Making Cities
Smoke-free

World Health Organization

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DSR	designated smoking room
NGO	nongovernmental organization
SHS	second-hand smoke
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control
WHO TFI	World Health Organization, Tobacco Free Initiative
WHO Kobe Centre	World Health Organization, Centre for Health Development

FORWARD

A message to mayors

With growing numbers of people moving into cities, the challenges facing municipalities today to expand public services under their control are innumerable. In many countries, greater political and financial power is being devolved to city councils and, while this may be a positive development, the financial resources available to the authorities to assume additional responsibilities for more people appear to be shrinking.

Given these challenges, properly protecting the health of your city's residents may seem, at first glance, to be a daunting task. However, there is at least one cost-effective measure you can put in place to greatly improve the health of those who live and work in your city: adopt and implement legislation to prohibit tobacco smoking in indoor public places and workplaces (smoke-free legislation).

This paper is intended to assist your staff and other city officials to prepare for and implement smoke-free legislation that is popular, complied with, and effective in improving health. Implementation of smoke-free legislation is associated with better health amongst workers, improved indoor air quality, and a lower incidence of heart attacks.

The paper draws on the experience of many different jurisdictions to provide practical information about how your city can become smoke-free.

Apart from practical guidance, there is one key ingredient for success that you must contribute: political leadership.

Almost certainly, every mayor who has embarked on smoke-free legislation has had doubts. The tobacco industry seeds these doubts far and wide. Is a smoke-free law really feasible? Does the public really want this law? Will bars, cafes and restaurants lose business? Will anyone obey the law?

These doubts may be real, but they are unfounded. Hundreds of cities – including large cities such as Mexico City, New York and Sao Paulo – have successfully prohibited smoking in all indoor public places and indoor workplaces. So have many countries, including Ireland, New Zealand, Panama, the United Kingdom and Uruguay. Their experience is revealing.

- **Compliance with the laws is high:** the United Kingdom achieved 98% compliance within a year of the law's implementation; Ireland achieved 94% compliance within a year. In both countries, opponents had argued that the public would never comply with the law.

- **The laws are popular,** and become more so after they are implemented. After smoke-free legislation was implemented, public support for it increased from 64% to 74% in New York State, from 67% to 82% in Ireland, and from 61% to 82% in New Zealand.

- **Smoke-free laws are good for business.** Not a single scientifically objective study has found a negative economic impact of smoke-free legislation. Objective, peer-reviewed studies have consistently found that smoke-free laws have a neutral or positive impact on businesses, including those in the hospitality or catering sector.

A smoke-free city will not "just happen" You will need to properly prepare for it through information campaigns and planning with the public, decision-makers and stakeholders. You will need a strong law that is enforceable and an enforcement plan. But you will have clear guidance based on the experience of existing smoke-free cities.

Will it be without financial costs? No. You will need to invest resources in staff time, communications and enforcement, but they will not be significant. The costs will diminish rapidly after the law is implemented. And they will be minimal compared to most public health investments, and compared to the health and economic benefits that will be achieved.

Will it be without challenges? No. The tobacco industry and its allies will oppose smoke-free legislation. It will provide resources to other organizations to thwart your efforts. It may even take your city to court. But it will very likely lose in court against a well-designed, well-implemented law that is based on protecting public health. The court challenges are meant to delay implementation and to weaken laws that protect public health. They are meant to intimidate, and often do.

Your political leadership will be the buttress against these challenges. Without your leadership, it will be very difficult to achieve a smoke-free city. With it, your city's success in implementing smoke-free legislation is virtually guaranteed.

There is really no good reason NOT to support smoke-free.

1. INTRODUCTION

Exposure of non-smokers and smokers to second-hand tobacco smoke causes cancer, heart disease, lung disease, and childhood illness including cot death and asthma. Worldwide, 600 000 people are estimated to die annually as a result of exposure to second-hand smoke (SHS).[1]

The toxic mix in tobacco smoke includes 60 known human cancer-causing agents. There is no known safe level of exposure to tobacco smoke.[2,3,4]

As of November 2011, 174 countries have agreed to implement the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), an international treaty that requires these countries to protect their residents from harm caused by exposure to tobacco smoke.[5] Guidelines unanimously adopted by Parties to the treaty in July 2007 set out the meaning of this protection: "...passing legislation or other legal measures to eliminate tobacco smoke from all indoor workplaces and public places, whether they be private offices, public transportation, ..."[6]

Despite this international commitment to eliminate exposure to tobacco smoke, only 11% of the world's population is adequately protected by law from exposure to second-hand smoke. This represents an unacceptable gap between commitment and practice.[1]

Action by cities can help close this gap. While national laws that protect all of a country's residents from exposure are ideal, the reality is that cities can often pass legislation sooner than countries: political will may not exist at national level, but it may exist in one or more cities in a country; and opposition from tobacco companies can usually be more successfully overcome at local rather than national level. City leaders, as credible voices for their citizens, can also directly advocate for smoke-free laws at national level.

In many countries, particularly federal countries like Australia, Canada and the United States of America (USA), protection from exposure to SHS in workplaces and public places has been achieved almost entirely by city or other sub-national legislation. In others, like the United Kingdom, strong advocacy at the city level has led to national legislation. In many cases, enforcement has involved municipal workers and agencies.

The adoption of smoke-free legislation by cities, and pressure from cities to urge adoption of smoke-free legislation at national level, is a powerful parallel process to national efforts that can greatly accelerate protection of the world's population from exposure to deadly tobacco smoke. For these reasons, municipalities have a unique opportunity and obligation to be a catalyst for smoke-free environments, no matter how large or small their populations.

2. WHAT DOES IT MEAN TO BE "SMOKE-FREE"?

In the context of this guide, a "smoke-free city" is a city that has adopted and implemented legislation that prohibits smoking in all indoor (or enclosed, if that terminology is more familiar) workplaces, all indoor public places, and all public transportation, with no or very limited exceptions.

"Comprehensive smoke-free legislation" refers to legislation that prohibits smoking in all indoor workplaces, all indoor public places, and on all public transportation as recommended by the WHO FCTC Article 8 implementation guidelines.

Legislation that permits indoor smoking areas of any kind is not considered "smoke-free".

Also in this guide, legislation that only prohibits smoking in a single type of establishment – such as in schools or hospitals – is not considered to be comprehensive smoke-free legislation. This is not to say that cities should not attempt to prohibit smoking in hospitals or in other categories of establishments. However, the end goal should be far broader: universal, comprehensive protection.

The aim of this paper is to help cities towards becoming comprehensively smoke-free.

3. EVERY CITY CAN DO SOMETHING

Many cities have full authority to pass comprehensive smoke-free laws to eliminate exposure to tobacco smoke in indoor workplaces and public places. If comprehensive smoke-free legislation does not exist at another jurisdictional level, these cities should use their authority to adopt laws or other available legal instruments to prohibit tobacco smoke in these places.

Box 1: Every city can do something

- Encourage compliance with any existing smoke-free legislation.
- Require, by legislative or regulatory means, that all indoor public places and workplaces where the city has power to regulate be smoke-free.
- Advocate at high-level jurisdictions (national, state, provincial, territorial) for comprehensive smoke-free laws, particularly if there is limited jurisdiction to regulate at municipal level.

Some cities may NOT have adequate authority to pass strong, comprehensive legislation. However, this does not mean that they should not take action. Most cities will at least have the authority to prohibit tobacco smoke in certain types of workplaces, for example, local public transportation and municipal public buildings. They should adopt legislation prohibiting smoking indoors in whatever categories of establishments over which they have authority to regulate.

In addition, all cities can advocate for action at other governmental levels. Mayors and other city leaders can use their political influence to urge comprehensive smoke-free laws at state and national levels.

Box 2: Smoke-Free Liverpool, as an example of action towards a smoke-free country

In 2004, the city of Liverpool, applied to Britain's National Parliament for a local law to require all workplaces and enclosed public places to be smoke-free. Liverpool City Council decided to pursue a Private Bill in Parliament to obtain a Local Act of Parliament to bring about enforceable smoke-free legislation within the city. The City Council had, first, to vote formally in favour of pursuing the Local Act of Parliament to make Liverpool smoke-free. Establishing a cross-party consensus was a key aim and the vote in favour of pursuing a Local Act of Parliament was achieved with a substantial majority on 20 October 2004.

In November 2004, the Local Authority's Parliamentary Agent deposited the Liverpool City Council (Prohibition of Smoking in Places of Work) Bill with Parliament. Although Liverpool was working to progress city-wide legislation, its preferred objective was national legislation.

Throughout 2005 and early 2006, Smoke-Free Liverpool, with support from political lobbyists, pursued an active, wide-ranging and innovative lobbying agenda to support the Liverpool Bill and to push for comprehensive legislation nationally. This, combined with pressure from other key cities (e.g. London), resulted in Parliament offering a free vote on the subject to all Members of Parliament (MPs) in February 2006.

After a thorough debate within and outside Parliament, MPs voted overwhelmingly in favour of comprehensive smoke-free legislation and rejected the various compromises that would have allowed a series of exemptions for the hospitality sector. On 14 February 2006, Parliament voted in favour of national smoke-free legislation, and accepted Liverpool's case for the need for smoke-free environments, and the 2006 Health Act, of which the smoke-free legislation was part, was passed.

As this move to ensure nationwide comprehensive smoke-free legislation would achieve Liverpool's smoke-free aims, the Liverpool Bill was not progressed further but was withdrawn when the Health Act gained Royal Assent.

Thus, the United Kingdom introduced its own national smoke-free legislation, which took effect on 1 July 2007. One city's efforts to become smoke-free made a difference to the whole country.

Source: Ron Gould, Lead politician for Liverpool Smoke-Free campaign, former Lord Mayor of City of Liverpool

3.1 HOW SHOULD A CITY CHOOSE ACTION PRIORITIES?

There are number of factors that can help city policy-makers decide how to prioritize their actions on second-hand smoke. The scenarios below provide some guidance.

Scenario 1: there is a comprehensive and effective national law that prohibits smoking in all or almost all indoor workplaces, indoor public places and on public transportation.

Action priorities

1. Promote compliance with the national law. In some cases, this might be achieved through cooperative enforcement action within the national jurisdiction. In all cases, smoke-free legislation can be promoted through communications campaigns – whether paid mass media, earned media through news conferences and public events, or through city publications.

2. Consider making some additional outdoor spaces smoke-free. If authority exists, there may be some outdoor spaces where restrictions on smoking make sense, for example, in outdoor stadia, or on crowded patios where workers are exposed to high levels of smoke. Priorities

for making smoke-free outdoor places should be based on evidence of exposure. In addition, the city should ensure that public support exists for such restrictions before implementing them.

Scenario 2: there is limited or no national legislation prohibiting smoking in indoor workplaces, indoor public places, or on public transportation, and the city has wide scope to regulate these types of places.

Action priorities

1. Adopt and implement comprehensive legislation prohibiting smoking in all indoor workplaces, all indoor public places, and on public transportation where the city has jurisdiction to do so.

2. Advocate for other cities to pass similar legislation. Promote the city's own success in implementing smoke-free legislation as a model for others to follow.

3. Advocate for comprehensive national legislation, consistent with WHO FCTC obligations. If the country is not a Party to the WHO FCTC, city leaders should promote ratification, along with advocating for national smoke-free legislation.

Scenario 3: there is limited or no national legislation prohibiting smoking in indoor workplaces, indoor public places and on public transportation, and the city has little or no authority to regulate these types of places.

Action priorities

1. Join with other cities from the same jurisdiction to advocate for comprehensive state/ provincial/ territorial and/or national level legislation, consistent with WHO FCTC obligations. If the country is not a Party to the WHO FCTC, promote ratification while advocating for national smoke-free legislation.

2. Adopt and implement comprehensive legislation that prohibits smoking in all indoor workplaces, all indoor public places and on all public transportation, where the city has jurisdiction to do so.

3.2 WHERE SHOULD WE START AND HOW LONG WILL IT TAKE?

Smoke-free legislation is not implemented in the same pattern in every city. Some cities take deliberate steps to build support for smoke-free legislation over a year or two before introducing a law. Many make mistakes, or start with weak legislation, and eventually amend laws and strengthen compliance over the course of decades. Still others have passed and implemented legislation very quickly and successfully as a result of strong political leadership.

For this reason, this guide focuses on "success elements" rather than on a step-by-step approach.

Where to start? The only appropriate answer is to assess where you are. Have there already been public calls for smoke-free laws? Are there popular smoke-free cafes and restaurants in your city? Have other prominent businesses voluntarily become smoke-free? Do you have opinion leaders (media, business people, community leaders) that have already expressed support? Are city residents complaining about exposure to second-hand tobacco smoke? Your city may be ready to introduce legislation in a matter of weeks, and implement it within a matter of months.

Or, your city may be nearer the other end of the scale. Is smoking highly prevalent in indoor workplaces and indoor public places? Are the medical profession and the public health community largely silent about second-hand tobacco smoke? Is it common for media to argue that smokers have a right to smoke wherever they want? Your city's efforts to become smoke-free probably need to start with widespread education among opinion leaders in the media and the community.

How long will it take? As quickly as you can make it happen. Even in cities where public awareness about the harm caused by second-hand smoke has been low, 100% smoke-free laws have been introduced and implemented in less than two years, for example in El Paso, Texas, USA.[7]

In 2010, it is much more realistic to implement smoke-free laws quickly because more evidence has been accumulated to refute tobacco industry claims. As this evidence is disseminated, it is easier for cities to counter these false claims and harder for opponents to delay the process.

4. KEY ELEMENTS FOR SUCCESSFUL IMPLEMENTATION

While this guide targets city governments, the recipe for success in implementing comprehensive smoke-free legislation does not differ much in cities from national, state, provincial or territorial jurisdictions.

The Guidelines for implementation of Article 8 of the WHO FCTC adopted by the Conference of the Parties to the WHO Framework Convention on Tobacco Control should be used as a basis for developing smoke-free legislation.[6] These guidelines, complemented by the World Health Organization's policy recommendations on protection from exposure to second-hand tobacco smoke, provide key evidence and best practices that are as relevant to cities as they are to countries.[8]

The key principles of protection outlined in Article 8 guidelines and the WHO policy recommendations are summarized below.

- **Effective protection from exposure to tobacco smoke requires the total elimination of tobacco smoke**. This means that only 100% smoke-free environments are adequate to protect people from the harmful impact of exposure. Separated indoor smoking areas, even if separately ventilated, are not an effective solution.

- **Effective protection can be achieved only through legal requirements, not through voluntary measures**. Experience in Spain, the United Kingdom, and other jurisdictions shows that voluntary implementation of smoke-free environments results in extremely limited protection. Legislation must be passed and implemented to require all indoor workplaces and public places to be smoke-free.

- **Legislation should be universal in its coverage**. It should protect all people in all indoor workplaces and public places. Exemptions result in inadequate and unequal protection, whether they are for certain types of workplaces or public places, or for certain categories of individuals.

There are six major elements that lead to successful implementation of smoke-free laws.

1. **Simple, clear, enforceable and comprehensive legislation.**
2. **Anticipation and countering of the opposition.**
3. **Good planning and adequate resources for implementation and enforcement.**
4. **Civil society involvement.**
5. **Outreach and communications.**
6. **Monitoring and evaluation of the implementation and impact of the law.**

Each of these elements is elaborated below.

4.1 SUCCESS ELEMENT 1: SIMPLE, CLEAR, ENFORCEABLE AND COMPREHENSIVE LEGISLATION

The importance of good legislation cannot be overstated, but it is often underestimated. Many jurisdictions report problems with implementation of laws that do not adequately protect from second-hand smoke, diagnosing this as a problem of enforcement or compliance.

In many cases, upon closer examination, the legislation is not written sufficiently clearly, or it explicitly permits smoking in some public places and workplaces. This is more a problem of inadequate legislation than a problem of compliance. With legislation that is comprehensive and clear, enforcement and compliance become immeasurably simpler.

The Article 8 guidelines emphasize that legislation should meet the criteria of "Simple, clear, enforceable and comprehensive legislation"[6]; it:

- Prohibits smoking in any indoor or enclosed public place or workplace. There are no exceptions. No indoor smoking rooms or areas are allowed.* Places that would normally be considered public places and/or workplaces are listed in Annex 1, under Definitions, p 31.
- Defines terms clearly but broadly, particularly the terms "smoking", "indoor" or "enclosed", "workplace" and "public place".
- Includes effective enforcement mechanisms such as:
  - assigning duty of responsibility to persons in charge of premises to ensure compliance with the law;
  - prohibiting ashtrays in places where smoking is prohibited;
  - identifying one or more specific enforcement authorities;
  - specifying the content, size and location of signage required in places where smoking is prohibited (Box 3);
  - defining a simple administrative process for violations, such as on-the-spot fines;
  - providing adequate inspection powers to enforcement authorities.

The Article 8 guidelines provide detailed advice on effective smoke-free legislation. In addition, a model law containing these elements is provided in Annex 1.[6] Annex 2 provides links to resource legislation.

Box 3: Why are signs important?

Specific requirements for non-smoking signs should be included in smoke-free legislation. Signs are important both for communications and enforcement reasons. Obviously, they communicate where smoking is not permitted. They also:

- provide an easy reference for a manager or member of the public to ask a smoker not to smoke ("See, the sign says smoking is not allowed here by law." Or "That law says I can get fined for not asking you to stop smoking.");
- can provide a telephone number for the public to call and report complaints;
- provide a simple indication for inspectors as to whether or not a manager is encouraging compliance with the law;
- help establish a smoke-free norm.

It is generally recommended that signs contain the universal "no smoking" symbol, since it is recognized and understood by most people regardless of language or literacy level. Some governments have also developed signs to promote the smoke-free concept in other ways (Figure 1).

* If it is politically feasible, smoking should also be prohibited in outdoor spaces near doors, windows and air intake systems. This increases the effectiveness of the indoor restrictions. Often, however, this step is taken later, once the public has become accustomed to the smoke-free law and sees the need for improvements.

Figure 1: From Argentina, a variation on the traditional "no smoking" sign [9]

Source: Municipality of Mina Clabero, Argentina.

4.1.1 Legal basis for regulation

Cities can regulate smoking through tobacco-specific legislation or regulation, or they can look to existing labour, occupational health and safety, human rights and environmental statutes, and other regulatory instruments to implement or enforce smoke-free rules.

Regulation of smoking in public places and workplaces may be legally supported in a city by:

- national, state, provincial or territorial legislation that delegates power to regulate smoking (or public health in general) to municipalities;
- constitutional responsibility to protect public health and the environment;
- its responsibility to protect the health of workers (occupational health and safety);
- general public health and safety responsibilities;
- human rights responsibilities.

The means of regulation should be guided by what will most effectively protect health, as broadly as possible within given political constraints. The city of Chandigargh, India, is an example of how different existing types of legislation can be used to provide protection from second-hand smoke (Box 4).

Box 4: The case of Chandigargh, India [27]

On 15 July 2007, the Chandigarh Administration was the first city in India to declare its smoke-free status and pioneer the implementation of the country's tobacco control legislation. The Cigarettes and Other Tobacco Products Act (COTPA) 2003 sets out specific provisions to address smoking in public places. Its subsequent rules in 2004 and 2008 set out how the smoke-free provisions in the law should be applied. However, certain gaps in this legislation combined with the lack of legal powers available to the Chandigarh Administration provided a challenge. As amending the legislation at the State level at that time was not an option, alternative solutions were pursued. Essentially, the provisions of other laws, which could be deployed alongside the tobacco control legislation, were identified and used to justify the wide scope of places that should be smoke-free in Chandigarh. In this way, the effect of the primary smoke-free legislation was enhanced without the need to formulate a new policy or a new law. A few examples are listed below.

- In order to address the scope of the definition of "public place", Section 278 of the Indian Penal Code was used alongside Section 4 of the tobacco legislation. Section 278 provided for penal action against anyone making the atmosphere noxious even in open spaces. So, open spaces where smoking was not restricted were limited to areas adjacent to footpaths along the road kerbs (not visited by the public in general) or open spaces in residential areas.
- The initial absence of "workplaces" within the tobacco legislation led to the use of Section 278 of the Indian Penal Code. Advocacy and public relations activity was carried out to interpret the meaning of workplaces as a subset of public places. Eventually, this new definition was adopted in the 2008 regulations.

To address the permission of smoking in hotels with more than 30 beds or restaurants with more than 30 seats, the enabling provisions of the *Prevention of Food Adulteration* Act were applied. Under the licensing conditions of the Act, it is mandatory to maintain good hygienic conditions and a healthy environment in hotels and restaurants. Strict enforcement of this provision was interpreted in a manner that left no scope for any restaurant to allow any tobacco smoke to escape from a smoking area to a non-smoking area. It was declared that any tobacco fumes reaching the non-smoking area would be considered a violation of the Act. As a result, most of the hotels and restaurants decided to become completely smoke-free instead of having a designated smoking area.

As discussed above, cities that lack adequate regulatory authority for prohibiting smoking indoors should still promote smoke-free legislation at other jurisdictional levels.

4.1.2 Effectively defining scope of legislation

Broadly defining smoke-free places will ensure that most places are covered. Further clarification may be needed to avoid confusion and ensure that places not specifically listed are included (Figure 2). On the other hand, providing a list of the types of places that are required to be smoke-free inevitably risks leaving out some type of place.

Figure 2: The welcome sign to Frankfurt's "smoke-free" airport is highly misleading, as evidenced by the smoking areas inside where Camel cigarettes sponsor the smoking zone [10]

Source: Heather Selin

A useful approach is to combine broad definitions with a non-exhaustive list of what types of places are included. This is the approach illustrated in the model law in Annex 1, and paraphrased below:

- smoking is prohibited in all enclosed public places and workplaces;
- a public place is defined as any place customarily accessible to the public or any place of collective use, which includes public transportation;
- a workplace is defined as any place where one or more people work,whether for compensation or not;
- a place is enclosed if it is covered by a roof, or if it has at least two walls; and
- public places and workplaces include ***but are not limited to***:
  - offices and all areas of office buildings, whether private or public;
  - health institutions, whether private or public;
  - educational institutions, whether private or public;
  - government buildings;
  - retail shops and shopping malls;
  - hospitality and catering facilities, including pubs, discotheques, restaurants, hotels and karaoke venues;
  - community and sports centres;
  - manufacturing or processing plants; and
  - all public areas in multiple unit dwellings, including lobbies, elevators and stairwells.

This approach should provide a sufficient combination of flexibility and specificity to broadly protect the population, and to further clarify designated smoke-free places by regulation if uncertainty continues after implementation of the law.

4.1.3 Designated indoor smoking rooms or areas: neither simple, nor comprehensive, nor enforceable (or protective)

The term "smoke-free" has been used to describe non-smoking areas shared with smoking rooms (Frankfurt airport, for example).[10] This works very well for the tobacco industry, which claims that these smoking rooms, if separately ventilated, will permit smokers to keep smoking, and protect non-smokers who do not enter them.

But the scientific evidence from engineering and health expert organizations refutes these claims. The American Society of Heating, Refrigerating and Air Conditioning Engineers, the largest professional association of its kind in the world, concludes: "At present, the only means of effectively eliminating health risk associated with indoor exposure is to ban smoking activity."[11] The World Health Organization as well as the WHO FCTC and Article 8 Guidelines confirm that there is no known safe level of exposure to tobacco smoke, and that designated smoking rooms (DSRs) do not adequately protect from exposure.

Designated smoking rooms create numerous practical problems:

- smoke escapes from entrances to DSRs – in many instances, doors are propped open by smokers, who find the air in smoking rooms unpleasant;
- even if one accepts the false argument that they keep smoke from infiltrating non-smoking areas, it is clear that they do not protect workers who have to enter the areas (e.g. cleaning and maintenance staff);
- ventilation systems for DSRs are expensive to install and maintain, and often are not maintained to optimum standards;
- DSRs favour larger businesses that can afford to install them – smaller businesses in many jurisdictions have argued that this creates an uneven playing field;
- DSRs increase the enforcement burden – in addition to ensuring that no one is smoking in non-smoking areas, enforcement officers have to monitor the specifications and operation of DSRs;
- once they are permitted and installed, it is much more difficult to revise legislation later to prohibit them – businesses will argue that their investment should be protected.

Despite these problems, many jurisdictions have given in to pressure from the tobacco industry and have permitted separately designated smoking areas in their regulations.

In best-case scenarios, where DSRs have been allowed, the rooms need to be approved and permitted by health authorities (Box 5). The expense of building these areas to the required specifications and the difficulty in obtaining approval from the authorities can reduce the number actually built. However, this process still creates extra work for health authorities in reviewing applications, and for enforcement authorities in inspecting DSRs once they are installed.

In worst-case scenarios, smoking rooms proliferate and greatly undermine effective protection for everyone.

The bottom line
There is no reason to allow DSRs. Avoid them.

Box 5: Three cities' experiences with designated smoking rooms

Mexico City rejects DSRs
In 2007, the Federal District of Mexico passed an amendment to its Law for the Protection of the Health of Non-smokers. The amendment strengthened the law, but still permitted designated smoking areas in certain types of public places.

In the process of developing regulations under the law, it quickly became clear to Mexico City's Secretary of Health, Manuel Mondragon, that smoking rooms would cause difficulty. Not only did Mondragon feel that the smoking rooms would be incompatible with the aim of protecting staff and customers from exposure to second-hand smoke, he was concerned that the law would require "an army of engineers" to check whether smoking areas were correctly constructed and operating as they should.[12]

As a result, there was sufficient political will to return the law to the local legislature, and pass an amendment eliminating the smoking rooms exemption. Mexico now has a comprehensive, best-practice law to protect the public and workers.

Ironically, one of the complaints from the public is that smoke from outdoor restaurant patios is drifting indoors. This may help create pressure to strengthen the law by prohibiting smoking on patios, or within a specified distance of doors, windows and air intake openings.

Victoria, Canada, DSRs will invite legal challenges
The Capital Regional District (CRD) of Victoria, British Columbia, was the first municipality in Canada to pass a comprehensive law requiring almost all workplaces to be smoke-free. Its by-law (ordinance) came into force on 1 January 1999. But, as a pioneering city in smoke-free laws, the process was not simple.

The CRD fought and won the familiar battle against bar and restaurant owners who wanted designated smoking rooms. A more unexpected battle was one with the Oak Bay Lodge, a nursing home that wanted an exemption granted to allow its residents to have an indoor smoking room, saying it was a "reasonable accommodation" under Canada's Charter of Rights and Freedoms.

The CRD's lawyers disagreed. Their advice was that granting an exemption to the law for one class of institutions would invite legal challenges to grant those exemptions to all classes of institutions. "If one class of business (the operators of long-term care homes) gained an exemption under the Charter, why should another class of business equally likely to suffer not be entitled to the same changes?"[13]

In the end, the by-law did not grant this exemption. As one councillor put it, "We passed this bylaw with a philosophy based on public health. We are not trying to pick and choose among the groups to whom it will apply."[13]

Makati City, Philippines, limits DSRs through cost barriers
Makati City, the Philippines' financial centre within Metropolitan Manila, has been one of the more successful municipalities in the Philippines in implementing a fairly comprehensive non-smoking law.

However, the Makati City ordinance allows designated separate smoking areas in many public places.

Establishments wishing to implement a DSR must apply for a permit. In order to limit the number of DSRs actually established, the city government deliberately set high fees for these permits.[14] Perhaps as a result, only 84 establishments in the city of about half a million people have set up DSRs.[15]

4.2 SUCCESS ELEMENT 2: ANTICIPATION AND COUNTERING OF THE OPPOSITION

City leaders will encounter opposition early on in their efforts to adopt smoke-free legislation. Some of the opposition may be overt; much of it will happen behind closed doors with influential people.

If smoke-free laws are so popular and successful, why discuss opposition in such detail? Although the vast majority of individuals and businesses support smoke-free laws, particularly when they know the rationale, there is one industry that is seriously harmed by smoke-free laws: the tobacco industry.

Internally, tobacco companies have admitted that smoking restrictions in public places and work-places reduce tobacco use and, therefore, have an impact on their profits.[16] Also, many independent studies have found that, not surprisingly, tobacco consumption decreases when smoke-free legislation is implemented.[8]

While tobacco companies are the primary opponents of smoke-free legislation, they will rarely show themselves openly as opponents. Tobacco companies do not usually have credibility among the citizenry, so they prefer to stay in the background.

Typically, tobacco companies will find local organizations that have some public credibility, and support them to oppose smoke-free legislation. They may fund existing organizations or they may even create organizations in order to oppose smoking restrictions. They may encourage individual business owners to oppose the introduction of strong laws and to disobey them when they come into force, providing financial and technical support to bring legal challenges against the law.

Endless tobacco industry arguments and tactics against smoke-free legislation have been documented in numerous places. Only a few common arguments are addressed here. Readers are encouraged to consult these resources for more comprehensive information:

- *Global voices: rebutting the tobacco industry, winning smokefree air – 2009 status report*. Global Smokefree Partnership, 2009 (*http://www.globalsmokefree.com/gsp/index.php?section=artigo&id=109*);
- *Policy recommendations on protection from exposure to second-hand tobacco smoke*. Geneva, World Health Organization, 2007 (Appendix 4; *http://www.who.int/tobacco/resources/publications/wntd/2007/pol_recommendations/en/index.html*);
- *Are you smokefree yet?* San Francisco, CA, Tobacco Scam web site, 2010 (*http://www.tobaccoscam.ucsf.edu/*).

4.2.1 Front groups

The industry may fund, or even create, opposition groups to argue their point. Usually, these groups are either hospitality business associations (for example, the XYZ Restaurant Association in XYZ City) or "experts" who argue about the science of second-hand smoke. The primary arguments that these groups make are:

- the harm caused by exposure to second-hand smoke and disease is exaggerated;
- separately ventilated areas for smokers will solve the problem;
- smoking prohibitions will cause some sectors to lose business (30% business loss in the hospitality industry is a standard claim).

What you can do?

- Find out more about the organization: who are its members, how many are they, who funds them, are there any links with known tobacco industry front groups?
- Raise awareness among the media that front groups are a common strategy used by the tobacco industry around the world to fight smoke-free legislation.
- Recruit your own allies from the same sector (it is more difficult for the tobacco industry to recruit hospitality associations when business owners are aware of the facts and experience from elsewhere) and most business owners are supportive once they learn that implementation of smoke-free laws is feasible, and that there is no evidence of economic harm.
- Present the facts on second-hand smoke and disease, ventilation, and economic impact to the media and to business owners (particularly the hospitality sector).
- Bring business owners from successful smoke-free cities to speak to business owners in your city – many of these owners were originally sceptical of smoke-free legislation, but later came to support it – they will be credible voices.

4.2.2 Ventilation and "accommodation", and attacking the science

Front groups and other opponents will deny that second-hand smoke presents a significant problem, and will promote improved ventilation in shared smoking and non-smoking areas as an alternative to 100% smoke-free laws.

Tobacco companies deny or downplay the risks of SHS exposure. They often use paid scientists[17] – international or local – to present their point of view, relying on biased industry-funded studies, or using outdated information. For example, the industry has promoted the fact that the validity of a US Environmental Protection Agency report concluding that exposure to tobacco smoke causes lung cancer in non-smokers was struck down by lower court, without mentioning that the report was ultimately upheld by the US Supreme Court.

Philip Morris promotes its "Accommodation" programme among the hospitality industry worldwide to encourage shared smoking and non-smoking areas, which may be separately ventilated. Similar programmes exist under other names around the world, including the "Respecting Choices" programme of British American Tobacco.[18]

What you can do?

- Recruit well-known local physicians and other public health professionals to present the evidence on the harm caused by exposure to second-hand smoke. The WHO and numerous national health and medical associations across the world accept this evidence. Key resources:
  - *The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General*. Washington, DC, Office of the Surgeon General, 2006 (*http://www.surgeongeneral.gov/library/secondhandsmoke/report/index.html*);
  - *Tobacco smoke and involuntary smoking: summary of data reported and evaluation*. Lyon, International Agency for Research on Cancer, 2002 (IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Vol. 83; *http://monographs.iarc.fr/ENG/Monographs/vol83/volume83.pdf*).
- Recruit local and international physicists and engineers to present the evidence showing that better ventilation, even in separately ventilated smoking areas, does not protect the health of non-smokers. Key resources:
  - *Findings of technical feasibility study on smoking rooms*. The People's Republic of China, Hong Kong Special Administrative Region Legislative Council Panel on Health Services, 20 April 2009. (*http://www.legco.gov.hk/yr08-09/english/panels/hs/papers/hs0420cb2-1324-5-e.pdf*);
  - *Position document on environmental tobacco smoke, 30 June 2005*. American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), Atlanta, GA, 2005 (*http://www.ashrae.org/doclib/20058211239_347.pdf*);
  - Repace J. Controlling tobacco smoke pollution. *IAQ Applications*, 2005, 6:11–15 (*http://www.repace.com/pdf/iaqashrae.pdf*).
- Carry out an air quality monitoring study to measure particulate matter (a marker for tobacco smoke) in non-smoking areas that are shared with smoking areas (even if separately ventilated). Key resources:
  - *Learn how to conduct secondhand smoke exposure studies*. Buffalo, NY, Tobacco Free Air, 2010 (*http://www.tobaccofreeair.org/*);
  - *Air monitoring*. Secondhand smoke monitoring. Baltimore MD, John Hopkins University, 2010 (*http://www.shsmonitoring.org/methods/air/*).
- Highlight the enforcement challenges that ventilated smoking rooms and shared smoking areas have caused in other jurisdictions. See the Section 4.1.3 on designated smoking rooms.

4.2.3 Economic arguments

The tobacco industry and its front groups argue that smoke-free legislation results in economic harm, particularly in the hospitality or catering sector (bars, restaurants, hotels, discotheques, karaoke venues, etc.). A typical argument is that smoking bans will cost the hospitality industry 30% of its business. The 30% claim was created out of thin air, and has never been documented in any smoke-free jurisdiction. In fact, all objective studies (i.e. those that look at representative sales, tax or employment data) show that smoke-free legislation has a neutral or positive impact on business.

What you can do?

- Highlight the data showing that smoke-free legislation IS NOT correlated with economic loss. There is data from many jurisdictions. Pick the data most relevant to your city, or compile them from many jurisdictions in graphic form to show that the economic data comes from a wide variety of places. Key resources:
  - Scollo M et al. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control*, 2003, 12:13–20 (*www.goingsmokefree.org/tools/downloads/reports/economic_impact.pdf*);
  - Impact of a smoking ban on restaurant and bar revenues – El Paso, Texas, 2002. *MMWR Weekly*, 2004, 53:150–152 (*http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5307a2.htm*);
  - *Smoke-free workplaces in Ireland: a one-year review*. Naas, Ireland, Office of Tobacco Control, 2005:10 (*http://www.otc.ie/article.asp?article=271*);
  - *Ley de Protección a la Salud de los No Fumadores* [Law on the Protection of Health of Non-smokers] Distrito Federal, México, Secretaria de Salud del Distrito Federal, México DF, 2004 (*http://www.salud.df.gob.mx/ssdf/index.php?option=com_content&task=view&id=157&Itemid=270*);
  - *The smoke is clearing: anniversary report 2005. Initial data on the impact of the Smoke-free Environments law change since 10 December 2004*. Wellington, Ministry of Health, 2005:10 (*http://www.moh.govt.nz/moh.nsf/wpg_index/Publications-Smoke+is+Clearing:+Anniversary+Report+2005*);
  - *Smoke-free Europe makes economic sense; a report on the economic aspects of smoke-free policies*. Brussels, Smokefree Partnership, 2005 (*http://www.smokefreepartnership.eu/Smoke-free-Europe-makes-economic_sense.pdf*).
- Invite business owners from smoke-free jurisdictions to speak to community and opinion leaders in your community (see above).

4.2.4 Legal challenges (or threats of legal challenges)

Tobacco companies or their front groups almost always threaten to challenge effective smoke-free legislation in the courts. In many cases, they actually do challenge the legislation. Some of the common legal arguments are:

- discrimination against smokers;
- undue (faulty) process;
- lack of constitutional or legal authority for the municipality to regulate.

Almost all cases brought by the industry against smoke-free legislation have failed.[19,20,21,22,23] Those that have succeeded tend to focus on procedural issues, such as lack of adequate consultation or improper legal process in adoption and implementation of the law, and not the rationale or science behind the law.

What you can do?

- Ensure your city's legal counsel have been well briefed on potential relevant legal issues specific to your country and city. Do not hesitate to retain outside counsel if needed to support the city's staff lawyers.
- Make sure your legislation is based on recognized health evidence, such as the evidence that exposure to second-hand smoke causes serious harm to non-smokers, and the evidence that separately ventilated smoking rooms do not adequately protect non-smokers.
- Ensure that your legislation goes through the legally required consultation processes, whether this includes legislative hearings, a written public consultation period, or public consultation meetings. Consistent with WHO FCTC requirements to minimize tobacco industry interference with tobacco control, **do not** meet privately with the tobacco industry. The industry, like other members of the public, can express its concerns in public forums.
- Highlight the many jurisdictions where legal challenges have been brought and have failed. These include several local jurisdictions in Canada and the USA, and in Mexico City.[19,24]

4.3 SUCCESS ELEMENT 3: GOOD PLANNING AND ADEQUATE RESOURCES TO MAXIMIZE COMPLIANCE WITH THE LAW

A popular misconception about smoke-free legislation is that strong enforcement is the only determinant of compliance. In fact, three key factors contribute to high compliance: good legislation (Section 4.1); a good enforcement strategy (Section 4.3.1); and a good communications and outreach strategy (Section 4.5). With these three strategies, the law will quickly become self-enforcing because members of the public will demand it, and smokers and business owners will see advantages in complying with it. The implementation of all of these elements needs to be coordinated and planned early on (Box 6).

As an important early step, the city should set up an implementation team or task force comprised of key members of government agencies and civil society in order to develop and coordinate an implementation strategy that will ensure acceptance of and compliance with strong legislation. Such a task force ensures that important allies and potential allies are brought into the process early.

Box 6: Mecca and Medina: unique rationale, familiar implementation strategies

On 31 May 2001, the late King Fahd of Saudi Arabia announced, through a royal decree, that the holy cities of Mecca and Medina would be smoke-free. The rationale for the decision and the messages disseminated to support it were based on the religious tenets of Islam, specifically, statements in the Quran and in the teachings of the prophet Mohammed to avoid any behaviour that harm one's health or property.

Figure 3: Billboards and other promotional material in Mecca and Medina [46]

Source: Mostafa K. Moahmed

The Main Committee for Awareness of Smoking Hazards in the Holy City of Makkah

This decision had the potential to influence a population far beyond the boundaries of the cities: as major pilgrimage destinations for Muslims, the cities attract six to eight million visitors each year.

Despite the unique justification for the policy relative to many other jurisdictions, the actions taken to implement it followed the successful strategies of other smoke-free jurisdictions: coordination between government and civil society; an information and communications strategy; and an implementation and enforcement plan.

Following the royal decree, the mayors in both cities set up an official committee, the High Committee for Tobacco Prevention, to carry out the necessary steps for implementation of the policy. The committee membership was assigned through an official decree of the governor of Mecca and included municipal representatives, health, education and cultural organizations, Hajj affairs, Holy mosque maintenance affairs, Umm AL-Qora University and the chamber of commerce.

Among the implementation actions undertaken was the gradual transfer of tobacco sales outlets and waterpipe cafes outside the city limits. This very practical step made it much more likely that people would comply with the prohibition on smoking within the areas around the holy mosques.

These measures were complemented by a widespread communications campaign that was stepped up in the pilgrimage season (Hajj) and during the holy month of Ramadan.

Another unique aspect of the Mecca and Medina ruling is that it was very difficult for those marketing and selling tobacco to argue against it. Because of the religious rulings against tobacco, and the widespread acceptance of the initiative by citizens and pilgrims, any tobacco company or retailer speaking against the ruling would damage their reputation and their business.

4.3.1 Enforcement strategy

While smoke-free laws, with appropriate preparation and communication in advance of implementation, usually become self-enforcing, an enforcement strategy is still needed to implement the law to deter potential violators. A good strategy will enable successful enforcement with minimal resources (Box 7).

The strategy should:

- identify the most logical agency or agencies to enforce the law – often, the most appropriate agency is one with inspectors that regularly enter places of business as part of their other enforcement duties (e.g. food safety inspectors, environmental health officers);
- develop a clear enforcement protocol, placing responsibility for compliance on owners and managers rather than on individual smokers, and focusing inspections on premises thought to be at most risk of non-compliance (for example, a certain category of business or geographical area);
- assign adequate resources to train inspectors and ensure an adequate number of inspectors to enforce the law, particularly in the early stages of implementation.

Box 7: Scotland's enforcement protocol [26]

Scotland developed a detailed enforcement strategy and protocol to implement the Smoking, Health and Social Care (Scotland) Act 2005. The protocol was developed and agreed upon by six agencies responsible for overseeing enforcement of the law: the Royal Environmental Health Institute of Scotland, the Society of Chief Officers of Environmental Health in Scotland, the Convention of Scottish Local Authorities, the Crown Office and Procurator Fiscal Services, the Association of Chief Police Officers in Scotland, and the Scottish Executive Health Department.

The protocol identifies an initial focus for inspection on places:

- that are open to substantive numbers of people;
- where there is an absence of pre-existing self-imposed smoking controls;
- where enforcement officers do not usually visit as part of their routine inspections under other legislation.

The protocol anticipates an evolution to a risk-based inspection programme that would consider confidence in management, history of compliance with the requirements, and the number of complaints received from the Compliance Phone Line.

Although Scotland's legislation has sufficient penalties to encourage compliance, the protocol emphasizes education before penalties:

Enforcement officers will work closely with businesses, building compliance with legislation through education, advice and presentation. Enforcement action is taken forward only when the seriousness of the situation warrants it. The approach to enforcement is non-confrontational focused on raising awareness and understanding to ensure compliance. Any enforcement action undertaken must be fair, proportional and consistent.

The Global Smoke-Free Partnership (GSP) has published a detailed guide to enforcement, containing guidelines and specific examples from a variety of jurisdictions.[25] Cities could use this as a primary reference when planning enforcement strategies.

4.4 SUCCESS ELEMENT 4: CIVIL SOCIETY INVOLVEMENT

Civil society support is almost always a major factor in passing and implementing a successful smoke-free law. In the best-case scenario, a local government is committed to passing and implementing an effective smoke-free law, and enlists civil society organizations as partners to help promote and implement the law (Box 8).

Box 8: Chandigarh civil society action leads to implementation and partnership with local government [27]

When politics trump public health, jurisdictions may end up with a law that is neither simple nor enforceable, nor comprehensive. But Chandigarh, India, has shown that even a weak law can lead to a smoke-free outcome if civil society is engaged, and creative strategies are used.

In 2003, the Government of India passed the Cigarettes and Other Tobacco Products Act (COTPA), which, among other things, addressed the issue of smoking in public places. While the Act prohibited smoking in many public places, it permitted hotels with more than 30 bedrooms, airports, and restaurants with seating areas for more than 30 people to designate smoking areas within their premises.

The Burning Brain Society (BBS), a civil society organization in Chandigarh, was concerned that the federal law permitted indoor smoking areas in many public places. It was also concerned about the very visible and close connections between tobacco companies and leaders of local government agencies that should have been enforcing the federal law in Chandigarh, but were not.

In order to address the enforcement problem, BBS made use of the Right to Information Act, passed in 2005, to file hundreds of Right to Information (RTI) applications with government offices in Chandigarh asking about enforcement actions under COTPA. Government offices are required to respond to RTI requests within 30 days. This compelled them to quickly examine the legislation and the enforcement actions that were (or were not) being taken, resulting in greater awareness of their enforcement responsibilities. A court ruling in response to a civil writ petition filed in 2005 also reinforced the obligation of local governments to fully implement the tobacco control legislation in letter and spirit.

The legal actions and confrontation between civil society and the government now gave way in favour of a productive partnership. Senior members of the Chandigarh administration met BBS and asked the non-governmental organization (NGO) to prepare a road map for Chandigarh to become a smoke-free city, while the Chandigarh police began to enforce the law.

Even with proper enforcement of the federal law, there remained two fundamental weaknesses: smoking areas were permitted in restaurants, hotels and airports, and penalties for violations of the law were too low to act as a deterrent.

As a way to overcome these weaknesses, the BBS identified a number of other federal laws that could make the elimination of such smoking areas a reality. Two laws in particular lent themselves to closing the loopholes.

The Prevention of Food Adulteration Act contains licensing conditions that require hotels and restaurants to maintain good hygienic conditions and a healthy environment. The enforcement authorities in Chandigarh interpreted this provision to mean that any tobacco fumes in a non-smoking area would be considered a violation. The BBS developed a low-cost air-monitoring tool to estimate compliance. As a result, most hotels and restaurants decided to become completely smoke-free rather than incorporating a designated smoking area. The risk of losing their licences was enough to convince them to comply.

Also, to encourage compliance in government establishments, it was determined that officials of government institutions could be prosecuted under conditions of service rules, the consequences of which were much more serious than the COTPA penalties. By publicizing this fact, deterrence was achieved.

In situations where local government does not have the will or support to initiate the passage of an effective law, civil society can help build a more favourable public and political environment by engaging local government and prompting the introduction and implementation of a smoke-free law.

Civil society organizations can play a number of critical roles in building support for smoke-free legislation.

- **Building political will.** Civil society often has more freedom than government to communicate with political leaders to promote an effective law. Often, it also has more credibility. A broad coalition of civil society should be able to effectively build support across political parties.
- **Educating the public and opinion leaders, and countering opposition.** Civil society frequently has good experience and contacts with the media. It can independently promote messages in support of the government's efforts to pass a strong law. The same message coming from government and echoed repeatedly by several civil society organizations is hard to ignore.

  Civil society can also usually react more quickly to events, which is critical in countering tobacco industry opposition. Civil society actions help counter-balance the influence of the tobacco industry and its allied opponents to smoke-free laws.

- **Monitoring and assisting with enforcement.** Through their membership and volunteers, civil society organizations can be a good source of intelligence on violations of the law for the government. They can also help promote compliance with the law by visiting businesses and other employers, in coordination with enforcement officers, to educate managers about their responsibilities under the law.

  Civil society organizations, such as academic institutions, can help carry out monitoring studies to evaluate the success and impact of the law.

Organizations that are natural allies in promoting smoke-free legislation include:
– groups of medical professionals, such as physicians, nurses, dentists and pharmacists;
– health charities, such as cancer societies, heart foundations and lung associations;
– environmental groups concerned about air quality;
– trade unions and other workers organizations (although some of these organizations may initially resist legislation);
– parent and teacher associations;
– religious organizations;
– civic organizations.

4.5 SUCCESS ELEMENT 5: OUTREACH AND COMMUNICATIONS

Outreach and communications are necessary to build support for smoke-free laws. While the public is generally supportive, a much larger proportion becomes strongly supportive with a communications strategy.

The messages, audiences and means of communication will vary depending upon the situation, and will vary throughout the course of a campaign to introduce and implement a law. A communications strategy needs to be developed to ensure that the most effective messages are delivered at the appropriate time, through the most effective means, to the people that need to be reached.

The Global Smokefree Partnership sums up the most common key public education objectives prior to and after implementation as:

- increasing public understanding of the need for the new law and of the health and business benefits it provides;
- raising awareness of the new law – where it applies, what is required, the date it takes effect and penalties for non-compliance;
- encouraging businesses to plan ahead and providing them with guidance;
- encouraging smokers to comply with the law;
- building the expectation that the law will be enforced;
- communicating ways for the public to help enforce the law;
- promoting "quit smoking" campaigns in coordination with implementation;
- demonstrating that the law is working and is popular by using surveys, air quality monitoring studies and other methods; and
- countering the influence of those opposing the law.[25]

In addition to these objectives, prior to the introduction of legislation there may be a need to convince political leaders and the public of the relevance of introducing and passing legislation to protect workers and the public from exposure to second-hand smoke (Box 9).

Box 9: Canada: a personal message from a worker [28,29]

Comprehensive smoke-free laws usually gain much more widespread acceptance when they focus on the protection of workers. Tobacco companies routinely argue that smoking areas are needed in public places to accommodate smokers. But almost all – if not all – indoor public places are also workplaces. Surveys in various countries have shown that the vast majority of people agree that, "all workers deserve to work in a safe, healthy environment, free from tobacco smoke."

The message of bars and restaurants as workplaces was broadcast loud and clear across Canada with the story of Heather Crowe, a non-smoking waitress dying of lung cancer due to years of exposure to tobacco smoke in her workplace: restaurants and bars.

When Heather was diagnosed with lung cancer in 2002, she called a civil society organization, Physicians for a Smoke-Free Canada (PSC), and said that she wanted to tell her story.

This single telephone call led to a national mass media campaign by Health Canada, the federal health department, which highlighted Heather's story to promote smoke-free laws across the country. The media spots were complemented by Ms Crowe's visits to mayors and other political leaders across the country, coordinated by PSC and supported by dozens of other NGOs and local governments.

In Canada, primary authority to regulate smoking in public places and workplaces is delegated to municipal, provincial and territorial levels. Heather's story and experience brought together governments, civil society, the media and the public in support of smoke-free laws at municipal and provincial levels.

When Heather was diagnosed with lung cancer, only 5% of Canada's workers were covered by laws protecting them from second-hand smoke. When she died in May 2006, 80% of Canada's workers were protected. One story, widely disseminated, made a huge difference.

See a video of Heather's story and campaign (in English or French) at:
http://www.smoke-free.ca/heathercrowe/film.htm

Figure 4: Heather Crowe. Died of lung cancer from second-hand smoke in the workplace in 2006, age 61.

Source: 2nd hand smoke can kill you. Just ask Heather. Reproduced with the permission of the Minister of Health, 2003

4.5.1 Outreach to media, the public and political leaders

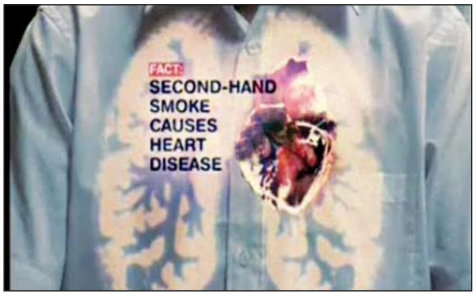
There are many ways to broadcast your message, as the experiences discussed here show. As many as possible should be used. However, two main types of communication have the most impact among the key targets of political leaders, media and the public, and should be prioritized.

4.5.1.1 Paid mass media campaigns. Professionally developed media campaigns with paid broadcasting time and space are often the most effective way to reach the public and have the most impact.

Paid campaigns allow complete control over the message, and when and where the public will see or hear the message. While mass media campaigns require resources, they are extremely cost-effective in terms of the impact achieved (Figures 5 and 6).

The World Lung Foundation provides an on-line resource for developing mass media campaigns to promote smoke-free environments.[30]

Figure 5: Ireland's mass media campaign highlighted protection of workers, through the "Smoke-free works" campaign.[31] "By law, bars, restaurants and other workplaces must now be smoke-free. Why? Because second-hand smoke causes serious and fatal diseases. So, even if you're not working, remember I am. And he is, too. Smoke-free works. Smoke-free, by law"[47]



Source: Office of Tobacco Control, Ireland.

4.5.1.2 Earned media. Earned media, or news stories generated through press releases, press conferences, interviews and events, is a highly effective and inexpensive way to reach political leaders as well as the public. A front-page story in the city's largest newspaper, or an editorial supporting a smoke-free law, can have a big impact (Box 10).

Box 10: Rosario, Santa Fe, Argentina: citizen's action supports smoke-free legislation and makes the news

In March 2004, a law was proposed in the legislature of the Province of Santa Fe, Argentina, to prohibit smoking in all enclosed public places and workplaces, without exceptions.

In June 2004, a 10-year old asthmatic boy, Kevin Stralla, gave a boost to the proposal. Stralla boarded a public bus and refused to pay for his trip until the driver stopped smoking a cigarette inside the bus, which was prohibited by a 1985 municipal ordinance. The driver threatened to take the boy to a police station if he did not pay, but the boy insisted on not paying until the bus driver put out the cigarette.

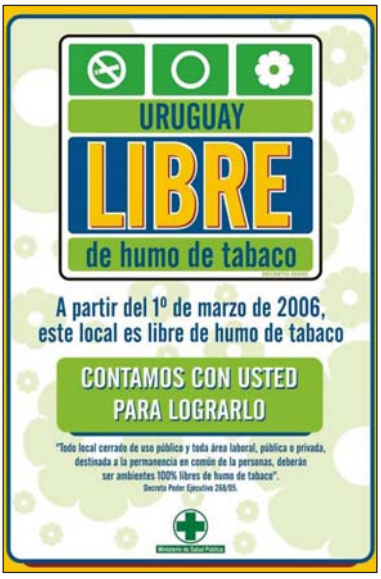
Finally, the boy was taken to the police who made him pay the bus fare and told the driver to take him to school. After returning home, the boy and his mother denounced the incident and the bus company suspended the driver. This incident attracted local and national media attention, and soon the boy became a champion of non-smokers' rights in Rosario, the capital city of the province.

Earned media can be generated in many ways:

- stories of other jurisdictions successfully implementing smoke-free laws;
- testimonials from business owners and prominent personalities who support the law;
- testimonials from spokespeople affected by second-hand smoke, particularly workers;
- public events with good visual opportunities for the media;
- stories about tobacco industry interference with the political process;
- release of research reports, public opinion polls and other monitoring information.

Several guidelines on how to use earned media to promote smoke-free laws are available.[34,35] Many of the case studies listed in the resources section also provide examples of how earned media has been used to promote smoke-free legislation.

Figure 6: Posters promoting the implementation of smoke-free laws in bars and restaurants in Mexico City, Mexico (left) and in Uruguay (right) [49]



Source: World Lung Foundation

4.5.2 Outreach to businesses and employers

Employers and businesses are key allies in ensuring compliance with the law. No jurisdiction in the world has the resources to send inspectors to regularly check compliance in every regulated establishment.

For employers and businesses to be able to fulfil their duties of ensuring compliance, specialized information and outreach is needed. Many jurisdictions have developed guidelines directed specifically at employers in different sectors. These range from more detailed brochures highlighting procedures for management to take, to one-page guidelines for staff dealing with smoking in smoke-free places (Figure 7). These materials can be made available online, mailed to businesses, or distributed through business associations and NGOs

Figure 7: Guidance brochures and posters for businesses and their staff produced in (from left to right) Hong Kong SAR, Ireland and Scotland. The Scottish brochure is available in nine languages. [36,37,38]

Sources: China, Hong Kong Special Administrative Region. Department of Health. Tobacco Control Office. (left) Office of Tobacco Control, Ireland (centre), Healthier Scotland (right)

Meetings with leading sector organizations, such as government agency managers, trade unions or associations, chambers of commerce and hospitality industry associations are also useful to ensure leadership from these sectors in promoting implementation of the law. Local health authorities can organize these meetings, with the participation of appropriate enforcement agency representatives and/or civil society organizations.

4.5.3 Political champions as messengers

Few jurisdictions have successfully passed strong smoke-free legislation without firm support from key political "champions": high-level, visible politicians who are willing to fight for the law throughout the legislative process and to promote it in the media (Figure 8).

Figure 8: Prominent political champions of smoke-free legislation in their respective jurisdictions (from left to right): Manual Mondragon,former Secretary of Health of Mexico City; Tabaré Vazquez, Former President of Uruguay. [48]

Source: Manuel Mondraón

Presidencia de la República Oriental del Uruguay

Political champions are well-known figures in the community that have the power to influence policy and to attract the attention of the media. They play a key role in building political support for smoke-free policies among legislators, promoting the law among the public, and defending the law against critics (Box 11). Political champions should be considered an integral component of any communications strategy.

Box 11: Uruguay campaign "Un Millón de Gracias" ("Thanks a Million") [39]

In March 2006, Uruguay was the first country in the Americas to implement a comprehensive smoke-free law. In the month prior to the decree coming into force, the Ministry of Health undertook to collect one million signatures to thank the one million smokers in Uruguay who would step outside to smoke when the decree entered into force. Literally, "Thanks a million" (Figure 8). This was an ambitious undertaking in a country with only 3.5 million people.

In just a few weeks, 1.1 million signatures were collected. Here's how they did it:

- the President of Uruguay, Tabaré Vázquez, personally launched the campaign through a national video conference attended by dignitaries and celebrities from the worlds of art, sports, journalism and politics, which ensured wide news coverage and high visibility;
- people could sign "thank you" cards on the Internet or call a toll-free telephone number;
- advertisements promoting the campaign were placed on taxi cabs;
- moving billboards promoted the final outcome of the campaign.

In addition to building support among smokers for the decree and encouraging compliance, the campaign gave a positive image: the decree was not taking something away from the public, but giving the public clean air. Smokers were, essentially, being thanked for helping to provide that clean air.

While this was a national campaign in Uruguay, it lends itself particularly well to a local setting, providing a unique way to involve individuals in promoting the law.

4.6 SUCCESS ELEMENT 6: MONITORING AND EVALUATION OF IMPLEMENTATION AND IMPACT OF THE LAW

While smoke-free laws are generally popular with the public, the tobacco industry will not stop fighting the law after it has been implemented. Through court challenges, media campaigns and lobbying, the industry will do its best to convince people that the law is not working, is unpopular, and/or is having a negative economic impact and needs to be weakened or repealed.

The best defence against these tactics is to objectively demonstrate that none of these claims is true, and produce evidence that the law is working as intended and having a positive impact on health.

4.6.1 Types of monitoring tools

There are many monitoring tools available to determine the success and impact of the implementation of the law. The most important for countering opponents' attempts to weaken the law are outlined below.

- **Public opinion surveys showing the level of popular support for the legislation.** Numerous jurisdictions have shown that public support for the law is high before it is passed, and that support increases after the law is implemented. In jurisdictions that have properly prepared for and implemented smoke-free laws, support is generally higher than 80%. As an example, the 2009 Eurobarometer poll showed that 84% of European Union citizens support indoor smoke-free workplaces in offices and similar workplaces, 79% support smoke-free restaurants, and 65% support smoke-free bars, pubs and clubs.[40]

Sample polling questions and response options from a Mori poll conducted in Uruguay in 2006,[41] a few months following the entry into force of that country's smoke-free decree, are listed in Table 1.

Table 1: Sample polling questions and response options from a Mori poll, Uruguay, 2006 [40]

Question	Response options
How harmful do you believe it is for non-smokers to be exposed to other people's tobacco smoke?	Very harmful, Somewhat harmful, Slightly harmful, Not harmful at all, Don't know
How much do you agree or disagree with this statement: all employees have the right to work in an environment free of tobacco smoke. How much do you agree or disagree with this statement: the rights of children are violated when adults smoke at home in their presence?	Agree very much, Agree, Disagree, Disagree very much, Don't know
Are you aware that in Uruguay, since March of this year, there is a decree that requires all enclosed public places and private and public workplaces (including hospitals, schools, shopping centres, businesses, bars, restaurants, casinos) to be totally smoke-free?	Yes, No
Independently of your impressions of compliance with this decree, do you agree or disagree with the decree?	Agree, Neither agree nor disagree, Disagree, Don't know
From what you know or have been able to observe, do you believe that the law is being complied with?	Completely complied with, Mostly complied with but with exceptions, Some compliance, No or almost no compliance, Don't know
In your personal case, would you say that, since the prohibition on smoking in public places came into force, do you go out more than before to restaurants, bars and discos, do you go out about the same amount as before, or do you go out less than before?	More than before, Same as before, Less than before, Don't know
Independently of whether you go out more, the same, or less than before, when you go to these places where smoking is now prohibited, would you say that you feel better, the same, or worse than when smoking was allowed?	Feel better, Feel the same as before, Feel worse, Don't know
Since the decree entered into force, would you say that you continue to smoke the same amount as before, a little less, a lot less, or more? (Question asked only of smokers.)	Smoke the same amount as before, Smoke a little less, Smoke a lot less, Smoke more, Don't know

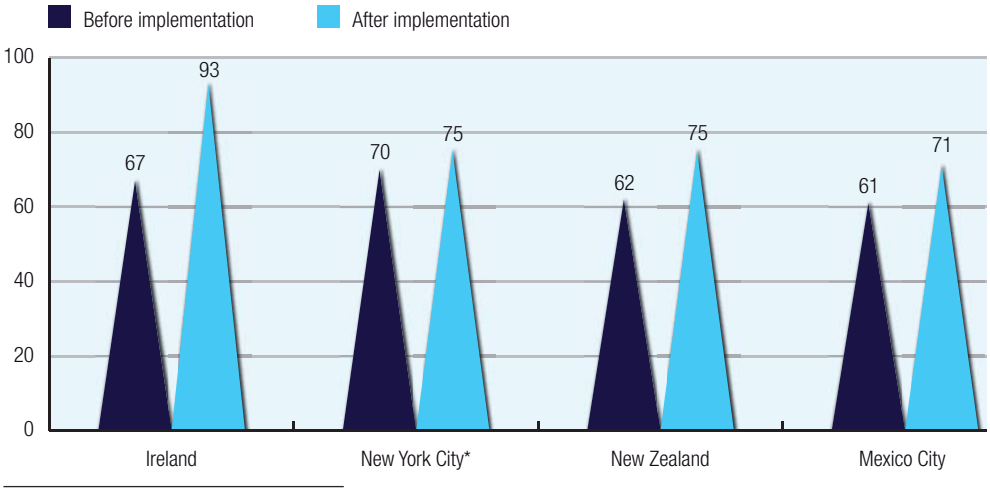
Key resources

– **Economic studies showing that the law has not had a negative impact on businesses.** The primary argument from opponents after implementation of the law will be that it harmed businesses, particularly those in the hospitality or catering sector (hotels, restaurants, pubs, karaoke venues, discotheques and dance clubs). It is important to be able to counteract this claim with objective data from your municipality. A local academic institution should be contracted to examine relevant factors, such as sales, tax and employment data. For evidence and more guidance on this type of study:

Smokefree and hospitality. Carlton, Vic, VicHealth Centre for Tobacco Control (Australia), 2010 (*http://www.vctc.org.au/browse.asp?ContainerID=smokefree*);
Smoke-free Europe makes economic sense. Brussels, Smokefree Partnership (Europe), 2010 (*http://www.smokefreepartnership.eu/Smoke-free-Europe-makes-economic*);
Smokefree laws help the economy and do not harm restaurants and bars. Global Smokefree Partnership (international partnership), 2006 (*http://www.tobaccofreecenter.org/files/pdfs/en/SF_help_economy_en.pdf*);
Economic impact of smoke-free legislation on the hospitality industry. Ottawa, ON, Health Canada, 2005 (*http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/2005-hospitalit/overview-vue-eng.php*).

– **Compliance statistics**. Prior to implementation of the law, agreement should to be made with enforcement agencies on a system of collecting data about compliance. Coordinate with enforcement agencies to publicize compliance data. This data, presented to the media in a simple format, can counteract claims that the law is not working or being obeyed (Figure 9). Ireland's one-year compliance report provides a good model.[42]

Figure 9: Public support for smoke-free laws pre- and post-implementation (after about one year) in Ireland, New Zealand (data reflects support for smoke-free bars only) and New York City (United States of America) [43,44,45]



* New York City, USA, the first measure was taken a few months after implementation and the second one year after implementation. Support for the law increased in this time period. All other "before" figures are from surveys conducted before implementation of the smoke-free law.

– **Level of particulate matter pre- and post-implementation in places covered by the law**. Many jurisdictions have measured particulate matter from tobacco smoke in settings before implementation of the law to identify the location of the highest levels. This can be followed up by post-implementation measurements showing the drop in particulate matter to lower, healthier levels. Several academic institutions have experience in conducting these studies and can assist with monitoring tools and protocols.

  The following web sites provide research protocols and other guidance:
  Conduct a study. Baltimore, MD, Secondhand smoke monitoring, (*http://www.shsmonitoring.org/*);
  Learn how to conduct secondhand smoke exposure studies. Buffalo, NY, Tobacco Free Air, 2010 (*http://www.tobaccofreeair.org/*).

– **Indicators of worker health**. In order to assess the impact of the law on the health of workers, measurements of reported health symptoms and of tobacco smoke biomarkers such as blood cotinine levels can be taken pre- and post-implementation. Guidance on this type of research can also be found at the Secondhand Smoke Monitoring web site (*http://www.shsmonitoring.org/*). Another measure is the number of emergency admissions to hospital for acute cardiovascular problems such as heart attacks. The following jurisdictions have measured this:

Italy
Cesaroni G et al. Effect of the Italian smoking ban on population rates of acute coronary events. *Circulation*, 11 February 2008 (*http://circ.ahajournals.org/cgi/content/abstract/CIRCULATIONAHA.107.729889v1?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=Forastiere&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT*);

United Kingdom, Scotland
Pell JP et al. Smoke-free legislation and hospitalizations for acute coronary syndrome. *New England Journal of Medicine*, 2008, 359:428–491 (*http://www.nejm.org/doi/full/10.1056/NEJMsa0706740*);

USA, Helena, Montana
Sargent RP, Shepard RM, Glantz SA. Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study. *BMJ*, 2004, 328:977. (*http://www.bmj.com/content/328/7446/977.abstract?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&author1=Glantz&fulltext=Helena&andorexactfulltext=and&searchid=1087350127291_557&stored_search=&FIRSTINDEX=0&sortspec=relevance&resourcetype=1*);

USA, Pueblo, Colorado
Bartecchi C et al. Reduction in the incidence of acute myocardial infarction associated with a citywide smoking ordinance. *Circulation*, 2006, 114:1490–1496 (*http://circ.ahajournals.org/cgi/content/full/114/14/1490*).

4.6.2 Getting the message out: the law works and is popular

As discussed in Section 4.5, communications and outreach should not end after the law has been implemented. Monitoring and evaluation results should be promoted widely to decision-makers and in the media to demonstrate the law's popularity and impact.

One common approach to promoting evaluation results is an anniversary report issued a year following the date that the law came into force. England, Ireland, New Zealand and Scotland all issued one-year anniversary reports that received widespread media coverage, and served to reinforce the message that the laws were working and having the intended impact.

- Ireland - Office of Tobacco Control. Smoke-Free Workplaces in Ireland. A One-Year Review (*http://www.otc.ie/Uploads/1_Year_Report_FA.pdf*)
- New Zealand - Ministry of Health. 2005. The Smoke is Clearing: Anniversary Report 2005 Wellington: Ministry of Health (*http://www.moh.govt.nz/moh.nsf/pagesmh/3388?Open*)
- United Kingdom
  - England - Department of Health. Smokefree England – one year on (*http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085882.pdf)*
  - Scotland - Ash Scotland 2007. Smoke-free success: ASH Scotland presents the Scottish experience (*http://www.ashscotland.org.uk/ash/files/Smokefreesuccess07.pdf*)

Of course, there is no need to wait a year to report good results. Cities should actively promote positive results as they obtain the data, through news releases or public events.

However, caution should be taken in releasing some types of research too early. For example, it is advisable to obtain six months to one year of economic data in order to compare it with previous years. A full year of data will take into account all seasons, and will show trends above and beyond any short-term factors that may have caused a brief decline or increase in sales. However, preliminary findings can be released earlier to the media if necessary to counter opponents' claims.

5. TWELVE STEPS TO A SMOKE-FREE CITY

Learn the lessons by listening and talking

Case studies and stories on paper can certainly help guide a community. But there is no substitute for hearing and observing the story directly.

One of the most useful exercises for a city considering becoming smoke-free is to visit a community that has done it successfully. Listening to people talk about their experiences can help to avoid mistakes, and will give you a chance to ask specific questions about applying their experience to your own city.

Many jurisdictions considering smoke-free legislation have visited Ireland, Scotland, Uruguay, the USA (California and New York City) and other smoke-free places to get ideas, and have cited these visits as a critical part of their planning process.

WHO offices and other international health organizations can help with setting up such visits.

In Box 12, the lessons learned are condensed into "Twelve steps", many of which will occur in a different order than listed, or will occur simultaneously, but they do provide a general idea of what needs to happen to make your city smoke-free.

Box 12: "Twelve steps"

1. Set up a planning and implementation committee chaired by the local health authority. Include leading civil society organizations (these could be health, consumer, educational, environmental, and religious or civic associations), relevant enforcement authorities, key stakeholders in other government ministries (e.g. labour and business), and leading employer and employee associations.
2. Become an expert. Learn everything you can about how other jurisdictions have become smoke-free.
3. Work with local legislative experts, guided by international best practice, to draft effective legislation.
4. Study several possible legal scenarios, including legal action by the tobacco industry, and prepare potential responses to them beforehand.
5. Recruit political champions to introduce and promote the legislation.
6. Invite the participation of civil society organizations to build support among their memberships, political leaders and the media, and to help counter tobacco industry tactics in a timely manner.
7. Work with evaluation and monitoring experts to identify and carry out the baseline studies needed (e.g. public opinion, air quality monitoring) to compare the impact of the law, pre- and post-implementation.
8. Work with media and communications experts to develop and disseminate messages to promote the legislation to the public. This should be a combination of earned media through news releases, media interviews and events, and paid messages broadcast through mass media (such as television, radio, billboards). Media strategies should include responding to false arguments from tobacco companies and their allies.
9. Work closely with enforcement authorities to design an enforcement plan, including training for inspectors, a clear protocol for inspections, and resources to allow for regular inspections, particularly during the first few months after the law comes into force.
10. When the implementation date for the legislation is known, develop and disseminate guidelines, signs and other information to employers and businesses with responsibility for ensuring compliance.
11. Celebrate the implementation day with media events, volunteers on the streets to promote implementation, and inspectors educating establishments about the law. This should be a celebratory occasion.
12. Ensure maintenance of the law by monitoring compliance, public opinion, indoor air quality, workers' health and economic impact, and by disseminating this information in a timely manner to the media and to political leaders.

ANNEX 1. MODEL ORDINANCE WITH COMMENTS

A common request of those developing smoke-free legislation is, "Do you have an example or model we can use?" There are no perfectly drafted smoke-free laws and ordinances that can be used as exact templates. Many laws have been amended in ways that make them difficult to read. They contain amendments and exemptions that have been inserted as political compromises. Or they include best practice language in some areas while omitting other key elements. This is true even in those jurisdictions commonly cited as best practice examples.

The text provided here draws on the best elements of laws from many jurisdictions, and from the Guidelines for implementation of Article 8 of the WHO FCTC. Undoubtedly, it is also imperfect. However, it offers clear language with which municipalities can work as a starting point.

The text includes essential elements needed to implement and enforce a law in most jurisdictions. In many jurisdictions, some of the details might be put into a regulation that follows an ordinance. Of course, some elements of good implementation – such as civil society involvement and some aspects of enforcement – are not always written into the legislation itself. Cities should refer to more detailed guidance on these elements provided elsewhere in this document and in the resources listed in Annex 2.

It should, however, be noted that cities intending to introduce smoke-free laws or ordinances can be expected to already have in place a standard drafting style. The style should, of course, be used when drafting the smoke-free ordinance (particularly in respect of paragraphs 1–4). It is not suggested that the draft below should replace the existing style used in any city.

Existing national legislation should also be reviewed to ensure consistency of approach, and also because concepts in existing legislation may be useful and transferable to the local ordinance. Fiscal legislation (which normally includes definitions of tobacco products), tobacco control legislation (e.g. regulating the sale of tobacco products to minors), and legislation regulating health and safety in the workplace may be particularly relevant.

THE [NAME OF MUNICIPALITY] SMOKE-FREE WORKPLACE AND PUBLIC PLACE ORDINANCE

Suggested text

1. Purpose. The purpose of this Ordinance is to protect the residents of [name of the municipality] from the harmful effects of exposure to tobacco smoke in workplaces and public places.

Comments

The purpose and preamble of the ordinance establish that the goal of the ordinance is to protect public health. The city's relevant legal and health bases for regulation should be provided here.

2. Rationale. Whereas….

(a) The Constitution of [name of the country] guarantees the right to [life] [any other relevant rights].

(b) Exposure to tobacco smoke has been recognized by the World Health Organization and other respected health authorities to cause death and serious disease in non-smokers.

(c) There is no known safe level of exposure to tobacco smoke.

(d) International guidelines advise that the only way to adequately protect the public from exposure to tobacco smoke is to eliminate the source of smoke.

3. Definitions. For the purposes of this Ordinance, the following definitions apply:

(a) **Enclosed** means:

i. having a ceiling or roof or a cover that functions (whether temporarily or permanently) as a ceiling or roof; or

ii. being enclosed by one curved wall, or on two or more sides by walls, or enclosures that function (whether temporarily or permanently) as walls, whether or not they contain doors, windows or other openings.

The definition of "enclosed" is meant to include covered patios, and makes it difficult for establishments to construct or remodel portions of their premises to permit smoking.

(b) **Person in charge of an establishment or vehicle** means an employer, owner, manager, or other person with permanent or temporary authority over the operation of an establishment or of a vehicle.

(c) **Public place** means any place accessible to the general public or a place for collective use, regardless of ownership or right to access. It includes, but is not limited to:

i. offices and all areas of office buildings, whether private or public;

ii. health institutions, whether private or public;

iii. educational institutions, whether private or public;

iv. government buildings;

v. retail shops and shopping malls;

vi. hospitality and catering facilities, including pubs, restaurants, discotheques, hotels and karaoke venues;

vii. manufacturing or processing plants;

viii. all public areas in multiple unit dwellings, including lobbies, elevators and stairwells;

ix. [add other places as appropriate to your jurisdiction].

Workplaces and public places are defined broadly. A list of places that are considered workplaces and public places can be provided for clarity, but does not limit the definition to those places.

This is the critical clause that prohibits smoking in defined places. It is broad and also extends the non-smoking area beyond enclosed places. Whatever outdoor distance is specified, it should be practical for most enclosed spaces while also reducing smoke drifting from outdoors to indoors.

What is missing? Smoking rooms. This is how it should be.

Suggested text	Comments

3. Definitions. For the purposes of this Ordinance, the following definitions apply:

(d) **Smoke-free place** means any place where smoking is prohibited under this Ordinance.

(e) **Smoking** means the inhalation and exhalation of tobacco smoke or being in possession or control of an ignited tobacco product.

(f) **Workplace** means any place used by people in the course of their employment or work, whether the work is done for compensation or on a voluntary basis. A workplace includes, but is not limited to:

i. offices and all areas of office buildings, whether private or public;
ii. health institutions, whether private or public;
iii. educational institutions, whether private or public;
iv. government buildings;
v. retail shops and shopping malls;
vi. hospitality and catering facilities, including pubs, restaurants, hotels and karaoke venues;
vii. manufacturing or processing plants;
viii. [add other places as appropriate to your jurisdiction].

4. Prohibition of smoking in enclosed workplaces and public places. Smoking is prohibited in all enclosed public places and workplaces in [name of the municipality] and within [specified distance] of any entry, window or air intake of an enclosed public place or workplace.

Prohibition of smoking outdoors is recommended only if you know there is a reasonably high level of support for taking this step. Initially, you might find you have support for prohibiting smoking in an outdoor area popular with children and families (such as a local sports stadium).

5. Prohibition of smoking in specified non-enclosed or outdoor areas. Smoking is prohibited in municipal parks, beaches, playgrounds, and public stadia, even in areas of those places that are not enclosed.

6. Duty of compliance. The person in charge of an establishment or a vehicle required to be smoke-free under this Ordinance shall be responsible for ensuring compliance in their establishment, including:

This sets out the specific actions and duties for which employers and businesses are responsible.

(a) The person in charge of an establishment or a vehicle required to be smoke-free under this Ordinance shall be responsible for ensuring compliance in their establishment, including:

i. taking reasonable steps to ensure that no person smokes in an establishment where smoking is prohibited – reasonable steps include:
   a. requesting a person who is smoking to extinguish the tobacco product immediately or to leave the premises or vehicle;
   b. if the person refuses to extinguish the tobacco product or to leave, refusing service to that person and contacting the appropriate enforcement authority to report the violation;
ii. ensuring that ashtrays or other receptacles designed for smoking products are not present in smoke-free places;
iii. ensuring that the signs required under Schedule 1 are posted in accordance with the Schedule.

(b) No employer shall take any action against an employee for seeking enforcement of this Ordinance or acting in accordance with the requirements under this Ordinance.

Suggested text	Comments
7. Penalties and fines. (a) Persons violating provisions of this Ordinance are subject to the fixed monetary penalties listed in Schedule 2. (b) A person who commits or continues an offence under this Ordinance on more than one day is liable to be convicted for a separate offence for each day on which the offence is committed or continued.	Penalties should be high enough to provide a deterrent and should, therefore, be proportionately higher for businesses than for individuals. In cases where penalties are set in other legislation and may not be sufficiently high to deter violations, consider adding a provision permitting licence suspension for successive violations, or disciplinary action for government employees.
8. Enforcement authority and inspections. (a) The following persons shall have authority to enforce the provisions of this Ordinance: [list appropriate categories of persons – for example, "Public Health Inspectors as defined in the Public Health Act"]. (b) The [head of the municipal health authority] may designate an additional class or classes of inspectors for the purposes of enforcing this Ordinance. (c) An inspector authorized under subsection (a) may: i. enter and inspect any public place or workplace designated as smoke-free under Section 4 during reasonable hours; ii. request information relevant to the inspection from any person; iii. [if possible in the municipality's legal system] issue on-the-spot fines based on evidence of a violation. (d) No person shall hinder in any way the performance of the duties of an inspector, mislead them by concealment or false statements, or refuse to provide them with any information or document to which they are entitled under this Ordinance, or destroy any such information or document.	Enforcement provision will vary widely based on the legal traditions of the municipality. Some jurisdictions may require much more detailed language regarding enforcement powers and inspection procedures. This is a suggestion for minimum language, which can be elaborated further as needed either in the ordinance itself or in a regulation.
9. Public complaints. [if possible in the municipality's legal system]. The public shall be authorized to report violations or suspected violations of the Ordinance to the appropriate inspection agency. The [name of relevant local authority] will establish a toll-free telephone number to be displayed on signs, and advertised on the [name of local health authority] web site.	
10. Regulations. The [head of the municipal authority] may issue regulations to further the effective implementation of this Ordinance.	Explicit statement of powers to issue regulations or other relevant legal instruments will more easily allow the municipality to close unforeseen loop-holes, or to clarify other issues that are hindering implementation. For example, additional categories of inspection could be named, or definitions clarified.
11. Reporting. The [head of the municipal authority] shall issue and publish an annual report on compliance with this Ordinance.	
12. Entry into force. This Ordinance shall enter into force 90 days following its publication in [name of official municipal government publication].	Entry into force of 90 days or three months – after publication of the law or regulation – should provide sufficient time to prepare for implementation. A longer implementation period invites de-lays, loss of momentum, and opportunities for the tobacco industry to weaken the law.

Schedule 1. Signs	Comments
1. In enclosed smoke-free places other than vehicles, at least one sign meeting the requirements below shall be posted conspicuously: (a) at every entrance to a smoke-free place, whether the entrance is open to the public or not; (b) in every bathroom; (c) in common areas such as lobbies, elevators, meeting rooms and corridors; (d) in multi-storey buildings, in every stairwell. 2. In non-enclosed smoke-free places, signs shall be placed at all entrances to the venue and at prominent places within the venue. 3. In smoke-free vehicles with a capacity to carry more than four passengers, signs shall be posted at all entrances to the vehicle. In smoke-free vehicles with a capacity to carry four or fewer passengers, signs shall be posted on one window on each side of the vehicle.	
4. Signs shall be not less than 200 x 300 mm in smoke-free establishments other than vehicles, and not less than 100 x 100 mm in smoke-free vehicles.	Specification for signage is important. In addition to any text in the legislation prescribing signage, it is useful to provide a visual example for establishments to follow (see below), or even to provide and distribute signs.
5. Signs shall: (a) be on a white background with black lettering and a red circle and stroke; (b) contain the universal no-smoking symbol and state that smoking is prohibited on the premises or in the vehicle; (c) be printed in [official or commonly used language of the municipality]; and (d) shall contain the name and telephone number of the [local enforcement agency] for the purpose of directing complaints. 6. The [name of the local health authority] will make available electronic templates of the sample sign below prior to the coming into force of the Ordinance.	

NO SMOKING

Smoking is prohibited in these premises under the Smoke-Free Ordinance of [name of the municipality].

Violators are subject to penalties.

Please report any suspected violations of the law to the enforcement authorities by calling, toll-free, 0-800-123-4567.

THANK YOU FOR KEEPING OUR AIR CLEAN AND HEALTHY.

Schedule 2. Fixed penalties					
Violation of section	**Violation by**	**First offence**	**Second offence**	**Third and subsequent offences**	
4 or 5 (smoking in a smoke-free place)	Individual	X percentage of average daily wage	[Greater penalty than for the first offence]	[Greater penalty than for the second offence]	Penalties should be set high enough to deter violations. They should not be unreasonable, but they should be sufficiently high to discourage businesses from breaking the law and simply paying the fines, and accepting them as part of the cost of doing business. They should be higher for institutions than for individuals, because institutions are generally able to pay more, and because greater compliance will most effectively be obtained by deterring institutions. In the case of individuals, in this example, fines are tied to the average daily wage. This, or a similar type of indicator (such as percentage of daily earnings in the case of a business) helps ensure that fines increase with inflation and, therefore, do not lose their deterrence value over time.
6 (failing to ensure compliance, remove ashtrays, or post signs)	Business, governmental or non-governmental agency, or corporate entity	X percentage of average daily wage [should be significantly higher than the penalty for individuals]	[Greater penalty than for the first offence]	[Greater penalty than for the second offence]	
	Individual in the employ of a business, governmental or non-governmental agency, or corporate entity	X percentage of average daily wage	[Greater penalty than for the first offence]	[Greater penalty than for the second offence]	
8 (d) (hindering an inspector)	Business, governmental or non-governmental agency, or corporate entity	X percentage of average daily wage [should be significantly higher than the penalty for individuals]	[Greater penalty than for the first offence]	[Greater penalty than for the second offence]	
	Individual in the employ of a business, governmental or non-governmental agency, or corporate entity	X percentage of average daily wage	[Greater penalty than for the first offence]	[Greater penalty than for the second offence]	

ANNEX 2. LEGISLATION REVIEWED

1. Background and methodology

There is a wealth of documented information and experience in the implementation of smoke-free legislation at all levels of government. This paper provides examples of successful implementation of comprehensive legislation at municipal level, based on existing resources and case studies. It includes a model smoke-free ordinance (Annex 1) that draws on the best components of a number of laws.

In preparing this paper, legislation and other regulatory instruments (such as decrees, ordinances and executive orders) regulating smoking in indoor public places and workplaces were obtained from WHO, government, and civil society sources, as well as from internet searches. Additional information on the implementation of legislation was obtained from case studies and other credible sources.

Case studies and/or implementation reports from 13 jurisdictions were reviewed and legislation from 25 jurisdictions was examined.

Obtaining legislation and case studies from municipalities was the priority. However, national, state, provincial or territorial laws were also collected to ensure best practice examples from as many WHO regions as possible.

The regulatory instruments and implementation experiences highlighted in this document were selected based on specific criteria.

- A copy of actual legislation, regulations or policy was required. Summaries of regulatory instruments were not considered sufficient to evaluate the policy.
- The establishments required by legislation to be smoke-free had to effectively protect a significant proportion of the population. Legislation that only required a narrow range of places to be smoke-free (such as government buildings) was excluded.
- Legislation permitting indoor designated smoking areas, even if separately ventilated, was excluded, unless there was documentation showing that actual implementation of smoking areas was extremely limited.
- The regulations had to be known to be relatively well implemented (i.e. violations are the exception rather than the norm), as reported through case studies, compliance data, or other credible information.
- As far as possible, examples were drawn from all WHO regions.

Some regions may be underrepresented as a result of a lack of effective legislation or documentation of success stories.

2. List of the legislation reviewed for this report

The following laws, regulations and policies were reviewed in the preparation of this report. Not all necessarily contain best practice provisions, and not all are highlighted in this document. Some web sites include associated regulations.

African Region

Kenya, Nakuru

The Municipal Council of Nakuru Environmental Management By-Laws, 2005

Nigeria, Abuja, Federal Capital Territory Administration

http://blogsofbainbridge.typepad.com/tobaccoandyou/why_abuja_went_smoke_free/

Region of the Americas

Argentina, Neuquén Province

Ley 2572; promulgada 21-12-07. 2007 [Law 2572; promulgated 21-12-07]. Library of the Superior Court of Justice document.
http://www.jusneuquen.gov.ar/share/legislacion/leyes/leyes_provinciales/ley_2572.htm

Canada, Capital Regional District (Victoria), British Columbia

Clean Air Bylaw No. 2401 of 1999. Victoria, BA, Vancouver Island Health Authority, Medical Health Officer/Public Health.
http://www.viha.ca/mho/tobacco/clean_air_bylaw.htm

Mexico, Federal District (Mexico City)

Decreto por el que se reforman, adicionan y derogan la Ley de Protección a la Salud de los No fumadores del Distrito Federal y la Ley para el Funcionamiento de Establecimientos Mercantiles del Distrito Federal [Decree amending, supplementing or repealing the Act to Protect the Health of Nonsmokers in the Federal District and the Law for the Operation of Commercial Establishments of the Federal District]. *Gaceta Oficial del Distrito Federal*, 4 March 2008
http://www.salud.gob.mx/unidades/pediatria/ley%20_no.pdf

Reglamento de la Ley de Protección a la Salud de los No fumadores en el Distrito Federal [Regulation of the Law on Health Protection of Nonsmokers in the Federal District], *Gaceta Oficial del Distrito Federal*, 4 April 2008.
http://www.paot.org.mx/centro/leyes/df/pdf/GODF/GODF_04_04_2008.pdf

Puerto Rico

Ley para Reglamentar la Práctica de Fumar en Determinados Lugares Públicos y Privados: Nueva ley núm. 40 [Law to Regulate Smoking in Certain Public and Private places]. San Juan, Department of Health, Government of Puerto Rico, 2006.
http://www.salud.gov.pr/Services/Dejaloya/Pages/NuevaLeyNum40.aspx

Uruguay

Ley Número 18.256 Control del Tabaquismo [Law number 18.256: Tobacco Control]. Montevideo, Oriental Republic of Uruguay, 2008.
http://www.parlamento.gub.uy/leyes/ley18256.htm

USA, New York City, NY

Smoke-Free Air Act of 2002.
http://www.nyc.gov/html/doh/downloads/pdf/smoke/tc7.pdf

Eastern Mediterranean region

Saudi Arabia, Mecca and Medina

Royal Decree by Custodian of the Two Holy Mosques, King Fahd, in 2001 declaring Makkah and Madinah smoke-free

United Arab Emirates, Dubai

Regulation of smoking in public and work places

European region

Ireland

Public Health (Tobacco) Act 2002/Public Health (Tobacco) (Amendment) Act 2004. Naas, Office of Tobacco Control.
http://www.otc.ie/legislation-national-overview.asp

Turkey

BILL AMENDING THE LAW ON PREVENTION OF HAZARDS OF TOBACCO PRODUCTS
Law No. 5727 Date of Enactment: 3/1/2008
http://www.tobaccocontrollaws.org/files/live/Turkey/Turkey%20-%20Law%20No.%205727.pdf

United Kingdom

Health Act 2006. London, legislation.gov.uk.
http://www.legislation.gov.uk/ukpga/2006/28/contents

United Kingdom, Scotland

Smoking, Health and Social Care (Scotland) Act 2005. Norwich, Office of Public Sector Information.
http://www.opsi.gov.uk/legislation/scotland/acts2005/asp_20050013_en_1
The Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006. Scottish Statutory Instruments, 2006 No. 90. Norwich, Office of Public Sector Information.
http://www.opsi.gov.uk/legislation/scotland/ssi2006/20060090.htm

South-East Asia region

India

The Cigarettes and Other Tobacco Products Act 2003 (2009 compilation including amendments, rules and regulations).
http://rctfi.org/goi_initiatives3.htm

Western Pacific region

Australia, Queensland

Tobacco and Other Smoking Products Act 1998/Tobacco and Other Smoking Products Regulation. Brisbane, Queensland Government.
http://www.health.qld.gov.au/tobaccolaws/default.asp

Australian Capital Territory

Smoking (Prohibition in Enclosed Public Places) Amendment Act 2009. Canberra, a.c.t legislation register.
http://www.legislation.act.gov.au/a/2009-51/

China, Hong Kong SAR

Tobacco control legislation. Smoking [Public Health] Ordinance. Hong Kong SAR, Tobacco Control Office, Department of Health, The Government of the Hong Kong Special Administrative Region, 2007.
http://www.tco.gov.hk/english/legislation/legislation_so.html

Indonesia, Cirebon City

Regulation of Cirebon Mayor Number 27a of 2006 on protection for non-smoker community in Cirebon City.
http://www.lindungikami.org/site_media/ekstern/REGULATION_OF_CIREBON_MAYOR.pdf

New Zealand

Smoke-free Environments Act 1990. Wellington, New Zealand Legislation: Acts.
http://www.legislation.govt.nz/act/public/1990/0108/latest/DLM223191.html

Philippines (the), Davao City,

Ordinance No. 043-02, Series of 2002: The Comprehensive Anti-Smoking Ordinance of Davao City. Davao 13th City Council, Series of 2002.
http://cinemarehiyon.com/smoking-ordinance

Philippines (the), Makati City,

City Ordinance No. 2002-090. An Ordinance Revising All Existing Anti-smoking Ordinances in Makati City and Expanding the Coverage Thereof, Providing Penalty for Violation Thereof. Makati, Metro Manila, 2003.
http://www.makati.gov.ph/portal/roms/docs/ORD.%202002/2002-090.pdf

ANNEX 3. OTHER RESOURCES

Smoke-free case studies used for this guide

Many jurisdictions have successfully become smoke-free. Far fewer have told their stories in a case study. These case studies were used as resources for this guide, and provide useful stories of the process of successfully achieving and implementing smoke-free legislation.

Brazil, Recife
http://new.paho.org/hq/dmdocuments/2011/PAHO_Smoke-free_Recife.pdf

Canada, Capital Regional District (Victoria), British Columbia
Drope J, Glantz S. British Columbia capital regional district 100% smokefree bylaw: a successful public health campaign despite industry opposition. Tobacco Control, September 2003, 12:264–268.
http://tobaccocontrol.bmj.com/cgi/content/full/12/3/264

India, Chandigarh
Experience of Chandigarh as a smoke-free city. World Health Organization Centre for Health Development.
http://www.searo.who.int/LinkFiles/TFI_Chandigarh-Smoke-Free_City.pdf

India, Chennai
http://www.searo.who.int/LinkFiles/TFI_Smoke-Free-City-cs.pdf

Ireland
Implementing the smoking ban. *The Irish Times: Business 2000, Ninth Edition, 2005/06.*
http://www.business2000.ie/images/pdfs/pdf_9th/dept_of_health_9th_ed.pdf

Mexico, Mexico Federal District (Mexico City)
Dawson J. *Mexico City: smoke-free city case study*. Paris, International Union Against Tuberculosis and Lung Disease, 2009.
http://www.theunion.org/news/mexico-city-smoke-free-case-study-launched.html
Towards 100% Smoke-Free Environment: The Case Study of Mexico City, Mexico.
http://new.paho.org/hq/dmdocuments/2011/PAHO_Smoke-free_Mexico_City.pdf

Saudi Arabia, Mecca and Medina
Mecca and Medina: smoke-free city case study. World Health Organization Centre for Health Development. *http://www.who.or.jp/SFC_Makkah.html*

Uruguay
Marquizo Blanco A. *Six Years that changed tobacco control in Uruguay: Lessons learned (2007)*. Washington, DC, Pan American Health Organization, 2007.
http://new.paho.org/hq/index.php?option=com_content&task=view&id=1371&Itemid=1231).

USA, New York, NY
New York: smoke-free city: a case study for Smokefree Liverpool. Chester, United Kingdom, Jon Dawson Associates, 2006.
http://www.smokefreeliverpool.com/images/stories/documents/new_york_case_study.pdf?phpMyAdmin=03877833a9ef1ea00e0c31c496ef7f55

Smoke-free case studies and short country reports commissioned by WHO for the Smoke- Free Cities Project

Please note that not all the following case studies necessarily reflect best practices, nor are all jurisdictions studied 100% smoke-free.

Extended case studies

City	Country / WHO Region	Highlights
1. Almaty	Kazakhstan / EURO	– Implementation of programme as an alternative to legislation – Role of media
2. Chandigarh	India / SEARO	– Policy diffusion – NGOs role – Use of non-tobacco legislation
3. Chennai	India / SEARO	– Monitoring strategy – Role of media – NGO's role
4. Chiyoda (Tokyo)	Japan / WPRO	– Outdoor ban
5. Davao	Philippines / WPRO	– Multisectoral implementation team – Role of media – Coherency (evidence-based) of the intervention
6. Liverpool	United Kingdom / EURO	– Policy diffusion – Advocacy campaign – Partnerships – Extensive use of resources
7. Mecca	Saudi Arabia, EMRO	– Adaptation to cultural context – Role of national stakeholders
8. Medina	Saudi Arabia, EMRO	
9. Mexico City	Mexico / AMRO/PAHO	– National-municipal relationships – Partnerships – Monitoring – Opposition of the industry – Use of local evidence
10. Nakuru	Kenya / AFRO	– Community participation – Taking advantage of circumstances – Policy diffusion
11. Recife	Brazil / AMRO/PAHO	– Implementation of a policy without a local legislation – Partnership with academic institutions – Progressiveness in the implementation

Short country reports and other studies

City	Country / WHO Region	Highlights
Collingwood	Canada / PAHO	– Policy diffusion – Focus on playgrounds – Participation of the youth
El Paso	USA / PAHO	– Role of media – Participation of city council – Youth participation
Jakarta	Indonesia / SEARO	– Relationship with clean air – Lack of enforcement
Makati	Philippines / WPRO	– Challenge of compliance – Policy diffusion
Michigan	USA / PAHO	– Sub-national initiatives, with impact on several cities – Context of weak or even opposing national policies
Ottawa	Canada / AMRO	– Policy diffusion – Role of media in the process of adoption of the legislation
Santa Fe	Argentina / PAHO	– Sub-national initiatives, with impact on several cities – Context of weak or even opposing national policies
Street bans on tobacco smoking in 110 cities	Japan / WPRO	– Unique intervention of street ban implemented in 110 municipalities – Lessons for the design, implementation and enforcement of similar initiatives
Townsville	Australia / WPRO	– Municipal enforcement of sub-national legislation (at the State level)
Waterloo	Canada / PAHO	– Community participation – Regulation of “private” environments

Smoke-free jurisdiction web sites, by WHO region

Much information about how cities, states and countries became smoke-free, and about their legislation, implementation, communications and enforcement strategies, can be found on the Internet. Listed below are some of the most comprehensive web sites. Not all of the smoke-free jurisdictions discussed in the report are listed here because they do not all have web sites for their smoke-free initiatives.

REGION OF THE AMERICAS

Brazil, São Paulo
Ley Antifumo [Anti-smoking law]. Anti-smoking Portal, State Government.
http://www.leiantifumo.sp.gov.br/

Canada, Ontario
Smoke-Free Ontario Legislation, Ministry of Health Promotion and Sport.
http://www.mhp.gov.on.ca/english/health/smoke_free/legislation.asp

Puerto Rico
Nueva Ley Núm. 40 [New Law No. 40]]. Department of Health.
http://www.salud.gov.pr/Services/Dejaloya/Pages/NuevaLeyNum40.aspx
Ya Puerto Rico es libre de humo. [And Puerto Rico is smoke-free].
http://prlibre.com/

USA, California
Secondhand Smoke, California Department of Public Health
http://www.tobaccofreeca.com/secondhand_smoke.html

EASTERN MEDITERRANEAN REGION

Saudi Arabia, Mecca and Medina
Religion and tobacco. Together for tobacco free Hajj 2006 (1426 Hegira). World Health Organization Regional Office for the Eastern Mediterranean.
http://www.emro.who.int/tfi/TobaccofreeMecca_Medina.htm

EUROPEAN REGION

Ireland
Smoke-free workplaces. Office of Tobacco Control.
http://www.otc.ie/communication_smokefree.asp

Turkey
4207 Sayılı Tütün Ürünlerinin Zararlarının Önlenmesi ve Kontrolü Hakkında Kanunun Uygulanması [No. 4207 Implementation of the Law on the Prevention and Control of the Harms of Tobacco Products]. Ministry of Health.
http://www.saglik.gov.tr/TR/Genel/BelgeGoster.aspx?F6E10F8892433CFF404F9755767D76FF563BC337E5066206

United Kingdom, England
Smokefree. A healthier England from July 1st 2007.
http://www.smokefreeengland.co.uk/

United Kingdom, Scotland
Welcome to a new smoke-free Scotland. Clearing the Air, Healthier Scotland.
http://www.clearingtheairscotland.com/index.html

SOUTH-EAST ASIA REGION

India, Chandigarh
Smoke-free Chandigarh web site.
http://www.chandigarh.tobaccofreeindia.com/

WESTERN PACIFIC REGION

Australia, South Australia
Smoke-free for good. Tobacco Control in South Australia, Department of Health.
http://www.tobaccolaws.sa.gov.au/Default.aspx?tabid=160

Australia, Tasmania
Smoke-free areas. Department of Health and Human Services.
http://www.dhhs.tas.gov.au/peh/tobacco_control/smoke_free_areas2

China, Hong Kong SAR
Publications and downloads. Implementation guidelines. Tobacco Control Office, Department of Health.
http://www.tco.gov.hk/english/downloads/downloads_guidelines.html (English)
http://www.tco.gov.hk/tc_chi/downloads/downloads_guidelines.html (Chinese)

Smoking (Public Health) Ordinance. Hong Kong Council on Smoking and Health (NGO).
http://smokefree.hk/en/content/web.do?page=Ordinances (English)
http://smokefree.hk/tc/content/web.do?page=Ordinances (Chinese)

New Zealand
Smokefree law in New Zealand. Ministry of Health.
http://www.moh.govt.nz/smokefreelaw

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2. *Tobacco smoke and involuntary smoking*. Lyon, International Agency for Research on Cancer, 2004 (IARC Monographs, Vol. 83), 2004 (*http://monographs.iarc.fr/ENG/Monographs/vol83/mono83.pdf*, accessed 10 October 2010).

3. *Report on carcinogens, eleventh edition*. U.S. Department of Health and Human Services, Public Health Service, National Toxicology Program. Washington, DC, 2005 (*http://ntp.niehs.nih.gov/?objectid=035E5806-F735-FE81-FF769DFE5509AF0A*, accessed 12 October 2010).

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5. Framework convention on tobacco control. Geneva, World Health Organization, 2003 (*http://whqlibdoc.who.int/publications/2003/9241591013.pdf*, accessed 13 October 2010)

6. *WHO Framework Convention on Tobacco Control. Conference of the Parties. Guidelines of protection from exposure to tobacco smoke. Article 8 of the WHO FCTC*. Geneva, World Health Organization, 2007 (*http://www.who.int/fctc/guidelines/article_8/en/index.html*, accessed 13 October 2010).

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8. *Policy recommendations on protection from exposure to second-hand tobacco smoke*. Geneva, World Health Organization, 2007 (*http://whqlibdoc.who.int/publications/2007/9789241563413_eng.pdf*, accessed 13 October 2010).

9. *Campaña "Ambiente Libre de Humo" [Campaign "smoke-free environment]*. Córdoba, Municipality of Mina Clavero, Argentina, 2009 (*http://www.minaclavero.gov.ar/noticias.asp?idn=473*, accessed 14 October 2010).

10. Selin H. Personal observation, 20 November 2009.

11. *Position document: environmental tobacco smoke*. American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc., Atlanta, 2008 (*http://www.ashrae.org/aboutus/page/335*, accessed 13 October 2010).

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16. Tobacco Institute. Undated (quoted from early 1980's). Tob Control 2005;14:300-306 doi:10.1136/tc.2005.012302 (*http://tobaccocontrol.bmj.com/content/14/5/300.full*)

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24. *Legal issues litigated re non-smoking by-laws (July 2003)*. Toronto, Ontario Campaign for Action on Tobacco, 2003 (*http://www.ocat.org/legalissues/index.html*, accessed 23 June 2010).

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33. El chico asmática que denunció un colectivero [The boy with asthma who reported a bus driver]. *Clarín.com*, 26 June 2004 (*http://edant.clarin.com/diario/2004/06/26/sociedad/s-04704.htm*, accessed 20 June 2010.

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37. Promoting a tobacco free society: publications. Naas, Ireland, Office of Tobacco Control, 2010 (*http://www.otc.ie/comm_pub.asp#signage.asp*, accessed 13 October 2010).

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