Effective Implementation of the WHO Framework Convention on Tobacco Control through MPOWER Policy Package

World Health Organization
Regional Office for South-East Asia

Towards a smoke-free Region

Every year, 1.2 million people in the South-East Asia Region die from tobacco-related illnesses

Second-hand smoke: a major public health threat

Tobacco does not just harm the people who smoke – it also harms the people around them. The adverse effects of second-hand smoke are both immediate and long-term and are felt by both children and adults. Globally, WHO estimates that nearly 700 million, or almost half the world's
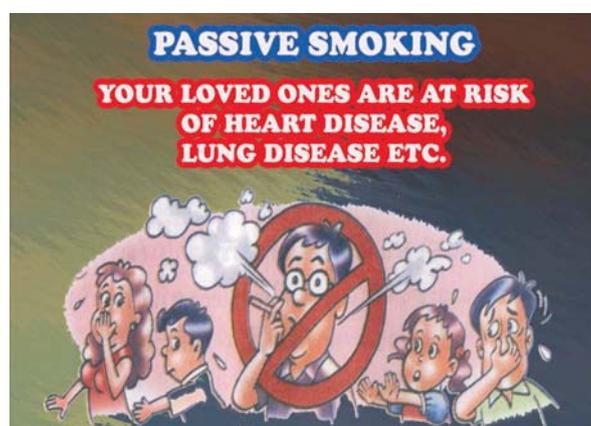
Advocacy through posters for a smoke-free environment in India

children, breathe air polluted by tobacco smoke. Second-hand tobacco smoke is the main source of indoor air pollution. Convincing scientific evidence has been available for more than two decades, demonstrates that exposure to second-hand smoke both harms health and worsens existing health problems.

◇ Second-hand smoke contains more than 50 cancer-causing chemicals

◇ There is no risk-free level of exposure to second-hand smoke

◇ 100% smoke-free environment is the only way to protect from tobacco smoke

◇ Smoke-free workplaces decrease adult smoking rates.

◇ Smoke-free policies don't decrease business in restaurants and bars.

◉ In adults, second-hand smoke increases the risk of lung cancer by 20% to 30% and the risk of coronary heart disease by 25% to 30%. In children, exposure to second-hand smoke increases the risk of lower respiratory tract illnesses, asthma, middle-ear infection and sudden infant death syndrome.

Contents

- Certain population groups are particularly vulnerable: children, pregnant women, people with existing cardiovascular or cerebrovascular disease, and those with asthma and other respiratory disorders. Moreover, those in lower socioeconomic groups are at greater risk of exposure than those in better-off groups.
- There is no safe level of exposure to tobacco smoke, and adverse effects can be seen at low levels of exposure.

Second-hand smoking is a major problem in countries of the South-East Asia Region as a large portion of the population smokes tobacco and the level of general awareness about the actual harmful effects of second-hand smoke is not sufficient. Research findings suggest that exposure to second-hand smoke among the population in general, and among women and children in particular, at home, at public places and workplaces is an issue of grave concern. Governments and different organizations have been working on varied strategies such as advocacy, health promotion and legislation to combat this source of public health threat.

This publication overviews various policies and measures adopted by Member countries and their effectiveness. It focuses on strong public policies on smoking restrictions that are in force in the Region and highlights the urgent need for more decisive actions to protect the public from the adverse health effects of passive smoking.

Introducing smoke-free policy: a global response

Promoting smoke-free environment through kids in Thailand

Irrefutable scientific evidence and a raised level of awareness about the health risks from tobacco smoke motivated national and global health leaders and policy- makers to initiate steps to control the damage that erupts from second-hand smoke. Many national governments have restricted smoking to designated areas to protect children, patients and other groups of non-smokers. Government initiatives have been largely centred on voluntary measures, on partial restrictions on smoking in public places, and on the use of ventilation. Such initiatives are essential but quite inadequate as these do not protect non-smokers from the harmful effects of second-hand smoking.

The first global health treaty on the subject, the WHO Framework Convention on Tobacco Control, recognized the deadly effects of second-hand smoke and included a provision to control it. Article 8 of the Convention mandates that each party should adopt and implement effective legislative, executive, administrative and other measures to provide protection from exposure to tobacco smoke in indoor work places, public transport, indoor public places and, as appropriate, other public places.

MPOWER policy package and protection from tobacco smoke

WHO in its *Report on Global Tobacco Epidemic 2008* put forward a policy package as the roadmap to reverse the tobacco epidemic. This package known as MPOWER included an important policy for 'protecting people from tobacco smoke' as an important area of activity.

Poster for smoke-free family in Indonesia

Complete ban: the effective protection strategy

It is the consensus of the scientific community that second-hand smoke is a potential health risk, and the only means of effectively eliminating the risk is to make the environment 100% smoke-free. This recommendation is being used to guide policies and actions towards protecting people from tobacco smoke.

Note that a **"complete ban on smoking "** is defined such that smoking is not allowed at any time in any indoor area under any circumstances, including during private functions and in separate smoking rooms.

Actually, a complete ban prohibits smoking generally in any public space or enclosed work/living places. The focus of the complete ban is to protect employees and members of the families and the public from the hazards of second-hand smoke. Research results and experiences show that smoke-free legislation/provisions

should be comprehensive to be effective. There are specific prohibitions, including prohibitions on smoking tobacco in schools, common areas of condominiums, universities, restaurants, bars, public entertainment areas and hospitals, etc. Also complete separation and isolation of smoking rooms and spaces may be deployed to control second-hand exposure. However, adverse health effects for non-smokers cannot be controlled effectively through these measures.

On the other hand, research findings, survey data and experiences around the world show that 100% smoke-free environment is an effective means to reduce tobacco use as it helps current smokers to quit and prevents beginners from adopting this habit. Smoke-free policies in several nations have reduced tobacco consumption among workers by an average of 29%. Research findings reveal that smoke-free environments are very popular across the world; it is even commercially beneficial to businesses.
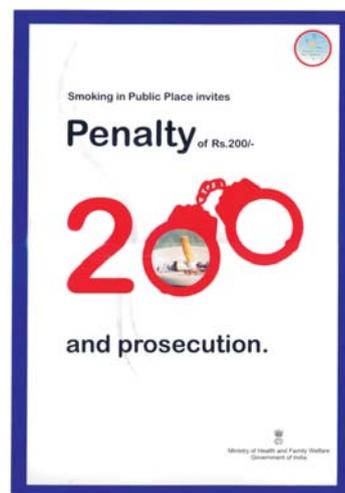
Smoke-free policies and regulations in South-East Asia

In the Region, Bangladesh, India, Myanmar, Sri Lanka and Thailand have enacted tobacco control legislations banning smoking in public places such as schools, hospitals and workplaces. Bhutan, DPR Korea, Indonesia, Maldives and Nepal have legal instruments in the form of executive orders, decrees or administrative orders to protect people from second-hand smoke.

The Smoking and Tobacco Products Usage (Control) Act 2005 has addressed the protection from second-hand smoke in workplaces, public transport and other public places in **Bangladesh**. Its National Strategic Plan of Action 2007-2010 targets all health facilities, workplaces and public places to be

Poster banning smoking in public places in Bhutan

smoke-free. Mobile courts are operational to support and strengthen the enforcement.

The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 in **India** included protection from second-hand smoke in public places with a comprehensive definition of the term "public places". The Government of India has further notified the Rules on ban on smoking in public places in May 2008 which, among other things,

◉ expanded the definition of public places to cover all public places including work-places, refreshment rooms, banquet halls, discotheques, canteens, coffee houses, pubs, bars, shopping malls, cinema halls, airport lounges and the like,

Poster on penalty for smoking in public places in India

◉ imposed liability on the person in-charge of a public place to ensure that the public place under his jurisdiction is smoke-free, and

◉ mandated the display of a board containing the warning **"No Smoking Area – Smoking Here is an Offence"** prominently at the entrance of public places.

Although the Government of **Indonesia** has not yet signed the WHO Framework Convention, it has a regulation in force (Government Regulation No. 19 of 2003) that included the provision to protect people from tobacco smoke. Based on this regulation, 14 central and local government units have promulgated and are implementing smoke-free policies in big cities including Jakarta, Bogor, Cirebon and Yogyakarta. Among these regulations, the People Order No. 2/2005 on Air Pollution Control, Governor's Regulation No. 75/2005 on Smoke-Free Area in Jakarta, Bogor People Order No. 8/2006 in Bogor, and Mayor Decree on Smoke- Free Area in Cirebon are significant.

These regulations have targeted, among others, some areas such as schools, religious places, children's activity places/playgrounds, hospitals and public transport to be made smoke-free. Smoking zones have also been restricted and advocacy programme undertaken for introducing smoke-free policies.

The Control of Smoking and Consumption of Tobacco Product Law 2006 of **Myanmar** has included the provision for protecting people from second-hand smoke. It has formulated the National Tobacco Control Policy and Plan of Action (2006-2010) with a set target to make all schools, health facilities, transports and public places to be tobacco free by 2010.

Sri Lanka has effectively covered the issue of protection from second-hand smoke in its National Authority on Tobacco and Alcohol Act 2006.

Thailand, the leading country in the Region vis-à-vis tobacco control measures, has adequately included

Tobacco-free school in Myanmar

this issue in the Non-smokers' Health Protection Act 1992 with descriptions of non-smoking areas.

It has been continuously developing smoke-free provisions and progressively listing new places and facilities to increase smoke-free areas. The latest notification of the Ministry of Public Health (No.18 of 2007) has mandated that all food shops, restaurants, pubs and bars with air-conditioning systems would be smoke-free zones. This supplements the regulation that is already in place declaring air-conditioned workplaces and public places as smoke-free zones.

Timor-Leste has recently introduced regulations to make health-care facilities smoke-free.

of all students aged between 13-15 years were reportedly exposed to second-hand smoke in public places in nearly 50% of the Member countries in the Region.

On the other hand, the majority of the Global Health Professional Students Survey (GHPSS) results show that more than 70% of the health professional students are being exposed to second-hand smoke in public places.

While 9 out of 11 Member countries have policies in place for a smoking ban in educational institutions, the Global School Personnel Survey (GSPS) findings reveals that more than 60% schools in most of the Member States are not implementing tobacco-free policy. GHPSS findings show that only half of the professional health institutions in the majority of Member countries are having smoke-free policies.

Smoke-free policy for hospitality business

One of the main arguments put forth by groups and individuals opposed to smoke-free legislation is that businesses, especially bars and restaurants, will incur losses following the implementation of a non-smoking law. However, successive studies using valid data have showed that smoke-free legislation has had no long-term negative impact on the revenues of restaurants, bars, hotels and the tourism industry.

Regulations on the smoking ban in various facilities in the Member countries of the Region

Country	Health care facilities	Educa-tional facilities	Universities	Govt. Facilities	Indoor Offices	Restaurants	Pubs & bars	Indoor work-places	Sub-national measures
Bangladesh	Yes	Yes	No	No	No	No	No	No	No
Bhutan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
DPR Korea	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
India	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Indonesia	Yes	Yes	Yes	No	No	No	No	No	Yes
Maldives	Yes	Yes	Yes	Yes	No	No	No	No	No
Myanmar	No	Yes	No	No	No	No	No	No	No
Nepal	No	No	No	No	No	No	No	Yes	No
Sri Lanka	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Thailand	No	Yes	No	No	No	Yes	Yes	Yes	Yes
Timor-Leste	Yes	No	No	No	No	No	No	No	No

In fact, smoke-free restaurants are becoming very popular in Bangladesh as many customers and their families prefer a smoke-free environment during meals. Smoke-free hotels in Thailand are becoming very popular and the number of hotels participating in the smoke-free hotel project is growing rapidly. The number has grown to 326 and some of them have achieved the gold standard of the hotel industry.

Smoke-free policies: status of implementation

While the presence of regulatory instruments on a smoking ban in Member countries shows a promising picture, the real challenge is to implement those effectively. Actually, bans on smoking in public places exist in all Member countries but different review and monitoring outcomes indicate that the implementation and enforcement needs to be augmented. For example, findings from the Global Youth Tobacco Survey (GYTS) reveal that over two-thirds

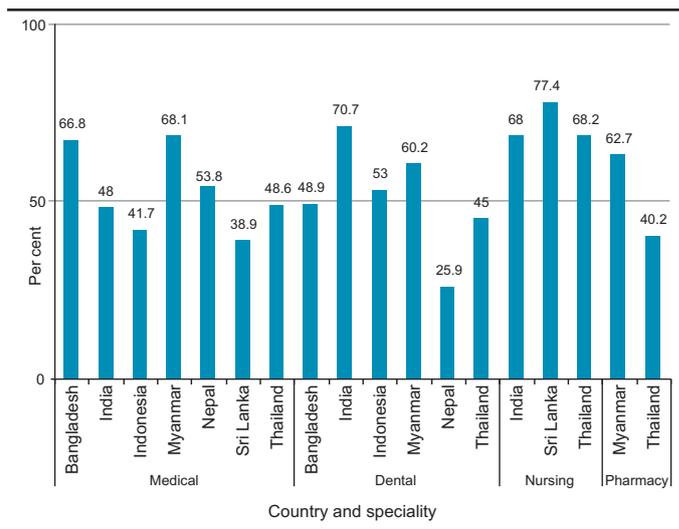## Recent activities to implement smoke-free initiatives

Bangladesh

In Bangladesh, smoke-free activities have led to an increase in the number of smoke-free areas/places. Lalbagh Fort in Dhaka (Mughal-era fortress and a major tourist attraction) has been declared smoke-free. In
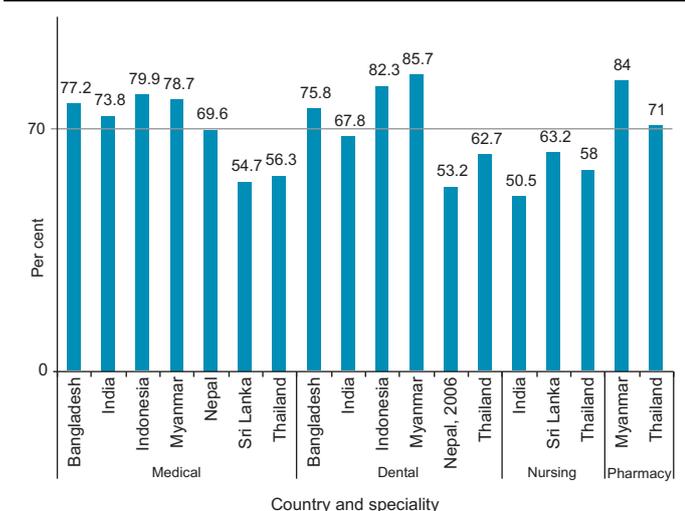
Per cent of students exposed to second-hand smoke in public places in the South-East Asia Region, GYTS 2006-2007

Per cent

Country	Per cent
Bangladesh	42.2
Bhutan	56.4
India	40.3
Indonesia	81.4
Maldives	68.0
Myanmar	46.4
Nepal	47.3
Sri Lanka	65.9
Thailand	68.2
Timor-Leste	69.8

Exposure to second-hand smoke by Health professional students in public places, categorized by Member country and speciality, GHPSS, 2005-2007

Per cent

Medical: Bangladesh 77.2, India 73.8, Indonesia 79.9, Myanmar 78.7, Nepal 69.6, Sri Lanka 54.7, Thailand 56.3
Dental: Bangladesh 75.8, India 67.8, Indonesia 82.3, Myanmar 85.7, Nepal, 2006 53.2, Thailand 62.7
Nursing: India 50.5, Sri Lanka 63.2, Thailand 58
Pharmacy: Myanmar 84, Thailand 71

Country and speciality

Health institutions having smoke-free policy in buildings and clinics by Member country and speciality, GHPSS, 2005-2007

Per cent

Medical: Bangladesh 66.8, India 48, Indonesia 41.7, Myanmar 68.1, Nepal 53.8, Sri Lanka 38.9, Thailand 48.6
Dental: Bangladesh 48.9, India 70.7, Indonesia 53, Myanmar 60.2, Nepal 25.9, Thailand 45
Nursing: India 68, Sri Lanka 77.4, Thailand 68.2
Pharmacy: Myanmar 62.7, Thailand 40.2

Country and speciality

Kishoreganj district, 20 important public places and the offices of the Upazilla Parishad, municipality and the Shop-Owners' Society in Karimganj upazilla have been declared smoke-free.

As part of the Tobacco-Free Sports initiative, the National Sports Council, Bangladesh Olympic Association, Bangladesh Football Federation and other sports federations have declared their premises and offices to be smoke-free.

The tobacco control programme in Bangladesh has directed its efforts afresh towards making universities smoke-free as protecting students and adults from tobacco smoke and sensitizing them about its harmful effects are of utmost importance. As an immediate response to these efforts, nine leading private universities in Dhaka, Chittagong and Tangail, including South-East University, University of Alternative Development and BRAC University, have been declared smoke-free. A number of organizations have conducted different advocacy programmes on tobacco control in these universities.

Broad-based advocacy programmes were organised in Dhaka University, the largest public university in the country, and 19 "Anti-Smoking Student Clubs (ATSC)" were established. These clubs have been conducting advocacy programmes of different dimensions like anti-tobacco debates, cricket matches, anti-tobacco rally, musical shows, signature campaigns for smoke-free campuses etc. A 50-feet-long digital wall magazine on the anti-tobacco message was opened in front of the Teacher Student Centre (TSC) of the university. Advocacy programmes were also organized in other public universities.

The National Centre for Control of Rheumatic Fever and the Heart Diseases (NCCRFHD) in Dhaka and the National Heart Foundation (NHF) in Sylhet organized separate advocacy meetings at their hospitals to enforce smoke-free hospital networks. A similar programme was organized at BIRDEM Hospital and is planned for Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka.

Various advocacy and dissemination programmes have been organized to

Advocacy for smoke-free university campus in Bangladesh

enforce smoke-free environments in public transport terminals, water transports, road and railway transports. Advocacy programmes have been organized to implement smoke-free bar and court premises, smoke-free drug treatment centres, etc.

Mobile courts are being conducted regularly to enforce smoke-free provisions in various districts and sub-districts, and in one of the moves the Dunhill lounge at Sheraton Hotel in Dhaka was dismantled.
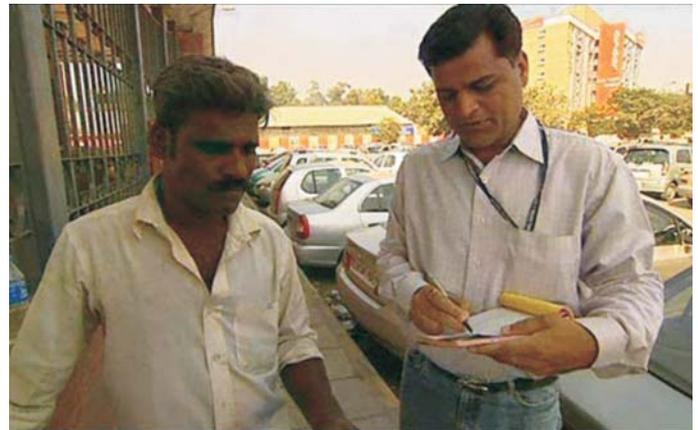
India

In India, several activities have been organized in order to effectively implement the smoke-free provisions of the Tobacco Control Act 2003 and the subsequent rules issued in 2008 related to prohibition of smoking in public places. The new regulations have been disseminated to all the states and activities have been undertaken to raise awareness and increase compliance. The Government of India has started publicising the new regulations through advertisements on TV and other mass media.

Smoke-free initiatives have gained momentum through the activities of the State Tobacco Control Cells (STCC) which have undertaken activities for advocacy, information dissemination and enforcement in different states, particularly in Madhya Pradesh, Orissa, Delhi, Tamil Nadu, Assam, West Bengal, Goa and Gujarat.

Other smoke-free initiatives in different states include:

◉ In Madhya Pradesh, the mayor of Khandwa has launched an initiative to make the municipal corporation premises completely smoke-free.

◉ In West Bengal, the STCC and some organizations working for tobacco control formed the "Coalition for Tobaco-Free Kolkata (CTFK)" forum.

◉ The STCC Delhi in collaboration with Delhi University Students' Union (DUSU) has launched an initiative to make Delhi University smoke-free. The South Campus of the University has already been declared smoke-free. Teachers' and students' volunteer brigades have been raised to increase

Enforcement of smoke-free laws in India

awareness level of vendors stationed around the campus and follow-up measures through surveillance have been initiated.

◉ Following in the footsteps of Anna University in Tamil Nadu, 32 educational institutions in the state have been declared "tobacco-free institutions" in the recent past. The STCC has prepared an 8-point guideline stating the prerequisites to qualify as a "tobacco-free educational institution".

◉ The Gujarat State Tobacco Control Cell oriented school teachers on the health hazards of tobacco and provided them training material to impart training and build awareness in their respective districts.

◉ STCCs in all the states have started the process of forming state task forces for effective implementation of anti-tobacco measures. In Delhi, raiding squads have been conducting anti-smoking raids on a regular basis in all the nine districts to ensure the implementation of anti-smoking regulations.

Indonesia

In Indonesia, in-country partners have been working for amendments of the existing Government Regulation No.19/2003 on "People's Protection from Health Hazards of Tobacco Use" to bring about a stricter and more firm set of regulations.

Tobacco-Free School in Indonesia

The Indonesian Ministry of Health (MoH) and Indonesian Public Health Association (IPHA) are currently preparing an advocacy package for a smoke-free Bali. The package includes a template for developing smoke-free local regulations. WHO continues to provide support to nine universities in order to implement smoke-free policies in the university campuses.

The Tobacco Control Support Centre/Indonesian Public Health Association (IPHA) has developed and disseminated a seven-part set of manuals to support sub-national efforts in developing smoke-free public places.

Thailand

In Thailand, the relevant authorities have taken up programmes to ensure compliance with the national smoke-free policies, including compliance with newly issued notifications. The Ministry of Public Health (MoPH) initiated the "100% Smoke-Free Government Offices Programme", for which an MoU was signed with the provincial governors of every province. Similarly, Action on Smoking and Health, Thailand and Bangkok Metropolitan have initiated a campaign to implement a project for the establishment of 100% Smoke-Free Bangkok Metropolitan Hospitals. MoPH has started the smoke-free marketplaces campaign geared to raise public and media awareness on the 100% smoke-free marketplace policy.

In addition, WHO Thailand and the Ministry of Public Health have successfully negotiated the grant for a joint project titled "Towards 100% Smoke Free Environment in Thailand". The project is a two-year endeavour with an approximate budget of US$ 1.8 million from the BGI Grant Programme to be implemented by the Government of Thailand and the Thai Health Promotion Foundation.

With support from the Thai Health Promotion Foundation, the armed forces are implementing a project for a "smoke-free Royal Thai Military" aimed at covering half of all armed personnel in Thailand and reducing the prevalence of smoking among the men in uniform from the current 40% to 20% in a few years.

Advocacy for ban on smoking in public places in Thailand

The Bloomberg Initiative and protection from tobacco smoke

The Bloomberg Initiative has included interventions and components related to a smoke-free environment in its purview and is devoting special attention to formulate and implement smoke-free policies and activities in the Bloomberg-focus countries. It supports the countries in developing tobacco control measures and guidelines for enforcement and compliance; enhancing education, communication and training; promoting multisectoral collaboration and partnerships with a special emphasis on increasing smoke-free areas; and enforcing laws and regulations in this regard.

In addition, the Bloomberg grant mechanism has predominantly provided support to those project proposals related to advocacy, implementation and/or enforcement of smoke-free environments at the national and sub-national levels. In 2007 and 2008, Bloomberg grants have been awarded to support eight projects undertaken by governments and nongovernmental organizations (NGOs) to convert a number of cities into smoke-free ones in India, Indonesia and Thailand.

The way forward

Second-hand smoke is a real, tangible and significant threat to public health. Supported by two decades of evidence, the scientific community now agrees that second-hand smoke does kill and there is no "safe" level of exposure to second-hand smoke.

As the leader in the world tobacco control programme, WHO has a responsibility to ensure that the truth about second-hand smoke should be known and clear to all, especially to the policy-makers, media and other partners in social development. We have a shared responsibility to promote public health and protect people from second-hand smoke since it is a major component of the WHO Framework Convention on Tobacco Control.

Protecting people from tobacco smoke is a major policy intervention in the MPOWER policy package designed to comprehensively address the tobacco problem. The forthcoming *WHO Report on Global Tobacco Control* will focus on the issue of second-hand smoke.

WHO/SEARO has been relentlessly campaigning through the Tobacco Free Initiative (TFI) to create an environment and mindset wherein second-hand smoke is recognized as an issue of significant importance, particularly among policy-makers, the media and local government institutions. It has been supporting the governments of Member countries to implement smoke-free environments in public places, workplaces, and

Children campaign for smoke-free homes in Thailand

education, media advocacy and communication are the key tools being used for developing and implementing smoke-free policies. These efforts over time have succeeded in preparing a viable matrix for the introduction of smoke-free policies in Member countries. However, Governments need to develop and enact effective smoke-free laws and enforce these strictly to succeed in producing completely smoke-free environments. Support from civil society, NGOs, media and the private sector is crucial for attaining a comprehensive smoke-free environment.

homes through a combination of legislation, education and monitoring. Awareness campaigns through public

The Regional Workshop on implementation of the MPOWER Policy Package should serve as a viable launching pad to implement the policies on protecting people from tobacco smoke.

Statement of principles underlying protecion from exposure to tobacco smoke

Principles: As noted in Article 4 of the WHO Framework Convention, strong political commitment is necessary to take measures to protect all persons from exposure to tobacco smoke. The following agreed upon principles should guide the implementation of Article 8 of the convention.

Principle 1: Effective measures to provide protection from exposure to tobacco smoke, as envisioned by Article 8 of the WHO Framework Convention, require the total elimination of smoking and tobacco smoke in a particular space or environment in order to create a 100% smoke free environment. There is no safe level of exposure to tobacco smoke, and notions, such as a threshold value for toxicity from second-hand smoke should be rejected, a they are contradicted by scientific evidence. Approaches other than 100% smoke free environments, including ventilation, air filtration and the use of designated smoking areas (whether with separate ventilation systems or not), have repeatedly been shown to be ineffective and there is conclusive evidence, scientific and otherwise, that engineering approaches do not protect against exposure to tobacco smoke.

Principle 2: All people should be protected from exposure to tobacco smoke. All indoor workplaces and indoor public places should be smoke free.

Principle 3: Legislation is necessary to protect people from exposure to tobacco smoke. Voluntary smoke free policies have repeatedly been shown to be ineffective and do not provide adequate protection. In order to be effective, legislation should be simple, clear and enforceable.

Principle 4: Good planning and adequate resources are essential for successful implementation and enforcement of smoke free legislation.

Principle 5: Civil society has a central role in building support for and ensuring compliance with smoke free measures, and should be included as an active partner in the process of developing, implementing and enforcing legislation.

Principle 6: The implementation of smoke free legislation, its enforcement and its impact should all be monitored and evaluated. This should include monitoring and responding to tobacco industry activities that undermine the implementation and enforcement of the legislation, as specified in Article 20.4 of the WHO Framework Convention.

Principle 7: The protection of people from exposure to tobacco smoke should be strengthened and expanded, if necessary; such action may include new or amended legislation, improved enforcement and other measures to reflect new scientific evidence and case-study experiences.

As adopted by the second session of Conference of Parties in July 2007