partial smoke-free legislation (SFL). Methods: A total of 898 respondents aged 13–14 years were randomly selected from 21 secondary schools. The Malay version of the modified Global Youth Tobacco Survey questionnaire was used. Hierarchical logistic regression was performed in examining predictors of smoking attempt among adolescents. Results: Participants exposed to ETS >5 h/day were more likely to have smoked compared to those exposed to ETS <1 h/day (OR 4.1, 95% CI 1.03-16.0). Living in a state with partial SFL was associated with a two-fold increase in self-reported smoking attempts (OR 1.95, 95% CI 1.10-3.43) compared to living in a state with complete SFL. Negative attitudes and perceptions towards smoking and ETS exposure were linked to lower smoking attempts in states with complete SFL. Conclusions: Adolescents with limited ETS exposure who lived in a state with complete SFL were less likely to attempt smoking compared to those exposed more regularly to ETS and living in a state with partial SFL. Preventing adolescents from becoming smokers is the key to reducing national prevalence rates in smoking. There is a need to implement comprehensive smoke-free legislation nationally across Malaysia.

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Aherrera et al. 2016 Turkey Article
Introduction In 2009, Turkey extended the smoke-free legislation to hospitality venues. Compliance, however, remains low in some hospitality venues. We identified characteristics associated with knowledge of health effects that can be prevented by the smoke-free law, the attitude towards and enforcement of the law. Methods In 2014, we conducted 400 interviews with hospitality venue owners and employees in 7 cities in Turkey. The venues were identified based on a random sampling strategy in a previous phase of the study. Results Over one-third (37.3%) of hospitality owners and employees had adequate knowledge of the health effects from secondhand smoke (SHS), 71.3% had a positive attitude towards the law and 19.5% had personally enforced the law. Participants who worked 70 hours or more per week were more likely to have a positive attitude towards the law. Older individuals, women, participants working in bars/nightclubs, venue owners receiving fines for non-compliance and current smokers were less likely to have a positive attitude towards the law. Participants working in traditional coffee houses, former smokers, and participants with a high school education or greater were more likely to enforce the law. Smokers who quit or reduced smoking because of the law were more likely to enforce the law compared with those who were not influenced by the law. Conclusions Although the attitude towards the law was positive, interventions are needed to increase knowledge on the health effects of SHS and facilitate enforcement of the law, particularly among subgroups less likely to have a positive attitude and enforce the law. © 2016 by the BMJ Publishing Group Ltd.

A. Aherrera, A. çarkoglu, M. Hayran, G. Ergör, T. Eirüder, B. Kaplan, J. Susan, L. Zheng, J. E. Cohen and A. Navas-Acien. Factors that influence attitude and enforcement of the smoke-free law in Turkey: A survey of hospitality venue owners and employees. 2016.;

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Alwan et al. 2009 Multiple Report The report provides a comprehensive overview of the evidence base for protecting people from the harms of second-hand tobacco smoke through legislation and enforcement. There is a special focus on the status of implementation of smoke-free policies, with detailed data collected for the first time ever on a global basis at both the national level and for large subnational jurisdictions. Additional analyses of smoke-free legislation were performed, allowing a more detailed understanding of progress and future challenges in this area.

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Americans for Nonsmokers’ Rights. Smokefree Status of Workplaces and Hospitality Venues Around the World. Available online at: http://www.no-smoke.org/pdf/internationalbarsandrestaurants.pdf.
Ay et al. 2016 Turkey Article Objectives: To investigate the extent of cigarette smoking, knowledge of health hazards and attitudes towards the ban of smoking in Shantou, China.

Methods: A population-based survey was conducted among adults and university students in Shantou, China. The survey included questions on smoking habits, knowledge of health hazards, and attitudes towards the ban of smoking.

Results: Among the surveyed population, 30.5% were active smokers. The majority of respondents (71.2%) supported the ban of smoking in public places. Knowledge of health hazards from smoking was high, with 95% of respondents correctly identifying the risks associated with smoking.

Conclusions: The ban of smoking in public places has been well-received in Shantou, China. However, there is a need for continued public education to ensure compliance with the smoke-free law.

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Barnoya et al. 2011 Guatemala Article
Objective: In February 2009, Guatemala implemented a comprehensive smoking ban. We assessed air nicotine levels in bars and restaurants 6 months after the ban (post-ban) and compared them with levels found in 2006 (pre-ban). Methods: Exposure was estimated by passive sampling of vapor-phase nicotine using samplers (n = 50) placed for 7 working days in 10 bars and 11 restaurants in Guatemala City. Air nicotine was measured by gas chromatography, and the time-weighted average concentration in [mg/m³] was estimated. Employees answered a survey about smoke-free workplaces (n = 32) and compared with pre-ban (n = 37). Results: Nicotine was detectable in all bars pre- and post-ban. In restaurants, it was detectable in all pre- and 73% post-ban. Median nicotine concentrations in bars significantly decreased from 4.58 (mg/m³) (IQR, 1.71, 6.45) pre-ban to 0.28 (mg/m³) (IQR, 0.17, 0.66) post-ban (87% decrease). In restaurants, concentrations significantly decreased from 0.58 (mg/m³) (IQR, 0.44, 0.71) to 0.04 (mg/m³) (IQR, 0.01, 0.11) (95% decrease). Employees' support for a smoke-free workplace increased in the post-ban survey (from 32 to 81%, p < 0.001). Conclusion: Six months after the implementation of a smoke-free law in Guatemala, nicotine levels were significantly decreased in bars and restaurants and workers' support for the law substantially increased.

Barnoya et al. 2016 Guatemala Article
Background: Smoke-free environments decrease smoking prevalence and consequently the incidence of heart disease and lung cancer. Due to issues related to poor enforcement, scant data is currently available from low/middle income countries on the long-term compliance to smoke-free laws. In 2006, high levels of secondhand smoke (SHS) were found in bars and restaurants in Guatemala City. Six months after a smoking ban was implemented in 2009, levels significantly decreased. However, in 2010, poor law compliance was observed. Therefore, we sought to assess long-term compliance to the ban using SHS measurements. Methods: In 2014 we assessed SHS exposure using airborne nicotine monitors in bars (n = 9) and restaurants (n = 12) for 7 days using the same protocol as in 2006 and in 2009. Nicotine was measured using gas chromatography (µg/m³) and compared to levels pre- (2006) and post-ban (2009). Employees responded to a survey about SHS exposure, perceived economic impact of the ban and customers' electronic cigarette use. In addition, we estimated the fines that could have been collected for each law infringement. Results: Most (71%) venues still have a smoking section, violating the law. The percentage of samples with detectable nicotine concentrations was 100, 85 and 43% in 2006, 2009 and 2014, respectively. In bars, median (25th and 75th percentiles) nicotine concentrations were 4.58 µg/m³ (1.71, 6.45) in 2006, 0.28 (0.17, 0.66) in 2009, and 0.59 (0.01, 1.45) in 2014. In restaurants, the corresponding medians were 0.58 µg/m³ (0.44, 0.71), 0.04 (0.01, 0.11), and 0.01 (0.01, 0.09). Support for the law continues to be high (88%) among bar and restaurant employees. Most employees report no economic impact of the law and that a high proportion of customers (78%) use e-cigarettes. A total of US$50,012 could have been collected in fines. Conclusions: Long-term compliance to the smoking ban in Guatemala is decreasing. Additional research that evaluates the determinants of non-compliance is needed and could also contribute to improve enforcement and implementation of the smoke-free law in Guatemala.

Barnoya et al. 2006 Guatemala Article
Background: Tobacco smoke is important to tobacco control and how the tobacco industry's "Latin Project" sought to prevent the creation of smoke-free workplaces and public places in Central and South America. Eliminating secondhand smoke exposure not only reduces the risk of cardiovascular and other diseases, but also creates an environment that substantially reduces smoking and cigarette consumption among the population. The "Latin Project" was initiated in 1991 by Philip Morris and British American Tobacco and managed by the law firm Covington & Burling. The project assembled a network of well-placed physicians and scientists to divert the attention away from secondhand smoke toward other indoor air pollutants. As proven in Central and South America, the tobacco industry's worldwide ETS consultation project: European and Asian components. European journal of public health. 2006;16(1):69-77. doi: 10.1093/eurpub/ck004
Bilir et al. 2013 Turkey Article In 2003 World Health Assembly adopted an international treaty on tobacco control; FCTC, Framework Convention on Tobacco Control. Five year later

Bhat et al. 2015 India Article Background: The aim of this study was to evaluate the effect of anti-smoking legislation in public places and public support for smoking ban. Methods: A

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Baron-Epel et al. 2012 Multiple Article Background: The latest amendment to the ban on smoking in public places in Israel was implemented in 2007, adding pubs and bars (P&B) to the list of public places in which smoking is prohibited. However, smoking in most P&B continued. The aim of the study was to identify the theoretically plausible reasons for the partial success of a public ban on smoking in P&B settings. Explanations provided by P&B owners were interpreted as probable causal factors based on the Behavioral Ecological Model (BEM). Methods: Qualitative interviews were performed with 36 P&B owners in Tel-Aviv and 18 Israeli towns and cities of various population size. Results: P&B owners reported a variety of situational factors (i.e., contingencies) and reinforcers as likely explanations of the partial failure of the legislated ban on smoking in public places, particularly P&B. The major reinforcers for non-adherence with the law were no or low frequency of inspections and low penalties from authorities. P&B owners also feared loss of customers and revenue if bans were enforced in their own establishment but not in competing establishments. Finally, owners reported social norms prevailing among some Israeli patrons supporting smoking in P&B settings, in part to express opposition to the new law. Conclusions: Qualitative assessment can uncover probable social situations that operate to prevent greater adherence to smoking bans. The results warrant confirmation by quantitative analyses. Policies with mandated inspections and penalty requirements that are implemented in all bars without prejudice could lead to greater adherence to smoking bans. Positive reinforcing consequences that encourage adherence (such as publicity and support from non-smokers) would be more likely to generate both greater adherence to the policy and good will toward the government. Principles of behavior outlined in the BEM offer guidance for designing quantitative confirmation analyses of future bans.

Bhat et al. 2015 India Article Background: The aim of this study was to evaluate the effect of anti-smoking legislation in public places and public support for smoking ban. Methods: A cross-sectional survey was conducted in public places such as market, bus/railway station, workplaces and hospitals in Udaipur, India. Informed consent was obtained. The questionnaire comprised of details about their agreement with the current anti-smoking legislation and their views on the support for smoking ban in public places. FINDINGS: The study was conducted among 314 individuals of whom 255 (81.2%) supported the general ban on smoking in public places. Non-smokers (54.4%) agreed more than smokers that the introduction of legislation would create healthier environment (P < 0.001), second hand smoke is serious threat to health (P < 0.001), more implementation needed for current antismoking legislation (P < 0.001). Smokers (45.9%) agreed more than non-smokers that everyone has the right to smoke in public places (P < 0.001). Conclusion: Local support for a ban on smoking in public places in Udaipur is high. But there is a lack of enforcing mechanism in support of the legislation and hence complete smoking ban along with strong enforcement may provide better results.

Bilir et al. 2013 Turkey Article In 2003 World Health Assembly adopted an international treaty on tobacco control; FCTC, Framework Convention on Tobacco Control. Five year later World Health Organization (WHO) declared the six effective approach for tobacco control, under the name of MPOWER. In the following years, WHO evaluated the level of implementation of MPOWER criteria in the countries. In this article, how Turkey implemented these six criteria will be discussed. Monitor tobacco use and prevention policies: Monitoring of tobacco use prevalence has been successfully monitored in Turkey through Global Adult Tobacco Survey, Global Youth Tobacco Survey and Health Professionals Tobacco Use Survey. Nevertheless, monitoring of tobacco industry activities was not successfully implemented. Protect people from tobacco smoke: Smoking was banned in most of the indoor public places in Turkey since 1996, and Turkey became a complete smoke-free country by the exposition of smoke-free places including the hospitality workplaces in 2008. Offer help to quit tobacco use: Although smoking cessation services has been a bit late in Turkey, availability of smoking cessation drugs and the establishment of free quittime services made Turkey successful in this regard. Warn about the dangers of tobacco: Since 1996, all TV channels have a duty of broadcasting programs on harms of tobacco use, not less than 90 minutes in a month and it has been implemented successfully. Additionally written messages indicating harms of tobacco has been printed on the packs since 1988 and pictures was added in 2010. But since the average surface area covered by the messages in less than 50% of the total surface of the pack, Turkey was not regarded as to meet the requirement. Enforce bans on tobacco advertising, promotion and sponsorship: All kinds of tobacco advertisement and promotion was banned by the Law in 1996. But the tobacco products was not in closed boxes at the sales points. Turkey was not found as successful in this regard. Raise taxes on tobacco: Total tax on the tobacco products is more than 75% level which was recommended by WHO. Turkey meets this criteria. In conclusion, Turkey was regarded as meeting all the MPOWER criteria except the warning about the dangers of tobacco and enforcement of the advertisement ban. In conclusion, Turkey was regarded as meeting all the MPOWER criteria except the warning about the dangers of tobacco and enforcement of the advertisement ban.

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N. Bilir, H. Ozcebe. How Turkey meets MPOWER criteria? TAF Preventive Medicine Bulletin. 2013;12(1):41649.
Bilir et al. 2012 Turkey Article Objective: In this descriptive study, it was aimed to assess attitudes and behaviours of some taxi-drivers in Ankara on the smoking ban in cabs under the Law of Preventing the Harmful effects of Tobacco Products. Material and Methods: Face to face interviews were done with 277 taxi-drivers by visiting taxi stations in Altındag and Cankaya districts. Additionally, breath carbon monoxide levels were measured in some drivers after obtaining their informed consent. As a part of this study, the actual smoking status of the drivers and/or clients were recorded by observing the travelling taxies on the junctions of the main streets of the two districts of Ankara. Results: Sixty-four percent of taxi drivers (177 of 277) were current smokers. The majority of these current smokers (108 of 177; 61.0%) reported that they also smoked in the cabs. While more than half of the respondents (55.2%) supported the smoking ban in the cabs, one third (33.2%) of the drivers strongly disagreed with this legislation. Among the taxi drivers, there was an agreement on supporting the smoking bans in certain public places like court halls and the town bus stations (80.2% and 73.6% respectively), but on the other hand, they were less supportive of the bans in cafes and restaurants, particularly serving alcoholic drink (41.5% and 32.9% respectively). Non-smoker drivers supported the smoking ban legislations more. Conclusion: Findings showed that compliance with the items of the Law which ban smoking in the cabs, were not sufficient. In daily life many traffic policemen are responsible for the regulation of the traffic. It will be efficacious in the eradication of smoke from the cabs, if these traffic police are informed about their authorization and duty on the smoking ban, including fining the taxi drivers who ignore the smoking ban legislation.

Bump et al. 2013 Multiple Article Tobacco is already the world’s leading cause of preventable death, claiming over 5 million lives annually, and this toll is rising. Even though effective tobacco control policies are well researched and widely disseminated, they remain largely unimplemented in most low- and middle-income countries (LMICs). For the most part, control attempts by advocates and government regulators have been frustrated by transnational tobacco companies (TTCs) and their supporters. One reason tobacco is so difficult to control is that its political economy has yet to be adequately understood and addressed. We conducted a review of the literature on tobacco control in LMICs using the databases PubMed, EconLit, PsychInfo and AGRICOLA. Among the over 2500 papers and reports we identified, very few explicitly applied political economy analysis to tobacco control in an LMIC setting. The vast majority of papers characterized important aspects of the tobacco epidemic, including who smokes, the effects of smoking on health, the effectiveness of advertising bans, and the activities of TTCs and their allies. But the political and economic dynamics of policy adoption and implementation were not discussed in any but a handful of papers. To help control advocates better understand and manage the process of policy implementation, we identify how political economy analysis would differ from the traditional public health approaches that dominate the literature. We focus on five important problem areas: information problems and the risks of smoking; the roles of domestic producers; multinational corporations and trade disputes in consumption; smuggling; the barriers to raising taxes and establishing spatial restrictions on smoking; and incentive conflicts between government branches. We conclude by discussing the political economy of tobacco and its implications for control strategies.

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J. R. Bump, M. R. Reich. Political economy analysis for tobacco control in low- and middle-income countries. Health Policy Plan. 2013;28(2):123-33.

Burns DM, Axelrad R, Bal D, et al. Report of the Tobacco Policy Research Study Group on smoke-free indoor air policies. Tobacco control. 1992;1:S14-S18.
Callinan et al. 2010 Multiple Article Background: Smoking bans have been implemented in a variety of settings, as well as being part of policy in many jurisdictions to protect the public and employees from the harmful effects of secondhand smoke (SHS). They also offer the potential to influence social norms and smoking behaviour of those populations they affect. Objectives: To assess the extent to which legislation-based smoking bans or restrictions reduce exposure to SHS, help people who smoke to reduce tobacco consumption or lower smoking prevalence and affect the health of those in areas which have a ban or restriction in place.

SEARCH STRATEGY: We searched the Cochrane Tobacco Addiction Group Specialised Register, MEDLINE, EMBASE, PsycINFO, CINAHL, Conference Paper Index, and reference lists and bibliographies of included studies. We also checked websites of various organisations. Date of most recent search; July 1st 2009. SELECTION CRITERIA: We considered studies that reported legislative smoking bans and restrictions affecting populations. The minimum standard was having a ban explicitly in the study and a minimum of six months follow-up for measures of smoking behaviour. We included randomized controlled trials, quasi-experimental studies (i.e. non-randomized controlled studies), controlled before and after studies, interrupted-time series as defined by the Cochrane Effective Practice and Organization of Care Group, and uncontrolled pre- and post-ban data. DATA COLLECTION AND ANALYSIS: Characteristics and content of the interventions, participants, outcomes and methods of the included studies were extracted by one author and checked by a second. Because of heterogeneity in the design and content of the studies, we did not attempt a meta-analysis. We evaluated the studies using qualitative narrative synthesis. MAIN Results: There were 50 studies included in this review. Thirty-one studies reported exposure to secondhand smoke (SHS) with 19 studies measuring it using biomarkers. There was consistent evidence that smoking bans reduced exposure to SHS in workplaces, restaurants, pubs and in public places. There was a greater reduction in exposure to SHS in hospitality workers compared to the general population. We failed to detect any difference in self-reported exposure to SHS in cars. There was no change in either the prevalence or duration of reported exposure to SHS in the home as a result of implementing legislative bans. Twenty-three studies reported measures of active smoking, often as a co-variable rather than an end-point in itself, with no consistent evidence of a reduction in smoking prevalence attributable to the ban. Total tobacco consumption was reduced in studies where prevalence declined. Twenty-five studies reported health indicators as an outcome. Self-reported respiratory and sensory symptoms were measured in 12 studies, with lung function measured in five of them. There was consistent evidence of a reduction in hospital admissions for cardiac events as well as an improvement in some health indicators after the ban. AUTHORS’ Conclusions: Introduction of a legislative smoking ban does lead to a reduction in exposure to passive smoking. Hospitality workers experienced a greater reduction in exposure to SHS after implementing the ban compared to the general population. There is limited evidence about the impact on active smoking but the trend is downwards. There is some evidence of an improvement in health outcomes. The strongest evidence is the reduction seen in admissions for acute coronary syndrome. There is an increase in support for and compliance with smoking bans after the legislation.

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Casaubón et al. 2011 India Report No abstract available.

J. E. Callinan; A. Clarke; K. Doherty; C. Kelleher. Legislative smoking bans for reducing secondhand smoke exposure, smoking prevalence and tobacco consumption. Cochrane Database Syst Rev. 2010;(4):CD005992.
Crosbie et al. 2011 Mexico Article Objective: To describe the approval process and implementation of the 100% smokefree law in Mexico City and a competing federal law between 2007 and 2010. Methods: Reviewed smokefree legislation, published newspaper articles and interviewed key informants. Results: Strong efforts by tobacco control advocacy groups and key policymakers in Mexico City in 2008 prompted the approval of a 100% smokefree law following the WHO FCTC. As elsewhere, the tobacco industry utilised the hospitality sector to block smokefree legislation, challenged the City law before the Supreme Court and promoted the passage of a federal law that required designated smoking areas. These tactics disrupted implementation of the City law by causing confusion over which law applied in Mexico City. Despite interference, the City law increased public support for 100% smokefree policies and decreased the social acceptability of smoking. In September 2009, the Supreme Court ruled in favour of the City law, giving it the authority to go beyond the federal law to protect the fundamental right of health for all citizens. Conclusions: Early education and enforcement efforts by tobacco control advocates promoted the City law in 2008 but advocates should still anticipate continuing opposition from the tobacco industry, which will require continued pressure on the government. Advocates should utilise the Supreme Court’s ruling to promote 100% smokefree policies outside Mexico City. Strong advocacy for the City law could be used as a model of success throughout Mexico and other Latin American countries.

Crosbie et al. 2016 Costa Rica Article Objective To analyse the process of implementing and enforcing smoke-free environments, tobacco advertising, tobacco taxes and health warning labels from Costa Rica’s 2012 tobacco control law. Method Review of tobacco control legislation, newspaper articles and interviewing key informants. Results Despite overcoming decades of tobacco industry dominance to win enactment of a strong tobacco control law in March 2012 consistent with WHO’s Framework Convention on Tobacco Control, the tobacco industry and their allies lobbied executive branch authorities for exemptions in smoke-free environments to create public confusion, and continued to report in the media that increasing cigarette taxes led to a rise in illicit trade. In response, tobacco control advocates, with technical support from international health groups, helped strengthen tobacco advertising regulations by prohibiting advertising at the point-of-sale (POS) and banning corporate social responsibility campaigns. The Health Ministry used increased tobacco taxes earmarked for tobacco control to help effectively promote and enforce the law, resulting in high compliance for smokefree environments, advertising restrictions and health warning label (HWL) regulations. Despite this success, government trade concerns allowed, as of December 2015, POS tobacco advertising, and delayed the release of HWL regulations for 15 months. Conclusions The implementation phase continues to be a site of intensive tobacco industry political activity in low and middle-income countries. International support and earmarked tobacco taxes provide important technical and financial assistance to implement tobacco control policies, but more legal expertise is needed to overcome government trade concerns and avoid unnecessary delays in implementation. © 2016 by the BMJ Publishing Group Ltd.

Cummings 2009 Multiple Report No abstract available.

Dawson et al. 2009 India Article No abstract available.

Dawson et al. 2009 Mexico Article No abstract available.
Background: China is the world's largest consumer of tobacco, with hundreds of millions of people exposed daily to secondhand smoke (SHS). Comprehensive smoke-free policies are the only effective way to protect the population from the harms of SHS. China does not have a comprehensive national smoke-free law but some local-level regulations have been implemented. Objective: To evaluate local-level smoke-free regulations across 7 cities in China by measuring the prevalence of smoking in public places (workplaces, restaurants and bars), and support for smoke-free policies over time. Methods: Data were from Waves 2 to 4 of the International Tobacco Control (ITC) China Survey (2007-2012), a face-to-face cohort survey of approximately 800 smokers in each of 7 cities in mainland China. Multivariate logistic regression models estimated with generalised estimating equations were used to test the changes in variables over time. Results: As of 2012, over three-quarters of respondents were exposed to smoking in bars; more than two-thirds were exposed to smoking in restaurants and more than half were exposed to smoking in indoor workplaces. Small decreases in the prevalence of smoking were found overall from Waves 2 to 4 for indoor workplaces, restaurants and bars, although the decline was minimal for bars. Support for complete smoking bans increased over time for each venue, although it was lowest for bars. Conclusions: Existing partial smoking bans across China have had minimal impact on reducing smoking in public places. A strongly enforced, comprehensive national smoke-free law is urgently needed in order to achieve greater public health gains.
| Author(s) | Year | Type | Title |
|-----------|------|------|-------|
| Fong et al. | 2006 | Article | Building the evidence base for effective tobacco control policies: the International Tobacco Control Policy Evaluation Project (the ITC Project). Tob Control. 2006;15 Suppl 3(Suppl 3):iii1–iii2. doi:10.1136/tc.2006.017244 |
| Fong et al. | 2006 | Article | The conceptual framework of the International Tobacco Control (ITC) Policy Evaluation Project. Tobacco control. 2006;15 Suppl 3:iii3-11. doi: 10.1136/tc.2005.015438 |
| Goswami H. | 2011 | Report | Experience of Chandigarh as a smoke-free city. Geneva: World Health Organization;2011. |
| Global Smokefree Partnership | 2008 | Report | Global voices: Working for smokefree air, 2008 Status report. Coordinated by the American Cancer Society and the Framework Convention Alliance. 2008. |
| Global Smokefree Partnership | 2009 | Report | Global voices status report 2009: Rebutting the tobacco industry, winning smokefree air. Coordinated by the American Cancer Society and the Framework Convention Alliance;2009. |
| Global Smokefree Partnership | 2010 | Report | Status Report on Article 8. 2010. |
Goel et al. 2013 India Article Background: Compliance survey of smoke-free law is an effective means of measuring progress towards a smoke-free society. They also help policy makers to take action where strengthening measures are required. India has a comprehensive tobacco control law known as Cigarettes and Other Tobacco Products Act (COTPA 2003) which prohibits smoking in public places and requires display of 'No smoking' signages with proper specifications at conspicuous points. However, its implementation and enforcement are still a matter of concern. AIMs AND Objectives: To ascertain the level of compliance with smoke-free law in public places of a district of North India. METHODOLOGY: A cross sectional study was conducted in the months of November-December 2011 in district SAS Nagar Mohali of North India. The public places including hotels/restaurants/bars/shopping malls, government offices, educational institutions, healthcare facilities and transit stations were surveyed. The study tool was adapted from the guide on 'Assessing compliance with smoke-free law' developed jointly by the Campaign for Tobacco Free Kids, Johns Hopkins Bloomberg School of Public Health and International Union against Tuberculosis and Lung Disease. Results: The overall compliance rate towards section 4 of COTPA was 92.3%. No active smoking was observed in 94.2% of the public places. In 90% of the public places 'No Smoking' signage were displayed as per COTPA. Health and educational institutions had maximum compliance with the smoke-free law while transit sites showed the least compliance. Conclusions: Compliance to the smoke-free law was high in the study.

Goel et al. 2014 India Article Setting: Compliance assessment surveys are cost-effective means of assessing smokefree status in a jurisdiction. Assigning weights to assessment criteria (indicators) can also inform law implementers and policy makers about the effectiveness of the enforcement of smokefree rules. Objective: To develop a standardised measure for compliance surveys using the Delphi method in India. Design: Tobacco control experts from India comprising different constituencies and jurisdictions met for a half day workshop in August 2012 to deliberate on how weights can be assigned to criteria for smokefree status. Using the Delphi method, the relevance and ranking of criteria from an existing protocol for measuring compliance was evaluated. Results: Consensus was reached on all five compliance survey indicators through three rigorous rounds of discussion. The highest priority was assigned to the absence of the act of smoking in public places (33%), followed by the display of no-smoking signage in public places (32%), presence of cigarette butts or bidi stubs (15%), absence of smoking aids (10%) and absence of tobacco smoke and ash (10%). Conclusion: Tobacco control advocates can effectively inform local policy makers using weights that prioritise directed enforcement and targeted interventions, which in turn will ensure stronger compliance and sustainable smokefree settings. (copyright) 2014 The Union.

Goel et al. 2014 India Article Context: A growing number of cities, districts, counties and states across the globe are going smoke-free. While an Indian national law namely Cigarettes and Other Tobacco Products Act (COTPA) exists since 2003 and aims at protecting all the people in our country; people still smoke in public places. Aim: This study assessed knowledge and perceptions about smoking, SHS and their support for Smoke-free laws among people residing in Mohali district, Punjab. Materials and Methods: This cross-sectional study was conducted in Mohali district of Punjab, India. A sample size of 1600 people was obtained. Probability Proportional to Size technique was used for selecting the number of individuals to be interviewed from each block and also from urban and rural population. Statistical Analysis Used: We estimated proportions and tested for significant differences by residence, smoking status, literacy level and employment level by means of the chi-square statistics. Statistical software SPSS for Windows version 20 was used for analysing data. Results: The overall prevalence of current smoking among study participants was 25%. Around 96% were aware of the fact that smoking is harmful to health, 45% viewed second-hand smoke to be equally harmful as active smoking, 84.2% knew that smoking is prohibited in public places and 88.3% wanted the government to take strict actions to control the menace of public smoking. Multivariate logistic regression analysis showed that people aged 20 years and above, unemployed, urban, literate and non-smokers had significantly better perception towards harms of smoking. Conclusions: There was high knowledge about deleterious multi-dimensional effects of smoking among residents and a high support for implementation of COTPA. Efforts should be taken to make Mohali a "smoke-free district".

Gruer et al. 2012 Multiple Article Article 8 of the World Health Organization Framework Convention on Tobacco Control (2005) requires all signatory countries to adopt measures to protect people from tobacco smoke in indoor workplaces, indoor public places, public transport and other public places as appropriate. The aims of this symposium were to review progress across the world, to assess the evidence for the impact of legislation on health, and to identify the continuing challenges in making universal protection a reality. There was agreement that even in countries where strict legislation is enforced, many children continue to be dangerously exposed to parental second-hand smoke in the womb, the home and private cars. The importance of using accurate estimates of the burden of disease caused by second-hand smoke was agreed, in order to present an unassailable case for legislation and enforcement. (copyright) 2012 The Royal Society for Public Health.
Heydari et al. 2009 Iran Article Background: Creating smoke-free public places is essential to protect non-smokers and it also motivates smokers to quit. Considering the smoking ban law in public places of Iran and weakly enforcement of this law, we decided to study the circumstances in Tehran. Methods: It was a cross-sectional study which has been done during 2009. Firstly, Tehran's geographic map was divided into 3 areas of north, center and south and secondly 10 spots in each area were selected randomly. By reaching to that addresses easy sampling was done and going straightly toward the right side to collect enough cases. The indicators including 'the existence of smoking ban signs, ashtrays and smoking areas and also the way of showing objection against smoking' were questioned and observed. Results: 458 restaurants and food courts were studied. In 60 places (13%) there were no smoking ban signs. In 140 places (30%) there were ashtrays and in 54 places (12%) there were smoking areas. In 132 places (29%) the in-charge people had no objection against smoking in restaurants. All the cases were aware of smoking ban law in public places. More than 50% considered it as a useful law and 106 restaurants (23%) believed that the law enforcement would increase the number of customers. There was no statistically relationship between the place and working year of restaurants and law enforcement but it was shown a statistically relationship between smoking ban signs and showing objection against smoking and increasing the number of customers (p<0.001). Conclusion: In spite of the fact that it has been a long time since the law adaptation, but it has not been fully implemented, so it is necessary to reinforce the law.

Heydari et al. 2009 Georgia Article Background: Creating smoke-free public places is essential to protect non-smokers and it also motivates smokers to quit. Considering the smoking ban law in public places of Iran and weakly enforcement of this law, we decided to study the circumstances in Tehran. Methods: It was a cross-sectional study which has been done during 2009. Firstly, Tehran's geographic map was divided into 3 areas of north, center and south and secondly 10 spots in each area were selected randomly. By reaching to that addresses easy sampling was done and going straightly toward the right side to collect enough cases. The indicators including 'the existence of smoking ban signs, ashtrays and smoking areas and also the way of showing objection against smoking' were questioned and observed. Results: 458 restaurants and food courts were studied. In 60 places (13%) there were no smoking ban signs. In 140 places (30%) there were ashtrays and in 54 places (12%) there were smoking areas. In 132 places (29%) the in-charge people had no objection against smoking in restaurants. All the cases were aware of smoking ban law in public places. More than 50% considered it as a useful law and 106 restaurants (23%) believed that the law enforcement would increase the number of customers. There was no statistically relationship between the place and working year of restaurants and law enforcement but it was shown a statistically relationship between smoking ban signs and showing objection against smoking and increasing the number of customers (p<0.001). Conclusion: In spite of the fact that it has been a long time since the law adaptation, but it has not been fully implemented, so it is necessary to reinforce the law.

Heydari et al. 2013 Multiple Article The aim of this cross-sectional study was to quantify the implementation of MPOWER tobacco control policies among Eastern Mediterranean Region countries. Information was obtained from the 2011 WHO MPOWER report. A checklist was designed and its scoring was agreed by Iranian and international tobacco control specialists. Seven questions were scored from 0–4 and 3 from 0–3. The 22 countries were ranked by their total score on a scale of 0 to 37. The highest scores were achieved by the Islamic Republic of Iran, Egypt and Jordan 29, 28 and 26 respectively. Twelve of the countries (55%) scored more than half of the possible score (19). The lowest and highest scores for all countries summed were on sections related to banning smoking in public places (18) and tobacco advertising bans (66) respectively. Compliance with smoke-free policies was especially low. MPOWER programmes are accepted in the Region but there is considerable room for improvement. Input from countries based on their successes and challenges is needed to strengthen the programmes.

G. Heydari; A. Ramezankhani; F. Talischi; M. R. Masjedi. Is smoke free legislation enforcing completely in Tehran 2009?. J of Medical Council of Islamic Republic of Iran. 2009;27:Pe423-En509.

G. Heydari; F. Talischi; H. Algouhmani, H. A. Lando, A. E. Ahmandy. WHO MPOWER tobacco control scores in the Eastern Mediterranean countries based on the 2011 report. Eastern Mediterranean Health Journal. 2013.
Hyland et al. 2012 Multiple Article Background: Government interventions are critical to addressing the global tobacco epidemic, a major public health problem that continues to deepen. We systematically synthesize research evidence on the effectiveness of government tobacco control policies promoted by the Framework Convention on Tobacco Control (FCTC), supporting the implementation of this international treaty on the tenth anniversary of it entering into force. Methods: An overview of systematic reviews was prepared through systematic searches of five electronic databases, published up to March 2014. Additional reviews were retrieved from monthly updates until August 2014, consultations with tobacco control experts and a targeted search for reviews on mass media interventions. Reviews were assessed according to predefined inclusion criteria, and ratings of methodological quality were either extracted from source databases or independently scored. Results: Of 612 reviews retrieved, 45 reviews met the inclusion criteria and 14 more were identified from monthly updates, expert consultations and a targeted search, resulting in 59 included reviews summarizing over 1150 primary studies. The 38 strong and moderate quality reviews published since 2000 were prioritized in the qualitative synthesis. Protecting people from tobacco smoke was the most strongly supported government intervention, with smoke-free policies associated with decreased smoking behaviour, secondhand smoke exposure and adverse health outcomes. Raising taxes on tobacco products also consistently demonstrated reductions in smoking behaviour. Tobacco product packaging interventions and anti-tobacco mass media campaigns may decrease smoking behaviour, with the latter likely an important part of larger multicomponent programs. Financial interventions for smoking cessation are most effective when targeted at smokers to reduce the cost of cessation products, but incentivizing quitting may be effective as well. Although the findings for bans on tobacco advertising were inconclusive, other evidence suggests they remain an important intervention. Conclusion: When designing and implementing tobacco control programs, governments should prioritize smoking bans and price increases of tobacco products followed by other interventions. Additional studies are needed on the various factors that can influence a policy's effectiveness and feasibility such as cost, local context, political barriers and implementation strategies.

Hoffman et al. 2015 Multiple Article Background: Government interventions are critical to addressing the global tobacco epidemic, a major public health problem that continues to deepen. We systematically synthesize research evidence on the effectiveness of government tobacco control policies promoted by the Framework Convention on Tobacco Control (FCTC), supporting the implementation of this international treaty on the tenth anniversary of it entering into force. Methods: An overview of systematic reviews was prepared through systematic searches of five electronic databases, published up to March 2014. Additional reviews were retrieved from monthly updates until August 2014, consultations with tobacco control experts and a targeted search for reviews on mass media interventions. Reviews were assessed according to predefined inclusion criteria, and ratings of methodological quality were either extracted from source databases or independently scored. Results: Of 612 reviews retrieved, 45 reviews met the inclusion criteria and 14 more were identified from monthly updates, expert consultations and a targeted search, resulting in 59 included reviews summarizing over 1150 primary studies. The 38 strong and moderate quality reviews published since 2000 were prioritized in the qualitative synthesis. Protecting people from tobacco smoke was the most strongly supported government intervention, with smoke-free policies associated with decreased smoking behaviour, secondhand smoke exposure and adverse health outcomes. Raising taxes on tobacco products also consistently demonstrated reductions in smoking behaviour. Tobacco product packaging interventions and anti-tobacco mass media campaigns may decrease smoking behaviour, with the latter likely an important part of larger multicomponent programs. Financial interventions for smoking cessation are most effective when targeted at smokers to reduce the cost of cessation products, but incentivizing quitting may be effective as well. Although the findings for bans on tobacco advertising were inconclusive, other evidence suggests they remain an important intervention. Conclusion: When designing and implementing tobacco control programs, governments should prioritize smoking bans and price increases of tobacco products followed by other interventions. Additional studies are needed on the various factors that can influence a policy's effectiveness and feasibility such as cost, local context, political barriers and implementation strategies.

Husain et al. 2016 Multiple Article Tobacco smoking prevalence remains low in many African countries. However, growing economies and the increased presence of multinational tobacco companies in the African Region have the potential to contribute to increasing tobacco use rates in the future. This paper used data from the 2014 Global Progress Report on implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), as well as the 2015 WHO report on the global tobacco epidemic, to describe the status of tobacco control and prevention efforts in countries in the WHO African Region relative to the provisions of the WHO FCTC and MPOWER package. Among the 23 countries in the African Region analyzed, there are large variations in the overall WHO FCTC implementation rates, ranging from 9% in Sierra Leone to 78% in Kenya. The analysis of MPOWER implementation status indicates that opportunities exist for the African countries to enhance compliance with WHO recommended best practices for monitoring tobacco use, protecting people from tobacco smoke, offering help to quit tobacco use, warning about the dangers of tobacco, enforcing bans on tobacco advertising and promotion, and raising taxes on tobacco products. If tobacco control interventions are successfully implemented, African nations could avert a tobacco-related epidemic, including premature death, disability, and the associated economic, development, and societal costs.

Hyland et al. 2012 Multiple Article Smoke-free policies have been an important tobacco control intervention. As recently as 20 years ago, few communities required workplaces and hospitality venues to be smoke-free, but today approximately 11% of the world’s population live in countries with laws that require these places to be smoke-free. This paper briefly summarizes important milestones in the history of indoor smoke-free policies, the role of scientific research in facilitating their adoption, a framework for smoke-free policy evaluation and industry efforts to undermine regulations. At present, smoke-free policies centre on workplaces, restaurants and pubs. In addition, many jurisdictions are now beginning to implement policies in outdoor areas and in shared multiunit housing settings. The future of smoke-free policy development depends on credible scientific data that documents the health risks of secondhand smoke exposure. Over the next 20 years smoke-free policies will very likely extend to outdoor and private areas, and changes in the types of tobacco products that are consumed may also have implications for the nature and scope of the smoke-free policies of the future.

IARC et al. 2009 Multiple Article This publication reviews the effectiveness of measures enforced to eliminate smoking and tobacco smoke from environments where exposure takes place. It also offers a critical review of the evidence on the economic effects and health benefits (focusing on cancer, cardiovascular, and respiratory diseases) of smoke-free legislation and the adoption of voluntary smoke-free policies in households. Chapters particularly discussed the health effects of exposure and reduced exposure to second-hand tobacco smoke (SHS), evolution of smoke-free policies, economic impacts and incidental outcomes of smoke-free policies, public attitudes and compliance, effect of smoke-free policies on smoking behaviour, and home smoking restrictions.

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A. Hyland;J. Barnoya;J. E. Corral. Smoke-free air policies: past, present and future. Tob Control. 2012;21(2):154-61.
InterAmerican Heart Foundation et al. 2010 Multiple Report No abstract available.

International Union Against Tuberculosis and Lung Disease 2011 Multiple Report No abstract available.

International Union Against Tuberculosis and Lung Disease 2014 Multiple Report No abstract available.

Jacobson et al. 1999 Multiple Article No abstract available.

Jain et al. 2016 India Article Background: The Government of India has taken various initiatives for tobacco control by enacting comprehensive tobacco control legislation (Cigarette and Other Tobacco Products Act [COTPA], 2003). Objectives: The aim of this study was to assess the level of compliance of Sections 4, 5, 6-a, and 6-b, and 7, 8, and 9 of COTPA with respect to public places, educational institutes, point of sale (PoS), and warning on packaging (COTPA) in public places of Alwar District of Rajasthan. Methods: A cross-sectional observational study was conducted in 2014 in Alwar city and four blocks of the district. The study was done around 365 public places for observing the compliance of Section 4 of COTPA, 357 educational institutions for observing the compliance of Section 6-b of COTPA, and 357 tobacco retailers for observing the compliance of Sections 5 and 6-a of COTPA. Results: The criteria for the evaluation (the core indicators) and decision criteria for a district to qualify for the "Smoke free" status include six parameters. From the total of 365 places visited, 90% places displayed the "No-smoking" signage and out of total 328 places, 99% were as per the COTPA specification. Alwar city, Ramgarh, Thanagaji, and Alwar rural block followed the compliance of Section 4. The PoS visited Alwar district displayed 93% (332) signage and all the displayed signage followed the COTPA compliance. In Alwar city, Thanagaji, Ramgarh, and Alwar rural block, the compliance of Section 6-a was above 90%. The compliance of Section 6-b was above 90% in Alwar city, Ramgarh, Thanagaji, and Alwar rural block. Ninety-three percent (332) of the PoS did not display tobacco advertisement in Alwar district, which is a positive sign of COTPA compliance. Conclusion: This finding suggest a high level of compliance of Section 4, Section 5, Section 6-a, and Section 6-b of COTPA at Alwar district.
In 2003, the Parliament of India passed the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA) to counter the growing societal and health burdens of tobacco in India. The major provisions (Sections 4–7) of COTPA mandate the display of pictorial health warnings on all tobacco product packets and strictly prohibit: smoking in public places, direct and indirect forms of tobacco advertisements, promotion and sponsorship of tobacco products, sale of tobacco products to a minor, and sale within 100 yards of any educational institution. However, India continues to have a high prevalence of tobacco consumption and the provisions of COTPA are routinely flouted. The purpose of the study is to analyze the trends in and the prevalence of COTPA violations in a sample test site (Haryana) to develop informed and practical tobacco control policy recommendations. Violations in five districts of the State of Haryana were observed and recorded. The data overwhelmingly show that the most fundamental provisions (Sections 4–7) of COTPA were frequently violated in each of the five districts. All districts had a high rate of noncompliance, with Sites having at least one violation of Sections 4–7 of COTPA, with rates fluctuating between nearly 70 and 90 percent. Such violations however, were unequally distributed between Sections 4–7 within the five districts with some districts having a higher frequency of Section 4 violations (Panipat and Jhajjar) and other districts with higher violation frequency of Section 5 (Mewat and Kurukshetra). However, all five districts had relatively low numbers of Section 7 violations (i.e., the required display of pictorial health warnings on all tobacco products). The study highlights the challenges of the tobacco control policy in India including: engagement of state and district level enforcement officials for effective enforcement of existing legislation, encouragement for civil society to partner and complement governmental efforts in monitoring progress and reporting violations of COTPA, and the need for supply-level controls on tobacco (e.g., pictorial health warnings and increased taxation) to reduce tobacco consumption.

John et al. 2007 India Editorial No abstract available.

Jain D, Jadav A, Rhoten K, Bassi A. The Enforcement of India’s Tobacco Control Legislation in the State of Haryana: A Case Study. World Medical & Health Policy. 2014;6(4):331-346. doi: 10.1002/wmh3.116

Janghorbani et al. 2004 Iran Article Background - Evidence on the provision of smoke-free areas in restaurants is mainly derived from studies in industrialized countries. Evidence from industrializing countries is required for planning a well-coordinated approach to the public health problem of tobacco-related disease in these countries. Methods - To assess public opinion on tobacco control policies in restaurants, a population-based, cross-sectional, random digit-dialing telephone survey was carried out from November 2002 through January 2003. Eight-hundred and ninety-seven randomly selected subjects age 15 years or above were included in the study. Results - Ninety-four point nine percent of respondents (95% confidence interval [CI] 93.5 to 96.4) supported a total smoking ban in restaurants. Reported experiences of discomfort or symptoms from second-hand smoke in restaurants were common. The majority of respondents (60.9%; 95% CI 57.7 to 64.1) anticipated an increase in their frequency of use of restaurants after a total ban. No change in frequency of patronage was predicted by 37.9% of respondents (95% CI 34.7 to 41.1), whereas only 0.7% (95% CI 0.3 to 1.5) stated that they would dine out less often. In multivariate analyses, nonsmokers (adjusted odds ratio 3.2 [95% CI 1.3 to 7.5]) were more likely to support a total smoking ban in restaurants. Conclusion - This first comprehensive survey in Iran shows a strong community support for smoke-free dining.

M. Janghorbani; M. H. Taghdisi; E. Vingard. Public opinion on tobacco control policies in restaurants in Isfahan, Iran. Archives of Iranian Medicine. 2004;7:260-266.
Jovicevic et al. 2011 Serbia Article Background: In Serbia, the new Law on Protection from Environmental Tobacco Smoke has entered into force in November 2010, banning smoking in indoor public places (health, education, child care, sports, culture, governmental institutions) and workplaces, and with moderate restrictions in pubs and restaurants. Objectives: In order to monitor and evaluate implementation and effects of the new smoke-free law, the National Committee for Tobacco Prevention of the Ministry of Health has organized the follow-up of public support, compliance, smoking cessation services activities and health benefits related to the new legislation. Data will be obtained by public surveys, from smoking cessation services, inspections and hospitals (admissions due to acute myocardial infarction). Materials and Methods: Survey of the representative sample of the Serbian population (over 1100 participants) has been carried out before the implementation and after 3 months of the implementation of the Law; it will be carried out after 6 and 12 months as well. Both rounds of survey were carried out by using the same methodology, on representative random samples of Serbian adult population (over 1000 participants each). Results: The survey revealed that the public support for the new smokefree law has increased, from 77% in the baseline study to 80% after 3 months of implementation. The majority of participants (around 90%) agreed that smoking was the significant cause of cancer, heart diseases and stroke, that ETS was harmful to nonsmokers and that smokers should take care not to expose others to tobacco smoke. In comparison with the baseline survey, the percentage of population exposed to tobacco smoke in workplaces and at schools has decreased significantly (from 45 to 35% in workplaces and from 44 to 23% at schools). The exposure to tobacco smoke in bars and restaurants hasn’t changed - the Law provided only minor restrictions. More than 20% of the population thinks that smoking should be completely allowed in restaurants, pubs and night clubs. The number of homes where smoking was allowed everywhere has decreased from 48% to 42%. The new law had effects on smokers as well - one quarter of smokers reduced the number of daily cigarettes and one fifth began considering quitting smoking because of it. Among those that quit smoking, 38% said that they were motivated by this Law. More than half of the population (53%) thought that the Law was mostly or completely respected. Conclusions: Evaluation results indicate that there is a strong support for the new smoke-free law in Serbia and that, after 3 months, it is already showing positive effects. Regular follow up will enable evaluation of the Law and its impact and enable plan measures for the improvement.

Kalkhoran et al. 2015 Uruguay Article Introduction: Implementation of smokefree laws is followed by drops in hospital admissions for cardiovascular diseases and asthma. The impact of smokefree laws on use of non-hospital medical services has not been assessed. The purpose of this study is to evaluate the impact of Uruguay’s national 100% smokefree legislation on non-hospital emergency care visits, hospitalizations for bronchospasm, and bronchodilator use. Methods: The monthly number of non-hospital emergency care visits and hospitalizations for bronchospasm, as well as monthly puffs of bronchodilators (total and per person), from 3 years prior to the adoption of the 100% smokefree policy on March 1, 2006, through 5 years after the policy were assessed using interrupted time series negative binomial regression. Data analysis was conducted in 2014. Results: The incidence of non-hospital emergency visits for bronchospasm decreased by 15% (incidence rate ratio [IRR]=0.85, 95% CI=0.76, 0.94) following implementation of the law. Hospitalizations for bronchospasm did not change significantly (IRR=0.89, 95% CI=0.66, 1.21). Total monthly puffs of salbutamol and ipratropium administered in the non-hospital emergency setting decreased by 224 (95% CI=−372, −76) and 179 (95% CI=−340, −18.6), respectively, from means of 1,222 and 1,007 before the law. Conclusions: Uruguay’s 100% smokefree legislation on non-hospital medical services has not been assessed. The purpose of this study is to evaluate the impact of Uruguay’s national 100% smokefree legislation on non-hospital emergency care visits, hospitalizations for bronchospasm, and bronchodilator use. Methods: The monthly number of non-hospital emergency care visits and hospitalizations for bronchospasm, as well as monthly puffs of bronchodilators (total and per person), from 3 years prior to the adoption of the 100% smokefree policy on March 1, 2006, through 5 years after the policy were assessed using interrupted time series negative binomial regression. Data analysis was conducted in 2014. Results: The incidence of non-hospital emergency visits for bronchospasm decreased by 15% (incidence rate ratio [IRR]=0.85, 95% CI=0.76, 0.94) following implementation of the law. Hospitalizations for bronchospasm did not change significantly (IRR=0.89, 95% CI=0.66, 1.21). Total monthly puffs of salbutamol and ipratropium administered in the non-hospital emergency setting decreased by 224 (95% CI=−372, −76) and 179 (95% CI=−340, −18.6), respectively, from means of 1,222 and 1,007 before the law. Conclusions: Uruguay’s 100% smokefree legislation on non-hospital emergency visits for bronchospasm and less need for treatment, supporting adoption of such policies in low- and middle-income countries to reduce the disease burden and healthcare costs associated with smoking.

Karimi et al. 2016 Kenya Article No abstract available.

Kashiwabara et al. 2011 India Article Smoke-free legislation is gaining popularity; however, it must accompany effective implementation to protect people from secondhand smoke (SHS) which causes 600,000 deaths annually. Increasing numbers of smoke-free cities in the world indicate that municipalities have an important role in promoting smoke-free environments. The objectives were to describe the local initiative to promote smoke-free environments and identify the key factors that contributed to the process. Observations were based on a case study on the municipal smoke-free initiatives in Chandigarh and Chennai, India. India adopted the Cigarette and Other Tobacco Products Act in 2003, the first national tobacco control law including smoke-free provisions. In an effort to enforce the Act at the local level, a civil society organization in Chandigarh initiated activities urging the city to support the implementation of the provisions of the Act which led to the initiation of city-wide law enforcement. After the smoke-free declaration of Chandigarh in 2007, Chennai also initiated a smoke-free intervention led by civil society in 2008, following the strategies used in Chandigarh. These experiences resonate with other cases in Asian cities, such as Jakarta, Davao, and Kanagawa as well as cities in other areas of the world including Mexico City, New York City, Mecca and Medina. The cases of Chandigarh and Chennai demonstrate that civil society can make a great contribution to the enforcement of smoke-free laws in cities, and that cities can learn from their peers to protect people from SHS.
Kaufman et al. 2015 Indonesia Article Objective: District policies were recently put into place in Indonesia prohibiting smoking in public spaces. This study sought to (1) assess participants' general knowledge of secondhand smoke (SHS) dangers; (2) assess participants' awareness of and specific knowledge of smoke-free (SF) policies; and (3) assess the extent to which such policies are socially enforced and gather examples of successful social enforcement. Methods: Qualitative in-depth interviews and focus group discussions were conducted in Bogor and Palembang cities with both community members and key informants such as government officials, non-government agency staff, religious leaders and health workers. Results: Participants in both Palembang and Bogor find SF policy important. Although there was awareness of SHS dangers and SF policies, accurate knowledge of the dangers and an in-depth understanding of the policies varied. There was a high level of support for the SF policies in both cities among both smokers and non-smokers. Many participants did have experience asking a smoker not to smoke in an area where it was restricted, even if their comfort in doing so varied. There was, however, a higher level of comfort in telling smokers to stop or to move away from pregnant women and children. Hesitation to socially enforce the policies was especially present when asking men of status and/or community leaders to stop smoking, but overall participants felt they could comfortably ask someone to obey the law. Conclusion: Palembang and Bogor may be evolving towards creating social norms in support of prohibiting smoking in public spaces. If provided with more support from government and law officials, such as government officials themselves promoting the policies and demonstrating compliance, and renewed efforts to promote and enforce policies in general were made, Indonesians in these cities may feel more confident protecting non-smokers from SHS.

Kaur et al. 2011 India Article Background: Air nicotine monitoring is an established method of measuring exposure to second hand smoke (SHS). Not much research has been done in India to measure air nicotine for the purpose of studying exposure to SHS. It is a risk factor and many diseases are known to occur among non smokers if they are exposed to second hand smoke. Objective: To conduct monitoring of air nicotine for second hand smoke exposure in public places across major cities in India. MATERIALS AND Methods: A cross sectional survey was conducted across four cities across the country, using passive air monitoring. The buildings included hospitals, secondary schools, Governmental offices, bars and restaurants. The buildings were selected through convenience sampling method keeping in view specific sentinel locations of interest. RESULT: The presence of air nicotine was recorded in most of the buildings under the study, which included government buildings, hospitals, schools, restaurants and entertainment venues (bars) in all four cities under the study. The highest median levels of air nicotine were found in entertainment venues and restaurants in cities. Conclusion: The presence of air nicotine in indoor public places indicates weak implementation of existing smoke free law in India. The findings of this study provide a baseline characterization of exposure to SHS in public places in India, which could be used to promote clean indoor air policies and programs and monitor and evaluate the progress and future smoke-free initiatives in India.

Kausik et al. 2014 India Article Introduction: Cardiovascular diseases are the largest cause of mortality in India (WHO). Tobacco poses an enormous public health challenge as the most prevalent risk factor with worsening youth tobacco use patterns including increasing use among girls (GYTS India). India prohibited smoking in defined public places through legislation (COTPA) in 2003, including restaurants, to reduce youth access. Objectives: To strengthen enforcement of prohibition on smoking in public places by promoting youth engagement and ownership through enhancing youth advocacy and selfefficacy skills. Methods: 80 School and college going youth were oriented through a social behavioral intervention. Youth launched a campaign to monitor and advocate for compliance with prohibition on smoking in restaurants. The youth observed 281 randomly selected restaurants in urban states of Andhra Pradesh and Gujarat. The youth visited each restaurant thrice in one month; first to make observations on compliance status, second to orient the owners/ managers on legal provisions, and third to monitor if the restaurant complied after last visit. Crucial aspects of compliance were observed and analyzed by using McNemar’s test to inform impact assessment. Results: While only 21.59% of restaurants displayed any tobacco warning at first visit, 80.68% of the restaurants had displayed a warning board. The youth also observed a six times increase in restaurants which displayed a warning board on each entrance; five times increase in restaurants displaying warning board at each floor; six times increase in restaurants displaying the board at each staircase; and while no restaurant displayed a warning board at each elevator before intervention, over 8.42% restaurants did at third visit (p<0.001). 83.47% restaurants displayed prescribed sized boards post intervention as against 12.81% restaurants at pre intervention. Restaurants displaying boards as specified and carry authorized person’s name to report violations increased from 18.94% and 12.40% respectively to 85.06% and 81.82%. Youth categorized twice as many restaurants as ‘completely smoke free’ after campaign (p<0.001). (Figure Presented) Conclusion: Youth led smoke free restaurant campaign achieved significant impact in enhancing enforcement of smoke free public places. Youth advocates, empowered through advocacy skills building combined with ownership in targeted intervention can be powerful in improving public health.
Kegler et al. 2014 China Article Background: A certain level of public support for smoke-free environments is a prerequisite for adoption and enforcement of policies and can be used as an indicator of readiness for legislative action. This study assessed support for comprehensive smoke-free policies in a range of settings such as hotels and colleges among government workers in China and identified factors associated with support for smoke-free policies. Understanding the extent to which government workers, a large segment of the working population in China, report a smoke-free workplace and support for smoke-free policies may be important indicators of readiness for strengthened policies given their role in formulating, implementing and enforcing regulations. Methods: Data were from an evaluation of the Tobacco Free Cities initiative of Emory University's Global Health Institute-China Tobacco Control Partnership. Self-administered surveys were completed by 6,646 workers in 160 government agencies in six Chinese cities. Multivariate logistic regression was used to identify factors associated with support for smoke-free worksites, bars, hotels, and colleges. Results: Over half (54.6%) of participants were male. A large percentage of the male workers smoked (45.9%) whereas very few women did (1.9%). Fewer than 50% of government workers reported smoke-free policies at work, with 19.0% reporting that smoking is allowed anywhere. Support for smoke-free policies was generally very high, with the lowest levels of support for smoke-free bars (79.0%) and hotels (82.3%), higher levels of support for restaurants (90.0%) and worksites (95.0%), and above 95% support for hospitals, schools, colleges, public transportation and religious settings. Knowledge of the harmfulness of secondhand smoke was positively associated with support for smoke-free policies. Stricter worksite smoking policies were associated with support for smoke-free workplaces and bars, but not hotels and colleges. Women and nonsmokers were more supportive of smoke-free policies in general. Conclusion: Government workers play important roles in formulating, implementing and enforcing regulations; results suggest support for a more comprehensive approach to smoke-free environments in China among workers across a broad range of agencies.

Khan et al. 2016 Pakistan Article Objective: In order to limit the high prevalence of tobacco use in Pakistan various tobacco control laws have been implemented. The objective of this study is to serve as a pilot study to assess the implementation of these laws in the largest city of Pakistan, Karachi. Methods: A cross-sectional study was conducted in Karachi. The implementation of tobacco control laws in ‘smoke-free’ places, the adherence of tobacco companies to these laws, the regulation of cigarette sale, and the awareness and views of the general public regarding tobacco control laws were assessed via direct observation by visits and through self-administered questionnaires. Results: The implementation of tobacco control laws in ‘smoke-free’ public places was found to be poor. Out of 37, only 23(62%) brands displayed pictorial warnings on their packs. 3(8%) of the brands were available in two different kinds of packs, both with and without pictorial warnings. Cigarette sale to minors was taking place at 80(85%) of the visited cigarette outlets. 50(53%) of the outlets displayed cigarette advertisements in the form of posters. 46(40%) of the persons questioned had awareness regarding the existence of ban on smoking in public places and 126(90%) of these were in favour of it. Conclusions: The implementation of tobacco control law in Pakistan is poor. Non adherence to the law in public places was alarmingly high. Also, the study demonstrates the poor compliance to the tobacco control laws by tobacco companies. The sale of cigarettes is almost unregulated.

Kosir et al. 2009 Multiple Report No abstract available.

Kumar et al. 2014 India Article Background: India has been implementing smoke-free legislation since 2008 prohibiting smoking in public places. This study aimed to assess the level of compliance with smoke-free legislation (defined as the presence of no-smoking signage and the absence of active smoking, smoking aids, cigarette butts/bidi ends and smoking smell) and the role of enforcement systems in Indian jurisdictions. Methods: This was a cross-sectional, retrospective review of reports and primary data sheets of surveys conducted in 38 selected jurisdictions across India in 2012-2013. Results: Of 20 455 public places (in 38 jurisdictions), 10 377 (51%) demonstrated full compliance with smoke-free law. Educational institutions and healthcare facilities performed well at 65% and 62%, respectively, while eateries and frequently visited other public places (such as bus stands, railway stations, shopping malls, stadia, cinema halls etc.) performed poorly at 37% and 27%, respectively. Absence of no-smoking signage was the largest contributor to non-compliance across all types of public places. Enforcement systems were present in all jurisdictions, but no associations could be demonstrated between these and smoke-free compliance. Conclusion: Smoke-free compliance in public places in India was suboptimal and was mainly related to the absence of no-smoking signage. This warrants further pragmatic and innovative ways to improve the situation.

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R. Kumar; S. Goel; A. D. Harries; P. Lalji; R. J. Singh; A. M. Kumar; N. C. Wilson. How good is compliance with smoke-free legislation in India? Results of 38 subnational surveys. Int. Health. 2014;():.
Kyaing et al. 2011 Multiple Article This paper examines the social, cultural, economic and legal dimensions of tobacco control in the South-East Asia Region in a holistic view through the review of findings from various studies on prevalence, tobacco economics, poverty alleviation, women and tobacco and tobacco control laws and regulations. Methods were Literature review of peer reviewed publications, country reports, WHO publications, and reports of national and international meetings on tobacco and findings from national level surveys and studies. Tobacco use has been a social and cultural part of the people of South-East Asia Region. Survey findings show that 30% to 60% of men and 1.8% to 15.6% of women in the Region use one or the other forms of tobacco products. The complex nature of tobacco use with both smoking and smokeless forms is a major challenge for implementing tobacco control measures. Prevalence of tobacco use is high among the poor and the illiterate. It is higher among males than females but studies show a rising trend among girls and women due to intensive marketing of tobacco products by the tobacco industry. Tobacco users spend a huge percent of their income on tobacco which deprives them and their families of proper nutrition, good education and health care. Some studies of the Region show that cost of treatment of diseases attributable to tobacco use was more than double the revenue that governments received from tobacco taxation. Another challenge the Region faces is the application of uniform tax to all forms of tobacco, which will reduce not only the availability of tobacco products in the market but also control people switching over to cheaper tobacco products. Ten out of eleven countries are Parties to the WHO Framework Convention on Tobacco Control and nine countries have tobacco control legislation. Enforcement of control measures is weak, particularly in areas such as smoke-free environments, advertisement at the point of sale and sale of tobacco to minors. Socio-cultural acceptance of tobacco use is still a major challenge in tobacco control efforts for the governments and stakeholders in the South-East Asia Region. The myth that chewing tobacco is less harmful than smoking tobacco needs to be addressed with public awareness campaigns. Advocacy on the integration of tobacco control with poverty alleviation campaigns and development programs is urgently required. Law enforcement is a critical area to be strengthened and supported by WHO and the civil society organizations working in the area of tobacco control.

Lambert et al. 2013 Seychelles Report No abstract available.

Lambert et al. 2013 South Africa Report No abstract available.

Lazuras et al. 2012 Multiple Article Objective: Identify the psychosocial variables that predict smokers’ compliance with smoke-free policies at work, and non-smokers’ assertiveness for smoke-free rights in Greek and Bulgarian workplaces. Methods: Data were collected from employees in Greece and Bulgaria. The main outcome measures were smokers’ compliance with smoke-free policies, and non-smokers’ assertiveness intentions. Demographic variables, tobacco use and dependence, as well as beliefs about second-hand smoke (SHS) exposure and smoking at work were also assessed. Results: Regression analyses showed that smokers’ compliance with smoke-free policies was predicted by age, perceived health risks of smoking, and beliefs related to the benefits of smoking at work. Non-smokers’ assertiveness was predicted by annoyance from exposure to SHS at work, and assertiveness-related social cognitions (e.g., attitudes, social norms, and self-efficacy). Conclusions: Interventions to promote support for tobacco control policies at work in Greece and Bulgaria may benefit from targeting smokers’ beliefs about the actual effects of tobacco use on health and job performance. Accordingly, efforts to promote non-smokers assertiveness should build stronger assertiveness-related attitudes, convey anti-smoking normative messages, and strengthen self-efficacy skills.

Lee et al. 2012 Multiple Article Purpose: To understand transnational tobacco companies’ (TTCs) practices in low and middle-income countries which serve to block tobacco-control policies and promote tobacco use. Methods: Systematic review of published research on tobacco industry activities to promote tobacco use and oppose tobacco-control policies in low and middle-income countries. Results: TTCs’ strategies used in low and middle-income countries followed four main themes—economic activity; marketing/promotion; political activity; and deceptive/manipulative activity. Economic activity, including foreign investment and smuggling, was used to enter new markets. Political activities included lobbying, offering voluntary self-regulatory codes, and mounting corporate social responsibility campaigns. Deceptive activities included manipulation of science and use of third-party allies to oppose smoke-free policies, delay other tobacco-control policies, and maintain support of policymakers and the public for a pro-tobacco industry policy environment. TTCs used tactics for marketing, advertising, and promoting their brands that were tailored to specific market environments. These activities included direct and indirect tactics, targeting particular populations, and introducing new tobacco products designed to limit marketing restrictions and taxes, maintain the social acceptability of tobacco use, and counter tobacco-control efforts. Conclusions: TTCs have used similar strategies in high-income countries as these being described in low and middle-income countries. As required by FCTC Article 5.3, to counter tobacco industry pressures and to implement effective tobacco-control policies, governments and health professionals in low and middle-income countries should fully understand TTCs practices and counter them. (copyright) 2012 Springer Science+Business Media B.V.
Leischow et al. 2013 Multiple Article No abstract available.

Levy et al. 2003 Multiple Article Our objective was to review the effects of public clean air laws on smoking rates, compare these effects to those found in studies on the impact of private worksite restrictions and derive estimates of the potential reductions in smoking rates that might be expected from the implementation of the two types of policies. Data sources were computerized databases, references identified from pertinent peer-reviewed journal articles and books, and suggestions by experts on tobacco control policy. Comprehensive public clean air laws have the potential to reduce prevalence and consumption rates of the entire population (including non-working and non-indoor working smokers) by about 10%. Studies on private worksite regulations also suggest that strong worksite restrictions have the potential to reduce the prevalence rate of the entire population by about 6% over the long-term and the quantity smoked by continuing smokers by 2-8%, depending on the length of time after the ban. Further research is needed on the effects of the different types of public clean air policies on the entire smoking population and on different sociodemographic groups, how the effects of public clean indoor air laws depend on private restrictions already in place, and how the effect of private restrictions depend on whether or not they are supported by public clean air laws.

Levy et al. 2001 Multiple Article No abstract available.

Li et al. 2013 China Article Background: The Shanghai Public Places Smoking Control Legislation was implemented in March 2010 as the first provincial-level legislation promoting smoke-free public places in China. Objective: To evaluate the compliance with this policy as well as its impact on exposure to secondhand smoke (SHS), respiratory symptoms, and related attitudes among employees in five kinds of workplaces (schools, kindergartens, hospitals, hotels, and shopping malls). Methods: A cross-sectional survey was conducted six months before and then six months after the policy was implemented. Five types of occupational employees from 52 work settings were surveyed anonymously using multistage stratified cluster sampling. Results: Six months after implementation, 82% of the participants agreed that “legislation is enforced most of the time”. The percentage of self-reported exposure to secondhand smoke declined from round up to 49% to 36%. High compliance rates were achieved in schools and kindergartens (above 90%), with less compliance in hotels and shopping malls (about 70%). Accordingly, prevalence of exposure to SHS was low in schools and kindergartens (less than 10%) and high in hotels and shopping malls (40% and above). The prevalence of respiratory and sensory symptoms (e.g., red or irritated eyes) among employees decreased from 83% to 67%. Conclusions: Initial positive effects were achieved after the implementation of Shanghai Smoking Control legislation including decreased exposure to SHS. However, compliance with the policies was a considerable problem in some settings. Further evaluation of such policy implementation should be conducted to inform strategies for increasing compliance in the future. (copyright) 2013 Li et al.

Li et al. 2010 China Article Objective: To examine levels of support for comprehensive smoke-free policies in six large Chinese cities. Methods: Data from Wave 1 of the International Tobacco Control (ITC) China Survey (April-August 2006) were analysed. The ITC China Survey employed a multistage sampling design in Beijing, Shenyang, Shanghai, Changsha, Guangzhou and Yinchuan (none of which has comprehensive smoke-free policies in place). Face-to-face interviews were conducted with 4815 smokers and 1270 non-smokers. Multivariate logistic regression models were used to identify factors associated with support for comprehensive smoke-free policies. Results: About one in two Chinese urban smokers and four in five non-smokers believed that secondhand smoke (SHS) causes lung cancer. The majority of respondents supported comprehensive smoke-free policies in hospitals, schools and public transport vehicles while support for smoke-free workplaces, restaurants and bars was lower. Levels of support were generally comparable between smokers and non-smokers. Support for comprehensive smoke-free policies was positively associated with knowledge about the harm of SHS. Respondents who worked in a smoke-free worksite or who frequented smoke-free indoor entertainment places were more likely to support comprehensive smoking restriction in bars and restaurants. Conclusion: Considerable support for smoke-free policies exists in these six large cities in China. Greater public education about the dangers of SHS may further increase support. Experiencing the benefits of smoke-free indoor entertainment places and/or workplaces increases support for these policies and suggests that some initial smoke-free policy implementation may hasten the diffusion of these public health policies.
Luo et al. 2015 China Article Despite the perceived success of educational campaigns and smoking bans in public places in China, the actual effects have not been investigated. This study examines the effects of the two policies by major characteristics of smokers and whether the affected smokers have intention to quit smoking. A cross-sectional survey was conducted in 17 cities in China and 16,616 participants were selected using multistage stratified sampling. Logistic regression models were used to examine the effects of educational campaigns and smoking bans in public places on their intention to quit smoking. Results show that the Chinese government should try every means to build its tobacco control publicity and implement various forms of public educational campaigns to enhance smokers’ knowledge of the health consequences of smoking. In addition, China should emphasize the enforcement of the existing smoking prohibitions and regulations by implementing local tobacco control legislation and total prohibitions in all public places and workplaces.

Liu et al. 2014 China Article Introduction: In 2006, the World Health Organization Framework Convention on Tobacco Control became effective in mainland China. In 2007, advocacy on voluntary smoking bans in restaurants was initiated in Beijing, and in 2008 the Beijing government implemented a smoking regulation, requiring big restaurants to prohibit or restrict smoking. Objectives: To evaluate the efficacy of different smoking policies adopted by Beijing restaurants and bars from 2006 to 2010. Methods: The study conducted field observations of patron smoking behavior and monitored fine particulate matter from secondhand smoke (SHS PM) from 91, 85, 94 and 79 Beijing restaurants and bars in 2006, 2007, 2008 and 2010, respectively, during peak patronage times, with overlaps of venues during each two years. Area nicotine sampling during peak patronage times and servers’ personal nicotine sampling during their working shifts were also conducted in 2010. Results: Smoking was nominally prohibited or restricted in 18% of restaurants and bars monitored in 2006, in 11% of venues in 2007, in 83% of venues in 2008, and in 69% of venues in 2010. However, smoking was observed in more than 40% of the nominal nonsmoking venues/sections in 2008 and 2010. The median of observed patron active smoker density (ASD) was 0.24, 0.27, 0.00 and 0.10 active smokers per 100 m3 in 2006, 2007, 2008 and 2010, respectively. The median of SHS PM concentrations was 53, 83, 18 and 27 mug/m3 respectively. In 2010, both the median SHS PM and air nicotine concentrations in designated nonsmoking sections were about 40% of those in designated smoking sections, according to simultaneous sampling in both sections. Servers’ personal exposure to air nicotine was quite similar in venues with different nominal smoking policies. In the 15 venues followed from 2006 to 2010, SHS PM concentrations changed randomly from 2006 to 2007, decreased in most venues in 2008 and then increased to some extent in 2010. Conclusion: Voluntary smoking policy is rarely adopted and cannot protect people from SHS exposure in restaurants and bars. The 2008 Beijing governmental smoking regulation failed to significantly reduce SHS exposure shortly or two years after its implementation. Restricting smoking to designated sections cannot eliminate SHS exposure.

Liu et al. 2014 China Article Field observation of patron smoking behaviors and multiple sampling approaches were conducted in 79 restaurants and bars in Beijing, 2010, two years after implementing the governmental smoking regulations. Smoking was observed in 30 visits to 22 of the 37 nominal nonsmoking venues during peak patronage times and six visits to four of the 14 nominal nonsmoking sections. The median area SHS concentrations during peak patronage time were 27, 15, 43 and 40 mug/m3 in nominal nonsmoking venues, nonsmoking sections, smoking sections, and smoking venues, respectively, as indicated by the difference between indoor and outdoor PM2.5 levels; and 1.4, 0.6, 1.7 and 2.7 mug/m3 respectively, as indicated by airborne nicotine. In the 27 venues with sampling of different approaches and over different time periods, the median nicotine concentration was 1.8 mug/m3 by one-hour peak-patronage-time sampling, 1.1 mug/m3 by one-day active area sampling, 2.5 mug/m3 by one-day personal sampling, and 2.3 mug/m3 by week-long passive sampling. No significant differences of nicotine levels were observed among venues/sections with different nominal smoking policies by all sampling approaches except during peak-patronage time. This study showed that the 2008 Beijing governmental smoking restriction has been poorly implemented, and SHS exposures in Beijing restaurants and bars remain high. This article is protected by copyright. All rights reserved.

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Luo et al. 2015 China Article B. Luo, L. Wan, L. Liang and T. Li. The effects of educational campaigns and smoking bans in public places on smokers’ intention to quit smoking: Findings from 17 cities in China. 2015;2015():. Lopez et al. 2011 Mexico Article Lopez CM, Ruiz JA, Shigematsu LM, Waters HR. The economic impact of Mexico City’s smoke-free law. Tobacco control. 2011;20(4):273-278. doi: 10.1136/ tc.2010.036467

Yuanli Liu;Lincoln Chen. New medical data and leadership on tobacco control in China. The Lancet. 2011;377(9773):1218-1220.
Lv et al. 2011 China Article As per China’s ratification of the WHO Framework Convention on Tobacco Control (FCTC), it should have implemented effective packaging and labeling measures prior to 9 January 2009 and enacted a comprehensive ban on all tobacco advertising, promotion and sponsorship prior to 9 January 2011. In addition, universal protection against secondhand tobacco smoke should have been implemented before 9 January 2011 by ensuring that all indoor workplaces, all indoor public places, all public transportation and possibly other (outdoor or quasi-outdoor) public places are free of secondhand smoke. The authors conducted a review of various sources of information to determine the current status of FCTC implementation in mainland China. Even though China has made considerable efforts to implement the FCTC, there is still a significant gap between the current state of affairs in China and the requirements of the FCTC. The Chinese tobacco monopoly under which commercial and other vested interests of the tobacco industry are jeopardizing tobacco control efforts is thought to be the most crucial obstacle to the effective implementation of the FCTC across the country.

Mackay 2013 Multiple Article No abstract available.

Madanat et al. 2009 Jordan Article As one of the first countries to ratify the WHO Framework Convention on Tobacco Control, Jordan has signaled an interest in stronger anti-tobacco restrictions. This study examines whether Jordanian students believe smoking is an individual right or a social issue, and if they would support more stringent policies and enforcement. Undergraduate Jordanian students (n=1211) from public and private universities completed the survey. Never smokers scored significantly higher on smoking being a social issue that required public policy response (p-value < .001); whereas smokers scored significantly higher with all individual right items. Ample opportunity exists for developing and enforcing stronger tobacco policies both on college campus and generally in the country. However, increasing tobacco taxes may need to be preceded by health communication campaigns that increase knowledge of the effectiveness of the tobacco tax in reducing use and resultant premature deaths.

Mathers et al. 2006 Multiple Article No abstract available.

Mendis et al. 2011 Multiple Article No abstract available.

Mendis et al. 2011 Multiple Article No abstract available.

Minh et al. 2016 Vietnam Article In Vietnam, the WHO Framework Convention on Tobacco Control (WHO FCTC) took effect in March 2005 while MPOWER has been implemented since 2008. This paper describes the progress and challenges of implementation of the MPOWER package in Vietnam. We can report that, in term of monitoring, Vietnam is very active in the Global Tobacco Surveillance System, completing two rounds of the Global Adult Tobacco Survey (GATS) and three rounds of the Global Youth Tobacco Survey (GXTS). To protect people from tobacco smoke, Vietnam has issued and enforced a law requiring comprehensive smoking bans at workplaces and public places since 2008. This paper describes the progress and challenges of implementation of the MPOWER package in Vietnam. We can report that, in term of monitoring, Vietnam is very active in the Global Tobacco Surveillance System, completing two rounds of the Global Adult Tobacco Survey (GATS) and three rounds of the Global Youth Tobacco Survey (GXTS). To protect people from tobacco smoke, Vietnam has issued and enforced a law requiring comprehensive smoking bans at workplaces and public places since 2013. Tobacco advertising and promotion are also prohibited with the exception of point of sale displays of tobacco products. Violations come in the form of promotion girls, corporate social responsibility activities from tobacco manufacturers and packages displayed by retail vendors. Vietnam is one of the 77 countries that require pictorial health warnings to be printed on cigarette packages to warn about the danger of tobacco and the warnings have been implemented effectively. Cigarette tax is 70% of factory price which is equal to less than 45% of retail price and much lower than the recommendation of WHO. However, Vietnam is one of the very few countries that require manufacturers and importers to make "compulsory contributions" at 1-2% of the factory price of cigarettes sold in Vietnam for the establishment of a Tobacco Control Fund (TCF). The TCF is being operated well. In 2015, 67 units of 63 provinces/cities, 22 ministries and political-social organizations and 6 hospitals received funding from TCF to implement a wide range of tobacco control activities. Cessation services have been starting with a toll-free quit-line but need to be further strengthened. In conclusion, Vietnam has constantly put efforts into the tobacco control field with high commitment from the government, scientists and activists. Though several remarkable achievements have been gained, many challenges remain. To overcome those challenges, implementation strategies that take into account the contextual factors and social determinants of tobacco use in Vietnam are needed.

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Mohlman et al. 2013 Egypt Article Introduction: Tobacco use in low- to middle-income countries is a major public health concern for both smokers and those exposed to environmental tobacco smoke (ETS). Egypt has made important strides in controlling tobacco use, but smoking and ETS remain highly prevalent. This randomized intervention sought to improve the target population's knowledge regarding the hazards of smoking and ETS and to change attitudes and smoking behaviors within the community and the household. Methods: In this 2005-2006 study in Egypt's Qalyubia governorate, trained professionals visited schools, households, mosques, and health care centers in rural villages randomly selected for the intervention to discuss the adverse effects of smoking and ETS exposure and ways to reduce one's ETS exposure. Data collected in interviewer-facilitated surveys before and after the intervention period were analyzed in pairwise comparisons with data from control villages to assess the effectiveness of the intervention in achieving its aims. Results: The intervention group showed a greater increase in understanding the dangers associated with smoking cigarettes and waterpipes and became more proactive in limiting ETS exposure by asking smokers to stop, avoiding areas with ETS, and enacting smoking bans in the home. However, the intervention had little to no impact on the number of smokers and the amount of tobacco smoked. Conclusions: Results are consistent with previous studies showing that changing smokers' behavior can be difficult, but community-wide efforts to reduce ETS exposure through smoking bans, education, and empowering people to ask smokers to stop are effective. The method can be generalized to other settings.

Movsisyan et al. 2014 Armenia Article Objectives: This study aimed to measure the 5-year progress in the implementation of WHO Framework Convention on Tobacco Control (FCTC) in Armenia by applying the Tobacco Control Scale, a rapid assessment tool developed to assess the strength of tobacco control policies in Europe. Setting: Armenia, an economy in transition, has extreme smoking rates among men (62.5%) despite acceding to FCTC in 2004. However, little research has been carried out to evaluate Armenia's progress in tobacco control. Methods: The Tobacco Control Scale total score was estimated for Armenia using the original methodology; however, a different source of data was used in estimating the subscores on tobacco price and tobacco control spending. Results: Armenia's total score on Tobacco Control Scale has considerably improved from 2005 to 2009, mostly due to larger health warnings and advertising ban, and increased public spending on tobacco control. The scores for smoke-free public places, advertising ban, health warnings and treatment categories were below the European average in 2005 and 2007, while the price score was higher. Neither total tobacco control score nor any of its components showed a significant predictive value in a simple regression analysis using the total score and subscores on tobacco price and tobacco control spending. Conclusion: Higher than the European average price score for Armenia cannot be explained by the concept of affordability alone and may reflect a measurement error due to peculiarities of transition economies. The applicability of the Tobacco Control Scale could be limited to countries with mature economies, but not to transition countries such as Armenia with different social, political and economic environment. The scale modification, such as an adjustment for the policy enforcement and the effectiveness of public tobacco control spending along with alternative measures of affordability would be warranted to enhance its applicability in low-income and middle-income countries.

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Nakkash RT, Khalil J, Chaaya M, Afifi RA. Building research evidence for policy advocacy: a qualitative evaluation of existing smoke-free policies in Lebanon. Asia-Pacific Journal of Public Health. 2010;22(3 Suppl):1685-174S. doi: 10.1177/105335510373020
Second hand tobacco smoke (SHS) is an environmental toxin and an established cause of cardiovascular disease in nonsmokers. Smoke free laws reduce SHS and its downstream cardiovascular disease, but until recently evidence to support smoke free law implementation in low and middle income countries was limited. In 14 low and middle income nations surveyed by the Global Adult Tobacco Survey active smoking prevalence in adults (≥15 years old) was universally higher in males (range 21.6-60.2%) compared with females (0.5-24.4%), and the highest burden of SHS exposure was in women (strong positive association between male/female active smoking ratio and female SHS exposure prevalence). A systematic review was conducted of MEDLINE-indexed studies of self-reported SHS exposure and cardiovascular harms in low or middle income nations. Eight papers reported the association of SHS with ischemic heart disease and four reported the association of SHS with stroke. For all the studies, and almost all sources of SHS surveyed, a strong positive association between SHS and ischemic heart disease (main relative odds ratio range 1.17-2.36) and SHS and stroke (odds ratio or hazard ratio 1.41-1.49). Prevalence of SHS exposure is high in low and middle income nations, especially among women. Epidemiologic evidence supports the conclusion that SHS harms are the same across low, middle and high income nations. Governments have an obligation to protect citizens from SHS exposure, enforcing smoke-free legislation and providing public education about SHS harms.
More and more legislation regulating smoking in public places is being enacted. A conceptual model is proposed incorporating a large number of factors that may affect smokers’ compliance with resulting restrictions. The model stems from findings in our own research and from a consideration of the literature. It includes individual variables such as personality characteristics and attitudes, as well as population variables such as social norms and political and economic factors. Education about the health effects of environmental tobacco smoke and attitudes toward legislative measures regulating smoking, in the context of a supportive environment, are postulated to directly affect personal compliance with regulations. Some directions for future research and implications for public policy are presented.
Pederson et al. 1991 Multiple Article More and more legislation regulating smoking in public places is being enacted. A conceptual model is proposed incorporating a large number of factors that may affect smokers’ compliance with resulting restrictions. The model stems from findings in our own research and from a consideration of the literature. It includes individual variables such as personality characteristics and attitudes, as well as population variables such as social norms and political and economic factors. Education about the health effects of environmental tobacco smoke and attitudes toward legislative measures regulating smoking, in the context of a supportive environment, are postulated to directly affect personal compliance with regulations. Some directions for future research and implications for public policy are presented.

Perkins and E. Neumayer. Adoption and compliance in second-hand smoking bans: a global econometric analysis. International journal of public health. 2014;59(5):859-66.

Persai et al. 2016 India Article Introduction. While extensive scientific evidence exists on the tobacco epidemic, a lack of understanding of both policies and their appropriate way of implementation continues to hinder effective tobacco control. This is especially so in the developing countries such as India. The present study aims to understand current implementation practices and the challenges faced in mainstreaming tobacco control policy and program. Methods. We chose a qualitative study design to conduct the case analysis. A total of 42 in-depth interviews were undertaken with seven district officials in six districts of Andhra Pradesh. A conceptual framework was developed by applying grounded theory for analysis. Results were used in an analysis of the results. Conclusion: Our study revealed that most program managers were unfamiliar with the comprehensive tobacco control policy. Respondents have an ambiguous opinion regarding integration of tobacco control program into existing health and development programs. Respondents perceive lack of resources, low prioritization of tobacco control, and lack of monitoring and evaluation of smoke-free laws as limiting factors affecting implementation of tobacco control policy. Conclusion: The findings of this study highlighted the need for a systematic, organized action plan for effective implementation of tobacco control policy and program.

Radwan et al. 2012 Egypt Article SETTING: A smoke-free law was passed in Egypt in 2007. In 2010 a bylaw was issued, leading to a drive by the Ministry of Health and Population (MOHP) to launch a smoke-free initiative in Alexandria, the second largest city. Objective: To assess public opinion with regard to 100% smoke-free legislation and its implementation in the Alexandria governorate. DESIGN: The Union Middle-East Office, in collaboration with the Central Agency for Public Mobilization and Statistics and the MOHP, conducted a cross-sectional survey among 427 randomly selected adults (206 males and 221 females), covering the seven major districts of the Alexandria governorate. Results: The majority of the interviewed subjects (98%) expressed support of the government in enacting 100% smoke-free indoor legislation in all public places and public transport. Respondents endorsed the government plan to implement legislation imposing 100% smoke-free public places. More than one third (33.5%) of all respondents indicated that they would increase visits to restaurants if they were smoke-free, and 63% indicated no impact at all. Conclusion: The results of the poll clearly support results from different countries worldwide that smoke-free policies are popular and supported by the public. (copyright) 2012 The Union.

Rashid et al. 2014 Malaysia Article This cross sectional survey was conducted to determine the support in making Penang UNESCO World Heritage Site (GTWHS) smoke free and to determine the influence of tolerance towards smoking on this support. This is the first phase in making Penang, Malaysia a smoke free state. A multistage sampling process was done to select a sample of respondents to represent the population of GTWHS. Attitude towards smoking was assessed using tolerance as a proxy. A total of 3,268 members of the community participated in the survey. A big majority (n = 2,909; 90.9%) of the respondents supported the initiative. Support was lowest among the owners and residents/tenants, higher age groups, the Chinese, men, respondents who had poor knowledge of the places gazetted as smoke free, and respondents with poor knowledge of the health effects on smokers and on passive smokers. The odds (both adjusted and unadjusted) of not supporting the initiative was high among those tolerant to smoking in public areas. Tolerance towards smoking was associated with 80.3% risk of non-support in the respondents who were tolerant to smoking and a 57.2% risk in the population. Health promotion and education concerning the harm of tobacco smoke in Malaysia, which has mainly targeted smokers, must change. Health education concerning the risks of second hand smoke must also be given to non-smokers and efforts should be made to denormalize smoking.

Ross et al. 2005 Multiple Report No abstract available.
We reviewed the adoption and implementation of smokefree policies in all Latin American and the Caribbean (LAC) countries. Significant progress has been achieved among LAC countries since the WHO Framework Convention on Tobacco Control (FCTC) was adopted in 2005. Both national and sub-national legislation have provided effective mechanisms to increase the fraction of the population protected from secondhand tobacco smoke. Civil society has actively promoted these policies and played a main role in enacting them and monitoring their enforcement. The tobacco industry, while continuing to oppose the approval and regulation of the laws at legislative and executive levels, has gone a step further by litigating against them in the Courts. As in the US and elsewhere, this litigation has failed to stop the legislation. (copyright) 2012 by the authors; licensee MDPI, Basel, Switzerland.
Objective: To describe the process of approval and implementation of a comprehensive smoke-free law in the province of Santa Fe, Argentina, between 2005 and 2009. Methods: Review of the Santa Fe smoke-free legislation, articles published in local newspapers and documentation on two lawsuits filed against the law, and interviews with key individuals in Santa Fe. Results: Efforts to implement smoke-free policies in Santa Fe began during the 1990s without success, and resumed in 2005 when the provincial Legislature approved the first 100% smoke-free subnational law in Argentina. There was no strong opposition during the discussions within the legislature. As in other parts of the world, pro-tobacco industry interests attempted to block the implementation of the law using well known strategies. These efforts included a controversy media campaign set up, the creation of a hospitality industry association and a virtual smokers' rights group, the introduction of a counterproposal seeking modification of the law, the challenge of the law in the Supreme Court, and the proposal of a weak national bill that would 'conflict' with the subnational law. Tobacco control advocates sought media attention as a strategy to protect the law. Conclusions: Santa Fe is the first subnational jurisdiction in Latin America to have enacted a comprehensive smoke-free policy following the recommendations of the World Health Organization (WHO) Framework Convention on Tobacco Control. After 3 years of implementation, pro-tobacco industry forces failed to undermine the law. Other subnational jurisdictions in Argentina, as well as in Mexico and Brazil are following the Santa Fe example.
Thrasher et al. 2010 Mexico Article Objectives: We assessed attitudes and beliefs about smoke-free laws, compliance, and secondhand smoke exposure before and after implementation of a comprehensive smoke-free law in Mexico City. Methods: Trends and odds of change in attitudes and beliefs were analyzed across 3 representative surveys of Mexico City inhabitants: before implementation of the policy (n=800), 4 months after implementation (n=961), and 8 months after implementation (n=761). Results: Results indicated high and increasing support for 100% smoke-free policies, although support did not increase for smoke-free bars. Agreement that such policies improved health and reinforced rights was high before policy implementation and increased thereafter. Social unacceptability of smoking increased substantially, although 25% of nonsmokers and 50% of smokers agreed with smokers' right to smoke in public places at the final survey wave. Secondhand smoke exposure declined generally as well as in venues covered by the law, although compliance was incomplete, especially in bars. Conclusions: Comprehensive smoke-free legislation in Mexico City has been relatively successful, with changes in perceptions and behavior consistent with those revealed by studies conducted in high-income countries. Normative changes may prime populations for additional tobacco control interventions.

Thrasher et al. 2011 Multiple Article Reports an error in “Smoke-free policies and the social acceptability of smoking in Uruguay and Mexico: Findings from the International Tobacco Control Policy Evaluation Project’ by James F. Thrasher, Marcelo Boado, Ernesto M. Sebrié and Eduardo Bianco (Nicotine & Tobacco Research, 2009[Jun], Vol 11[6], 591-599). The article “Smoke-free policies and the social acceptability of smoking in Uruguay and Mexico: Findings from the International Tobacco Control Policy Evaluation Project’, involved analysis of data from Uruguay. Follow-up data have since been collected, and it was determined that one Uruguayan interviewer had “faked” results. After eliminating all data collected by this interviewer, approximately 10% of the Uruguyan sample was lost, going from 1,002 to 887 participants. We have rerun the analyses from the published paper, and the vast majority of the results are the same. A few of the marginally significant or nonsignificant results have changed; however, these changes do not affect the primary conclusions of the paper. (The following abstract of the original article appeared in record 2010-19443-002). Introduction: Little research has been conducted to determine the psycho-social and behavioral impacts of smoke-free policies in middle-income countries. Methods: Cross-sectional data were analyzed from the 2006 waves of the International Tobacco Control Policy Evaluation Survey comparing adult smokers in Mexico (n = 1,080), where smoke-free legislation at that time was weak, and Uruguay (n = 1,002), where comprehensive smoke-free legislation was implemented. Analyses aimed to determine whether exposure to smoke-free policies and perceived antismoking social norms were associated with smokers’ receiving cues about the bothersome nature of secondhand smoke (SHS), with smokers’ reaction against such cues, and with smokers’ level of support for smoke-free policies in different venues. Results: In bivariate analyses, Uruguayan smokers were more likely than Mexican smokers to experience verbal anti-SHS cues, lower reaction against anti-SHS cues, stronger antismoking societal norms, and stronger support for 100% smoke-free policies in enclosed workplaces, restaurants, and bars. In multivariate models for both countries, the strength of voluntary smoke-free policies at home was independently associated with support for smoke-free policies across all venues queried, except for in bars among Uruguayans. Perceived strength of familial antismoking norms was consistently associated with all indicators of the social acceptability of smoking in Uruguay but only with the frequency of receiving anti-SHS verbal cues in Mexico. Discussion: These results are generally consistent with previous research indicating that comprehensive smoke-free policies are likely to increase the social unacceptability of smoking and that resistance against such policies is likely to diminish once such policies are in place. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Thrasher et al. 2010 Mexico Article The World Health Organization’s Framework Convention on Tobacco Control promotes comprehensive smoke-free laws. The effective implementation of these laws requires citizen participation and support. Risk communication research suggests that citizens’ perceptions of the fairness of smoke-free laws would help explain their support for the law. This study aimed to assess the factors that correlate with citizens’ perceptions of the distributive, procedural, and interpersonal justice of smoke-free laws, as well as how these perceptions are related to support for and intention to help enforce these laws. Study data came from a cross-sectional, population-based survey of 800 Mexico City inhabitants before a comprehensive smoke-free policy was implemented there in 2008. Structural equation modeling was used to estimate the bivariate and multivariate adjusted paths relating study variables. In the final multivariate model, the three justice concepts mediated the influence of smoking status, perceived dangers of secondhand smoke exposure, strength of home smoking ban, and perceived rights of smokers on the two distal constructs of support for smoke-free policy legislation and intention to help enforce it. Statistically significant paths were estimated from distributive and procedural justice to support for the law and intention help enforce it. The path from interpersonal justice to support for the law was not significant, but the path to intention to help enforce the law was. Finally, the path from support for the law to the intention to enforce it was statistically significant. These results suggest that three distinct dimensions of perceived justice help explain citizen support for smoke-free policies. These dimensions of perceived justice may explain the conditions under which smoke-free policies are effectively implemented and could help shape the focus for communication strategies that aim to ensure effective implementation of this and other public health policies. (copyright) 2009 Elsevier Ltd. All rights reserved.
Tobacco smoke has compounds that are known as human carcinogens. With every breath of secondhand smoke we inhale thousands of chemicals. The Government of India in the interest of public health has enacted the Cigarette and Other Tobacco Products Act (COTPA), 2003, which bans smoking in all the public places including hotels and restaurants. The purpose of this study was to observe and record air pollution in smoke free and smoke observed locations and thereby find out whether the owners/managers of hotels, restaurants, and bars comply with rules of COTPA. Objectives: The objectives of the study were to measure and compare the level of particulate air pollution from secondhand smoke (PM2.5) in smoking and nonsmoking venues. MATERIALS AND Methods: The study was conducted from September 2009 to March 2010 in Karnataka, India following a nonrandom sample of 79 locations, which included restaurants, bars, cafes, hotels, and tea stalls in two districts. The concentration of PM2.5was measured using a TSI SidePak AMS10 Personal Aerosol Monitor. Results: In Karnataka out of the 79 hospitality locations, smoking was observed in 38% places and only 28% had displayed the required 'No Smoking' signage. Places where indoor smoking was observed had high levels of air pollution with average 135 PM2.5, which were 3.1 times higher than the average 43 PM2.5in smoke-free locations and 14 times higher than the World Health Organization (WHO) target air quality guideline for PM2.5. The average PM2.5levels in different locations ranged from 11 to 417 μg/m3 and was lower in the case of apparently compliant designated smoking area (DSR). Conclusions: The patrons and the workers in the hospitality sector continue to be exposed to secondhand smoke despite the enactment of COTPA, which bans smoking in public places. This situation demands stringent measures for effective implementation of the Smoke Free Act and negative response to smoking among civil society.
Turan et al. 2014 Turkey Article

Introduction: The aim of the study is to determine the views about law, change of second hand smoke (SHS) quantity, people's smoking related behaviours after the publication of law which prohibits use of tobacco products in closed public areas. Materials and Methods: Questionnaire including 47 questions was performed to 600 people, who were selected by Turkey Statistics Institution to present population of Izmir. Results: 53.7% of participants were female and 46.3% was male; the mean age was 41.5±15.6. 98% of all participants were aware of the law and 91.5% of them were supporting it. 42% of participants who succeeded in quitting had managed it after the ban. Restriction of areas, rise of prices and effects of SHS were the most popular reasons of reducing/quitting smoking after the law. Nonsmokers were exposed to SHS at homes; 35.1%, at vehicles; 14.9%, at work places; 14.4%. The number of smoking cigarettes was reduced by 3.19 cigarettes/day. The rate of violation of the ban was 32.3%; only 21.3% of violators were warned. 96.4% of law supporters found law successful and sufficient. Conclusion: A big amount of participants thinks about quitting in Izmir; law is thought to have important effect on this decision. SHS has reduced mostly in public areas with ban, but law must be enlarged to prevent SHS at private areas such as houses, vehicles and workplaces. As a result; the ban encouraged smokers to quit and reduced SHS at public areas. We believe that paying more attention for law sanction and extending the borders of law and reviewing the ban, will make our country more smoke free from now.

Turner et al. 2016 India Article

SETTING: India's Cigarettes and Other Tobacco Products Act (COTPA) prohibits smoking in public places, limits advertising at points of sale, and bans sales in close proximity to educational institutions. Objective: To examine key stakeholders' (i.e., tobacco retailers, hotel and restaurant owners/managers, law enforcement officials, school principals/administrators) perceptions of facilitators and barriers to compliance with COTPA. DESIGN: Using semi-structured in-depth interviews (n= 60), we identified a range of facilitators and barriers that varied across the venues. Results: A number of simple measures to increase compliance were identified: provide signs to retailers, provide aesthetically pleasing signs more fitting for the atmosphere of the hotel/restaurant, etc., and empower law enforcement to implement the law. Conclusions: Priority should be placed on public awareness, as it can facilitate compliance in numerous venues. Communication efforts could be undertaken to change the public's residual negative attitudes toward the policy.

USDHHS et al. 2006 Multiple Report

No abstract available.

Veeranki et al. 2015 Multiple Article

PURPOSE: To estimate the prevalence of secondhand smoke (SHS) exposure among never-smoking adolescents and identify key factors associated with such exposure. Methods: Data were obtained from nationally representative Global Youth Tobacco Surveys conducted in 168 countries during 1999-2008. SHS exposure was ascertained in relation to the location-exposure inside home, outside home, and both inside and outside home, respectively. Independent variables included parental and/or peer smoking, knowledge about smoke harm, attitudes toward smoking ban, age, sex, and World Health Organization region. Simple and multiple logistic regression analyses were conducted. Results: Of 356,414 never-smoking adolescents included in the study, 30.4%, 44.2%, and 23.2% were exposed to SHS inside home, outside home, and both, respectively. Parental smoking, peer smoking, knowledge about smoke harm, and positive attitudes toward smoking ban were significantly associated with increased odds of SHS exposure. Approximately 14% of adolescents had both smoking parents and peers. Compared with never-smoking adolescents who did not have both smoking parents and peers, those who had both smoking parents and peers had 19 (adjusted odds ratio [aOR], 19.0; 95% confidence interval [CI], 16.86-21.41), eight (aOR, 7.71; 95% CI, 7.05-8.43), and 23 times (aOR, 23.16; 95% CI, 20.74-25.87) higher odds of exposure to SHS inside, outside, and both inside and outcome home, respectively. Conclusions: Approximately one third and two fifths of never-smoking adolescents were exposed to SHS inside or outside home, and smoking parents and/or peers are the key factors. Study findings highlight the need to develop and implement comprehensive smoke-free policies consistent with the World Health Organization Framework Convention on Tobacco Control.

Villarrez et al. 2011 India Report

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M. M. Turner, R. N. Rimal, E. Lumbiy, J. Cohen, A. Surette, V. Roundsy, E. Feighery and V. Shah. Compliance with tobacco control policies in India: An examination of facilitators and barriers. . 2016;20(3):411-416.

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WHO 2011 Multiple Article This publication is the result of a joint project between the WHO Tobacco Free Initiative (TFI) and the WHO Centre for Health Development (Kobe Centre). It is intended as a technical resource to assist Member States implementing Article 8 of the WHO Framework Convention on Tobacco Control (WHO FCTC) and its guidelines in order to fully protect people from tobacco smoke in cities. Guidelines on choosing action priorities and where and how long to implement smoke-free legislation are provided. The key elements for successful implementation of smoke-free legislation and the 12 steps to a smoke-free city are discussed. This document is addressed to mayors and their staff, and other city officials to prepare and implement smoke-free legislation that is popular, complied with, and effective in improving health.

WHO 2011 Multiple Article Making cities smoke-free. report. 2011; (20 Avenue Appia, 1211 Geneva 27, Switzerland.):viii-pp.

WHO 2007 Multiple Article This publication examines lessons learned in policy-making and implementation of programmes aimed at protection from exposure to second-hand tobacco smoke. It also presents recommendations aimed at protecting workers and the public from exposure to second-hand tobacco smoke: removal of the pollutant; enacting legislation; enforcing laws; and implementation of education strategies.

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Yang et al. 2015 India Article

Aim: To compare air nicotine levels in public places in Ahmedabad, India, before (June 2008) and after (January 2010) the implementation of a comprehensive smoking ban which was introduced in October 2008. Materials and Methods: Air nicotine concentrations were measured by sampling of vapor-phase nicotine using passive monitors. In 2008 (baseline), monitors were placed for 5-7 working days in 5 hospitals, 10 restaurants, 5 schools, 5 government buildings, and 10 entertainment venues, of which 6 were hookah bars. In 2010 (follow-up), monitors were placed in 35 similar venues for the same duration.

Results: Comparison of the overall median nicotine concentration at baseline (2008) (0.06 μg/m³ Interquartile range (IQR): 0.02-0.22) to that of follow-up (2010) (0.03 μg/m³ IQR: 0.00-0.13), reflects a significant decline (% decline = 39.7, P = 0.012) in exposure to second-hand smoke. In entertainment venues, government offices, and restaurants, decreases in SHS exposure also appeared evident. However, nicotine concentrations were still detected in most of the venues indicating imperfect compliance with the comprehensive ban.

WHO 2013 Multiple Report

No abstract available.

WHO 2013 Muizople Report

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Wong et al. 2011 Multiple Article

Background: Legislation is one of the most powerful weapons for improving population health and is often used by policy and decision makers. Little research exists to guide them as to whether legislation is feasible and/or will succeed. We aimed to produce a coherent and transferable evidence based framework of threats to legislative interventions to assist the decision making process and to test this through the ‘case study’ of legislation to ban smoking in cars carrying children. Methods: We conceptualised legislative interventions as a complex social interventions and so used the realist synthesis method to systematically review the literature for evidence. 99 articles were found through searches on five electronic databases (MEDLINE, HMIC, EMBASE, PsychINFO, Social Policy and Practice) and iterative purposive searching. Our initial searches sought any studies that contained information on smoking in vehicles carrying children. Throughout the review we continued where needed to search for additional studies of any type that would conceptually contribute to helping build and/or test our framework. Results: Our framework identified a series of transferable threats to public health legislation. When applied to smoking bans in vehicles; problem misidentification; public support; opposition; and enforcement issues were particularly prominent threats. Our framework enabled us to understand and explain the nature of each threat and to infer the most likely outcome if such legislation were to be proposed in a jurisdiction where no such ban existed. Specifically, the micro-environment of a vehicle can contain highly hazardous levels of second hand smoke. Public support for such legislation is high amongst smokers and non-smokers and their underlying motivations were very similar - wanting to practice the Millian principle of protecting children from harm. Evidence indicated that the tobacco industry was not likely to oppose legislation and arguments that such a law would be 'unenforceable' were unfounded. Conclusion: It is possible to develop a coherent and transferable evidence based framework of the ideas and assumptions behind the threats to legislative intervention that may assist policy and decision makers to analyse and judge if legislation is feasible and/or likely to succeed.

WHO 2013 Multiple Report

No abstract available.

WHO 2013 Multiple Report

No abstract available.

Yang et al. 2015 China Article

The non-communicable disease burden in China is enormous, with tobacco use a leading risk factor for the major non-communicable diseases. The prevention of tobacco use in men is one of the highest in the world, with more than 300 million smokers and 740 million non-smokers exposed to second-hand smoke. In the past decade public awareness of the health hazards of tobacco use and exposure to second-hand smoke has grown, social customs and habits have changed, aggressive tactics used by the tobacco industry have been revealed, and serious tobacco control policies have been actively promoted. In 2014, national legislators in China began actively considering national bans on smoking in public and work places and tobacco advertising. However, tobacco control in China has remained particularly difficult because of interference by the tobacco industry. Changes to the interministerial coordinating mechanism for implementation of the WHO Framework Convention on Tobacco Control are now crucial. Progress towards a tobacco-free world will be dependent on more rapid action in China.

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WHO 2013 Multiple Report

No abstract available.
Yildiz et al. 2010 Turkey Article Objective: Taxi drivers carry significant risks related to occupational health and safety. Exposure to second-hand tobacco smoke is known to be one of those health risks. As legislations for smoke-free taxis become more widespread throughout the world, this study aimed to assess knowledge and attitude of taxi drivers on the new legislation for tobacco control introduced in Turkey recently. Methodology: The study population consisted of 135 taxi drivers from 22 different taxi stations in Ankara Turkey. Data of the descriptive study was collected in October, 2008 through face-to-face interviews with a standard questionnaire. Descriptive statistics were used to summarize data, whereas chi-square was used to compare groups. Results: All the study participants were male with a mean age of 47.2(plus or minus)11.8 years. More than half of the taxi drivers (59.3%) were found to be current smokers. Although level of knowledge and attitude of taxi drivers on the new legislation were favorable in general, some difficulties and barriers were found to be present in implementation of the ban. Most of the smoking drivers were found to continue smoking in their taxis. About 80.0% of the drivers stated their concern of losing out on clients' satisfaction if they restrict smoking in their taxis. Conclusion: Taxi drivers and clients' knowledge, attitudes and behaviors are important determinants in successful implementation of legislations for smoke-free taxis.

Ye et al. 2013 China Article Background: According to the partial smoke-free legislation implemented on 1 September 2010 in Guangzhou, China, smoke-free did not cover all indoor areas. Some places have a full smoking ban (100 % smoke-free), other places have a partial smoking ban, and homes have no ban. This study aimed to compare the smoking behaviors before and after implementation of a smoke-free legislation. METHOD: A repeated cross-sectional survey was conducted on smoking-related behaviors with a total of 4,900 respondents before, and 5,135 respondents after the legislation was instituted. For each wave of the survey, a three-stage stratified sampling process was used to obtain a representative sample. Pearson's Chi-square test was used to determine differences of smoking prevalence and quit ratio between the two samples. Logistic regression models were used to examine the associations of a smoke-free legislation with smoking behaviors. Results: The overall daily smoking rate declined significantly from 20.8 % to 18.2 % (p < 0.05), especially among those aged 15-24 years. The quit ratios increased significantly (from 14.5 % to 17.9 %), but remained low among 15-44 year olds. The overall self-reporting smoking behaviors in locations with a full smoking ban decreased significantly from 36.4 % to 24.3 % with the greater drops occurring in cultural venues, public transport vehicles, and government offices. Smoking in places with partial smoking bans remained high (89.6 % vs. 90.4 %), although a slight decrease was observed in some of these areas. The implementation of a smoke-free legislation did not lead to more smoking in homes (91.0 % vs 89.4 %), but smoking in homes remained high. Conclusions: These findings highlight the urgent need for a comprehensive smoke-free legislation covering all public places in Guangzhou, simultaneously educational interventions and campaigns promoting voluntary changes in home smoking need to occur.

Yel et al. 2013 Cambodia Article No abstract available.

Yang et al. 2016 China Article Efforts toward controlling secondhand smoke in public places have been made throughout China. However, in contrast to the western world, significant challenges remain for effectively implementing smoke-free regulations. This study explores individual and regional factors which influence smoking in smoke-free public places. Participants included 16 866 urban residents, who were identified through multi-stage sampling conducted in 21 Chinese cities. The reported smoking prevalence in smoke-free public places was 41.2 %. Of those who smoked in smoke-free public places, 45.9 % had been advised to stop smoking. Participants stated that no-smoking warnings/signs with 'please' in the statement had a better likelihood of gaining compliance and preventing smoking in public spaces. Multilevel logistic regression analysis showed that ethnicity, education, occupation, type of smoking, age of smoking initiation, smoking situation, stress, household smoking restrictions and city population were all associated with smoking in smoke-free public places. Interestingly local smoke-free regulations were not associated with smoking in public places. The findings underscore that efforts to restrict smoking in public places in China should emphasize strong enforcement, while simultaneously raising public awareness of the perils of second hand smoke.

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Beliefs about tobacco, health, and addiction among adults in Cambodia: findings from a national survey. Journal of religion and health. 2013;52(3):904-914. doi: 10.1007/s10943-011-9537-x.
This study examined support for and reported compliance with smoke-free policy in air-conditioned restaurants and other similar places among adult smokers in Malaysia and Thailand. Baseline data (early 2005) from the International Tobacco Control Southeast Asia Survey (ITC-SEA), conducted face-to-face in Malaysia and Thailand, were used. Among those attending venues, reported total smoking bans in indoor air-conditioned places such as restaurants, coffee shops, and karaoke lounges were 40% and 57% in Malaysia and Thailand, respectively. Support for a total ban in air-conditioned venues was high and similar for both countries (82% Malaysian and 90% Thai smokers who believed there was a total ban), but self-reported compliance with bans in such venues was significantly higher in Thailand than in Malaysia (95% vs 51%, P < .001). As expected, reporting a ban in air-conditioned venues was associated with a greater support for a ban in such venues in both countries.

The purpose of this article is to review the literature on community readiness and assess the utility of the community readiness model (CRM) for understanding and affecting smoke-free policy development and implementation. The CRM evaluates a community's capacity for successfully developing and implementing prevention or treatment interventions. The purposes of evaluating a community's readiness are to: (a) identify the stage of readiness for policy change, and (b) determine stage-specific strategies to advance a community toward policy change.

Complex, transnational issues like the tobacco epidemic are major challenges that defy analysis and management by conventional methods, as are other public health issues, such as those associated with global food distribution and climate change. We examined the evolution of indoor smoke-free regulations, a tobacco control policy innovation, and identified the key attributes of those jurisdictions that successfully pursued this innovation and those that to date have not. In doing so, we employed the actor-network theory, a comprehensive framework for the analysis of fundamental system change. Through our analysis, we identified approaches to help overcome some systemic barriers to the solution of the tobacco problem and comment on other complex transnational problems.