FACILITATOR GUIDE / CASE STUDY

Secondhand Smoke Exposure in Country X

Using Science to Inform Policy

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Table of Contents

OVERVIEW

Working in small groups, participants will apply what they learned in the course "Using Science to Inform Policy" to the issue of secondhand smoke exposure in "Country X." This case study should take approximately 4 ½ hours to complete, plus an additional 40-60 minutes for presentations, assuming that five groups present in a classroom setting.

INSTRUCTIONS FOR PARTICIPANTS

You will complete each step of this case study separately in a small group, as instructed by your facilitator.

1. In your small group, read the introduction and the supplementary material found in the Figures.
2. Use the case study and supplementary materials to answer the questions presented, following the steps from the "Using Science to Inform Policy" module.
3. Let your facilitator know when you have completed the questions. He or she will lead a review of your responses.

Please note: This exercise was designed as a teaching tool, based on common and scientifically proven methods from the United States. While this case study was inspired by real data, the people and events described in this case study are fictitious. This exercise is intended for educational purposes only.

Introduction

Despite being a preventable cause of death, tobacco is responsible for killing more than five million people per year. Building upon the evidence from experiences in several countries, and in consultation with leading medical and scientific authorities, the World Health Organization (WHO) developed key policy recommendations to reduce the epidemic of death and disease caused by tobacco use. These recommendations were adopted in the first World Health Organization international treaty, the Framework Convention on Tobacco Control (FCTC). To date, 176 countries have voluntarily ratified the FCTC, which obligates them to adopt the recommended tobacco control policies described in the acronym MPOWER:

Monitor tobacco use and prevention policies
Protect people from secondhand smoke
Offer help to quit tobacco use
Warn about the dangers of tobacco
Enforce bans on tobacco advertising, promotion, and sponsorship
Raise taxes on tobacco

A few years ago, officials with the Country X Health Department became concerned about the health effects of secondhand smoke on their fellow residents. From WHO reports, they knew that secondhand smoke is a toxic cocktail made up of more than 4,000 chemicals, including many cancer causing gases and particles. For approximately every ten smokers who die prematurely from smoking, there is one non-smoker who dies as the result of other peoples' smoke. The reports also show that exposure to secondhand smoke is known to be dangerous for children, causing

Introduction
ear infections, hospitalizations related to asthma, and other serious respiratory problems. In fact, the WHO and the governments of several countries have concluded that there is no safe level of secondhand smoke exposure. After learning more about of the effects of secondhand smoke exposure, the Country X Health Department made a commitment to encourage their legislature to develop and pass a policy that would protect all people in Country X from the hazards of secondhand smoke exposure.

STEP 1: SETTING THE AGENDA

Estimated Time: 30 minutes

In your small group, read the information presented in Figures 1a and 1b and then answer the questions that follow.

Figure 1a: Excerpts from WHO Report "Protect People from Tobacco Smoke"[1,2]
Secondhand tobacco smoke is dangerous to health • More than 4,000 chemicals have been identified in tobacco smoke, at least 250 of which are known to be harmful and more than 50 of which are known to cause cancer. • There is no safe level of exposure.
Exposure to secondhand tobacco smoke and early death • Globally, it is estimated that about one third of adults are regularly exposed to secondhand tobacco smoke. • An estimated 700 million children worldwide– about 40% of all children – are exposed to secondhand tobacco smoke at home. • Secondhand tobacco smoke is estimated to cause about 600,000 premature deaths per year worldwide, approximately the same number of people who are killed by measles or women who die during childbirth each year.
Secondhand tobacco smoke exposure causes serious health problems • 14 scientific consensus reports by virtually all major medical and scientific organizations leave no doubt that exposure to secondhand tobacco smoke contributes to a range of serious and often fatal diseases in non-smokers. • Among newborns exposed either *in utero* or after birth, there is an increased risk of premature birth and low birth weight and a doubling of the risk for Sudden Infant Death Syndrome. • Among children exposed to second-hand tobacco smoke, there is a 50–100% higher risk of acute respiratory illness, higher incidence of ear infections and an increased likelihood of developmental disabilities and behavioral problems.
The economic threat of secondhand tobacco smoke • Secondhand tobacco smoke exposure imposes economic burdens on individuals and countries, both for the costs of direct health care as well as indirect costs from reduced productivity. • Several studies estimate that 10% of total tobacco-related economic costs are attributable to second-hand tobacco smoke exposure

Figure 1a: Excerpts from WHO Report "Protect People from Tobacco Smoke"[1,2]

[1]WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments, p18-24.
[2]SGR 2010: U.S. Department of Health and Human Services. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

Figure 1b: News Item on Radio

June 1, 2011: Country X's neighbor Country Y bans smoking in public places
Lawmakers in Country Y have approved a nationwide law that will prohibit smoking in all public places, ban tobacco advertising, and require warnings on tobacco products. Approximately 23% of adults in Country Y smoke cigarettes and about 40% of adult non-smokers report being exposed to secondhand smoke in the workplace or at home. It is believed that the new policy will help decrease the smoking prevalence throughout the country and significantly decrease non-smokers' exposure to secondhand smoke.

In your small group, answer the following question:

1. **Identify three or four statements in Figures 1a and 1b that, from your perspective, justify the issue of secondhand smoke exposure on the health policy agenda and include an explanation of why you are marking this statement.**

   Note: The following is an example; several different statements and justifications could be selected.

Issue	Importance
There is no safe level of secondhand smoke exposure.	Any amount of exposure to secondhand smoke can cause health problems.
14 scientific consensus reports by virtually all major medical and scientific organizations leave no doubt that exposure to secondhand tobacco smoke contributes to a range of serious and often fatal diseases in non-smokers.	Scientific evidence shows that secondhand smoke is associated with poor health, disease, and death.
Country X's neighbor Country Y bans smoking in public places**.**	Peer countries are taking steps to reduce secondhand smoke exposure.
Secondhand tobacco smoke is estimated to cause about 600 000 premature deaths per year worldwide.	Secondhand smoke causes a significant amount of deaths each year.

Issue	Importance
Several studies estimate that 10% of total tobacco-related economic costs are attributable to second-hand tobacco smoke exposure.	Scientific evidence also shows there are significant economic costs associated with secondhand smoke.

STEP 2: DEFINE THE ISSUE - DETERMINE WHAT IS KNOWN

Estimated Time: 30 minutes

Building upon the information presented so far, use Figures 2a and 2b to define the issue in Country X by answering the questions that follow.

Figure 2a: Excerpts from Country X's World Fact Book Profile

Economy
Tourism is the primary economic activity, accounting for 80% of GDP and employment. The country hosted 2.4 million visitors in 2008. One of the world's largest petroleum refineries is in Country X. The labor force is divided among services and hospitality (80%), industry (19%), and agriculture (1%). The country does not produce tobacco.

Tobacco Industry
The tobacco industry is active in Country X in the following ways:

- Policy making interference (e.g., weakening legislation through direct lobbying)
- Engaging in socially responsible activities to generate legitimacy among the public and policy makers
- Maximizing tobacco advertisement, promotion and sponsorship in Country X (e.g., exploiting weak legislation and taking advantage of loopholes)

Current Policies Related to Secondhand Smoke (SHS) Exposure
Current law prohibits smoking in a limited number of public venues, including office buildings, schools, and hospitals. Smoking is allowed in hospitality venues, such as bars, restaurants, casinos, and public transportation. Local police departments are in charge of enforcing the law, although recent studies indicate that the law is not being enforced adequately.

Figure 2b: Excerpts from a Systematic Review[1]

Objectives
To assess the extent to which legislation-based smoking bans or restrictions reduce exposure to SHS, help people who smoke to reduce tobacco consumption or lower smoking prevalence and affect the health of those in areas which have a ban or restriction in place. Fifty studies were included in this review.

Main results
There was consistent evidence that smoking bans reduced exposure to SHS in workplaces, restaurants, pubs, and in public places. There was a greater reduction

Figure 2b: Excerpts from a Systematic Review[1]

in exposure to SHS in hospitality workers compared to the general population. There was no change in either the prevalence or duration of reported exposure to SHS in the home as a result of implementing legislative bans. Twenty-three studies reported measures of active smoking, often as a co-variable rather than an end-point in itself, with no consistent evidence of a reduction in smoking prevalence attributable to the ban. Total tobacco consumption was reduced in studies where prevalence declined. Twenty-five studies reported health indicators as an outcome. Self-reported respiratory and sensory symptoms were measured in 12 studies, with lung function measured in five of them. There was consistent evidence of a reduction in hospital admissions for cardiac events as well as an improvement in some health indicators after the ban.

Authors' conclusions

Introduction of a legislative smoking ban leads to a reduction in exposure to passive smoking. Hospitality workers experienced a greater reduction in exposure to SHS after implementing the ban compared to the general population. There is limited evidence about the impact on active smoking; however, downward trends were reported in some studies. There is some evidence of an improvement in health outcomes. The strongest evidence is the reduction seen in admissions for acute coronary syndrome. There is an increase in support for and compliance with smoking bans after the legislation.

[1] Callinan JE, Clarke A, Doherty K, Kelleher C. Legislative smoking bans for reducing secondhand smoke exposure, smoking prevalence and tobacco consumption. Cochrane Database of Systematic Reviews 2010, Issue 4. Art. No.: CD005992. DOI: 10.1002/14651858.CD005992.pub2

In your small group, answer the following questions:

Note: If time may be an issue, ask the participants to work in pairs instead of as a small group.

1. **Describe the problem.**

   The people of Country X are being exposed to secondhand smoke, particularly the 80% that work in the hospitality and service industries. Secondhand smoke is a toxic cocktail made up of more than 4,000 chemicals, including many cancer causing gases and particles. For approximately every ten smokers who die prematurely from smoking, there is one non-smoker who dies as the result of other peoples' smoke. Exposure to secondhand smoke is also known to be dangerous for children, causing ear infections, hospitalizations related to asthma, and other serious respiratory problems. To protect its citizens, Country X had passed a smoke-free law that prohibited smoking in office buildings, schools, and hospitals. However, this law is not adequately enforced and does not cover other areas where people worked and otherwise spent time such as restaurants, bars, and casinos.

2. **What is the cause of the problem?**

The country's current smoke-free law only applies to office buildings, schools, and hospitals. This means that a large proportion of the population who works in bars, restaurants, casinos, and public vehicles are not protected by the current law. Additionally, there does not appear to be adequate enforcement of the provisions of the current law.

3. Who is affected?

All residents of Country X are affected by secondhand smoke, as according to the World Health Organization, there is no safe level of secondhand smoke exposure. Workers in the hospitality and service industries are especially likely to be exposed to secondhand smoke, as the places in which they work are not covered by smoke-free air laws.

STEP 2: DEFINE THE ISSUE - QUANTIFY THE ISSUE

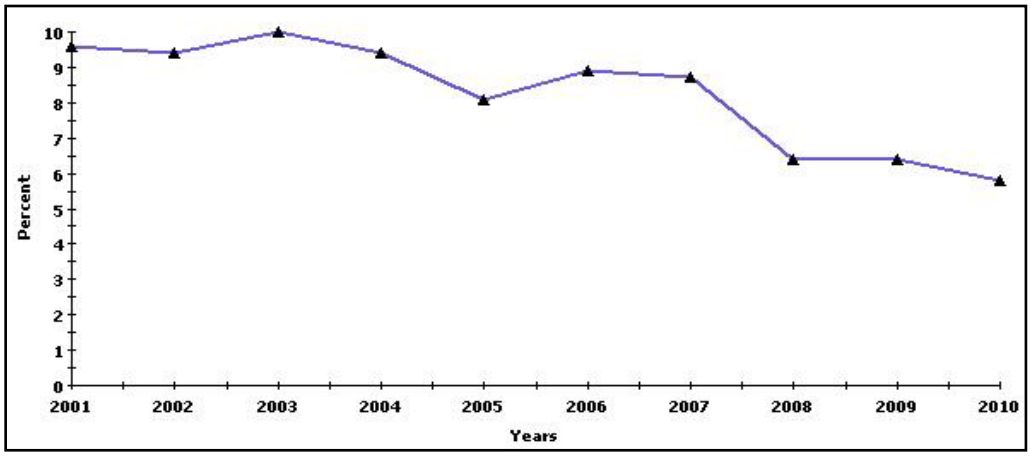
Estimated Time: 30 minutes

Use the information presented in Figure 2c to answer questions that follow.

Figure 2c: Country X Tobacco Survey Data

Active Smoking

Trends in Current Adult Smoking Prevalence in Country X, 2001-2010



Adults Smoking Status in Country X, 2010

% Smokers, (CI)	% Non-Smokers, (CI)
5.8, (4.4-7.2)	**94.2,** (92.8-95.6)

Figure 2c: Country X Tobacco Survey Data

Percentage of Adults who are Current Smokers by Race in Country, 2010

Race	% Smokers, (CI)
Black	**3.5,** (1.9-5.1)
White	**15.8,** (10.6-21.0)
Hispanic	**5.6,** (2.0-9.2)
Multi-racial	**N/A**
Other	**N/A**

Smoking Prevalence by Residence Status, 2010

Residence Status	% Smokers
Full-time residents	5.8
Tourists	20.3
Off-shore oil industry workers	26.9

Health Outcomes Related to Smoking

Percentage of Smoking-Attributable Conditions Among Current and Former Smokers by Condition in Country X, 2000

Condition	% Current Smokers	% Former Smokers	% Overall
Chronic bronchitis	49	26	35
Emphysema	24	24	24
Heart attack	13	24	19
Cancer (except lung)	7	16	12
Stroke	7	9	8
Lung cancer	1	2	1

Figure 2c: Country X Tobacco Survey Data

Secondhand Smoke Exposure

Percentage of Adults Exposed to Secondhand Smoke in Country X, 2008

% Reporting Indoor Workplace Exposure, (CI)	% Reporting Home Exposure, (CI)
17.3 (14.5-20.1)	4.5 (3.3-5.7)

In your small group, answer the following questions:

1. **Assess the burden (rate of disease, rate of morbidity, etc.) of the health problem in the population of interest.**

   Smoking rates among adults in Country X have steadily declined over the past ten years to reach the current rate of 5.8%. A significant proportion of smokers and ex-smokers in Country X have smoking-related diseases, such as bronchitis (35%), emphysema (24%), heart attack (19%), stroke (8%), and cancer (12%). Smoking rates in Country X vary widely by race, with 15.8% of the White population reporting being current smokers compared to 3.5% of Blacks and 5.6% of Hispanics.

   While the smoking prevalence among residents is fairly low, the smoking prevalence is much higher among other groups in Country X, such as tourists (20.3%) and off-shore oil industry workers (26.9%). Since 80% of Country X's residents work in the hospitality venues where tourists frequent, this would indicate that while not many of them smoke, a significant number of them are exposed to secondhand smoke in the workplace. This is confirmed by survey data, which indicates that 17.3% of adults in Country X report being exposed to secondhand smoke in their indoor workplace.

2. **What other data would be useful to assess the health problem and possible solutions?**

   - Rates of disease and death from secondhand smoke exposure in Country X
   - Rates of death from smoking in Country X
   - Workplace secondhand smoke exposure by venue in Country X
   - Children's exposure to secondhand smoke in the workplace and the home in Country X
   - Information about any past or ongoing tobacco control initiatives and their impact

STEP 3: DEVELOP POLICY OPTIONS

Estimated Time: 1 hour

Building upon all of the information presented so far, the answers to the preceding questions, and the information in Figures 3a, 3b, and 3c, answer the questions that follow.

Figure 3a: Examples of Options of Smoke-free Interventions[1,2]

The following table shows examples of interventions that could be used to reduce secondhand smoke exposure. The strategies listed in each column can be used independently (e.g. public education only) or in combination with each other (e.g. local ordinance that completely bans smoking in all indoor public spaces that allow minors, with businesses being fined for violations).

Options for Type of Intervention	Options for Included Venues	Options for Smoke-free Method	Options for Enforcement
• National law • Local ordinance • Voluntary policy • Public education campaign	• All indoor public spaces • Within specified distance from building windows and entrances • All indoor public spaces that allow minors • Specified public spaces, excluding certain venues • No included venues	• 100% smoke-free environment • Separately designated smoking areas/rooms • Separately ventilated smoking areas • Smoking permitted	• Dedicated funds for enforcement by specified agency • Smokers who violate law are penalized • Businesses in which law is violated are penalized • Self-enforcement

[1] WHO Report on the Global Tobacco Epidemic, 2009: Appendix II- Regulation of smoke-free environments, Tables 2.1 and 2.2.
[2] WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments, p26-27.

Figure 3b: Framework Convention on Tobacco Control, Article 8[1]

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first treaty negotiated under the auspices of the World Health Organization, developed in response to the globalization of the tobacco epidemic. The WHO FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. Article 8 of the FCTC, *Protection from exposure to tobacco smoke*, reads:

1. Parties recognize that scientific evidence has unequivocally established that

Figure 3b: Framework Convention on Tobacco Control, Article 8[1]

exposure to tobacco smoke causes death, disease and disability.

2. Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

[1] WHO Framework Convention on Tobacco Control, 2003.

Figure 3c: Principles Guiding Implementation of Article 8[1]

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

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

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

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

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

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

Principle 6- The implementation of smoke free legislation, its enforcement and its impact should all be monitored and evaluated. This should include monitoring and

Figure 3c: Principles Guiding Implementation of Article 8[1]

responding to tobacco industry activities that undermine the implementation and enforcement of the legislation, as specified in Article 20.4 of the WHO Framework Convention.

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

[1] WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments, p33.

In your small group, answer the following questions:

1. **Describe three to five interventions Country X could utilize to help decrease secondhand smoke exposure among the public. Put an asterisk next to options that would benefit from policy change or new policy implementation.**

   The following are examples of policy options that could be considered; actual responses will vary.

   1. Conduct a public educational campaign about the hazards of secondhand smoke exposure.
   2. Change the current law to only allow smoking in exempted businesses that install separately ventilated designated smoking areas.*
   3. Conduct a campaign in which businesses are asked to voluntarily implement and enforce 100% smoke-free policies.
   4. Enact 100% smoke-free legislation nationwide that prohibits smoking in all indoor public spaces and within a specified distance of building entrances, with penalties levied against businesses in which the law is violated.*
   5. Alter current smoke-free law to allow local jurisdictions to make the law stricter.*

2. **Which of the interventions described above would show the greatest impact on the health problem? Why?**

   Enact 100% smoke-free legislation nationwide that prohibits smoking in all indoor public spaces and within a specified distance of building entrances, with penalties levied against businesses in which the law is violated. Based on the scientific evidence, the Conference of the Parties to the WHO Framework Convention of Tobacco Control (WHO FCTC) has concluded that 100% smoke-free environments are the only proven way to adequately protect people from the harmful effects of secondhand tobacco smoke because no level of exposure is safe and, therefore, acceptable.

   Comprehensive smoke-free laws include all indoor public spaces (health care facilities, educational facilities and universities, government facilities, indoor workplaces, restaurants, bars/pubs, public transportation, and other indoor public

places). They also do not provide exemptions, such as designated smoking rooms or separately ventilated areas, which have been shown to be ineffective in protecting people from secondhand smoke.

Legislation is necessary to protect people from exposure to tobacco smoke, since voluntary smoke-free policies have are ineffective and do not provide adequate protection. In order to be effective, legislation should be simple, clear and enforceable. Legislation that is comprehensive, but that is not well enforced, does not protect against secondhand tobacco smoke.

Who should you involve in the decision making process for a policy to promote this intervention (who are the stakeholders)?

- Policymakers
- Health department
- Educators
- Employees of bars, casinos, restaurants
- Tourism bureau
- Business owners
- Faith communities
- Civil health/ associates/ organizations/ medical associations or societies/ researchers
- Law enforcement
- Mental health department
- Government lawyers
- Other associated government departments

3. At which category should you direct the policy? (Include characteristics discussed earlier)

This policy would best be directed at the governmental/national category, as it would allow there to be set, enforceable, standards to safeguard the population's health. Organizational and community polices would be voluntary and would not cover the entire population. Only a governmental / national policy would effectively protect all of Country X's citizens and visitors.

4. What barriers can you foresee to implementing this policy?

There are certain groups from which pushback can be expected. Smokers, or even non-smokers, may argue that a smoke-free policy infringes on their individual rights; arguments from tourists and off-shore oil workers may be particularly powerful, as the economy relies heavily upon these industries. The tobacco and hospitality industries will likely argue against the policies as well, as they both fear loss of income from the policies' outcomes. Since the current smoke-free law is not adequately enforced, it may also prove to be a problem to enforce any future laws of that nature. Finally, necessary support from lawmakers may be difficult to find if they feel the measure is not popular among voters or other important constituents (e.g. business owners).

These challenges can be addressed through raising public awareness of the need for a smoke-free air policy. Key messages that support the policy can be used to educate the public and lawmakers of the policy's benefits. Inaccurate arguments presented by those opposing the policy must be addressed and corrected. Stakeholders that will be involved in enforcement must be brought in early to ensure that they buy in to the proposed law and methods of enforcement are feasible and practical.

STEP 4: MAKE RECOMMENDATIONS FOR POLICY DECISIONS

Estimated Time: 1 hour

Use the information in Figures 4a and 4b and the answers to questions in Steps 1-3 to answer the questions that follow.

Figure 4a: Newspaper Clipping from Country X

Officials from the Country X Health Department have announced that they will host a public meeting to discuss policy options designed to protect residents from secondhand smoke exposure, as well as ideas for enforcement, penalties, and surveillance systems. "This will be an opportunity for residents as well as business owners to be educated on potential policy solutions, as well as the health effects of smoking and exposure to second-hand smoke," the Health Commissioner said.

The Health Department has already held a series of meetings to involve stakeholders in the development of a policy to propose to legislatures. Members of several faith communities, groups representing the elderly and youth, mental health, heart and cancer associations, and other health professionals have attended these meetings. A representative from the Country X Heart Association said in an interview that "we are in favor of Country X enacting laws that will protect its citizens and workers from the dangers of secondhand smoke." The representative noted that the next step for the stakeholder meetings is to create and disseminate key educational messages to the public and legislators that will encourage the democratically-elected legislature to vote in favor of policies that reduce second-hand smoke exposure.

Those in favor of such laws say they expect some resistance to them, especially among business owners fearing a loss of income and the tobacco industry. A recent public poll administered by the Heart Association showed that 70% of residents and 63% of tourists are in favor of a comprehensive smoke-free law in Country X.

Figure 4b: Press Release from Country X Heart Association

Statement from the Office of the President, Country X Heart Association

Capital City, June 30, 2011 - The Country X Heart Association applauds the Country X Health Department for its efforts to encourage the adoption of smoke-free legislation. According to the WHO, smoke-free laws result in a number of benefits: immediate reduction in respiratory symptoms, reduction in illness from heart disease, expected reduction in lung cancer, aid smokers in quitting or reducing cigarette consumption, and encourage the establishment of smoke-free homes. Additionally,

Figure 4b: Press Release from Country X Heart Association

these laws have proven to be popular in jurisdictions where they are enacted, even among smokers.

Despite tobacco and hospitality industry claims, smoke-free environments are easy to implement and enforce and do not negatively impact businesses. In fact, a 2009 literature analysis on the economic impact of smoke-free policies on the hospitality sector from the International Agency for Research on Cancer (IARC) found that methodologically sound research studies consistently conclude that smoke-free policies do not have an adverse economic impact on the business activity of restaurants, bars, or establishments catering to tourists, with many studies finding a small positive effect of these policies.

The evidence is clear that smoke-free laws protect workers and customers alike from the proven dangers of secondhand smoke without harming business. It is time for policy makers in Country X to protect the public's right to breathe clean air by enacting a comprehensive smoke-free law that covers all workplaces.

In your small group, answer the following questions:

1. **What is the scientific rationale and evidence for the need for a comprehensive smoke-free policy?**

   The World Health Organization reports that secondhand smoke is a toxic cocktail made up of more than 4,000 chemicals, including many cancer causing gases and particles. For every person who dies prematurely from smoking, there is one person who dies as the result of secondhand smoke exposure. Exposure to secondhand smoke is also dangerous for children, causing ear infections, hospitalizations related to asthma, and other serious respiratory problems. The World Health Organization Framework Convention on Tobacco Control, Article 8 concludes that there is no safe level of secondhand smoke exposure. The only solution is a comprehensive, enforceable law to protect the non-smoker in all workplace and public places.

2. **What economic factors and other non-health considerations should be made when proposing a comprehensive smoke-free policy?**

   Economic, political, and logistical factors must all be considered. According to the World Health Organization, despite tobacco and hospitality industry claims, experience shows that in every country where comprehensive smoke-free legislation has been enacted, smoke-free environments are popular, easy to implement and enforce, and result in either a neutral or positive impact on businesses, including in the hospitality sector.

3. **Do you think the severity of the health problem in Country X warrants such a policy? Please explain.**

Yes. The laws benefit society at-large by protecting the health of the nearly 95% of Country X residents who are non-smokers. Approximately 80% of residents work in environments that are not currently protected by law, meaning they may be exposed to secondhand smoke regularly; enacting the law would reduce morbidity and mortality from tobacco smoke exposure. Comprehensive smoke-free legislation may also have the benefit of encouraging smokers to quit smoking or at least cut back on the number of cigarettes smoked, which also leads to positive health outcomes.

4. **Do you think the policy addresses the key factors that will influence the health problem? Please explain.**

   Yes. A comprehensive smoke-free law will ensure that workers in all indoor workspaces will be protected from secondhand smoke exposure. Including bars, restaurants, casinos, and public transportation in the law protects the large proportion of the population (80%) that works in these areas, where their main exposure to secondhand smoke comes from non-residents such as tourists and offshore oil workers.

5. **Is the policy being implemented in the right arena (i.e. community, organizational, governmental)?**

   The governmental arena is the correct place to implement comprehensive smoke-free laws because voluntary polices are not effective. In order to be effective in protecting all of Country X's citizens, all indoor public places and workspaces must be made smoke-free nationwide.

6. **Is the policy feasible and practical to implement? Consider infrastructure, personnel, resources, and the acceptability of the changes to the population affected and other key stakeholders.**

   Smoke-free environments are easy to implement and enforce, requiring limited resources. These policies are generally popular with the public, and while they are not necessarily popular with businesses, studies have shown that the policies do not negatively impact them. One potential challenge is educating tourists about the policy; it will be necessary to devote resources for signage and enforcement.

PRESENT THE EVIDENCE ONE-PAGER

Estimated Time: 30 minutes

In small groups, use the information you have gathered or have been presented with during Steps 1 through 4 of this case study to complete the questions below. Make sure to identify the stakeholder or audience to whom you will present this one-pager, and then write down at least 3 or 4 key points under each indicated section. Either complete sentences or bulleted lists are acceptable.

1. **Stakeholder/Audience:** *(answers will vary)*

2. What is the clinical importance of the dangers of secondhand smoke exposure?

Secondhand smoke exposure is a totally preventable cause of death and disease among non-smokers. Secondhand smoke is comprised of over 4000 chemicals, several of which are known to be harmful and/or carcinogenic. Secondhand smoke is estimated to kill about 600,000 people per year and cause a wide variety of negative health effects in adults and children. A total of 14 scientific consensus reports found that there is no safe level of exposure to secondhand smoke.

3. What is the policy recommendation?

According to the World Health Organization, the only protections against secondhand smoke exposure are smoke-free air laws that are comprehensive and well-enforced. Smoke-free legislation should be passed that covers all indoor public areas, including bars, restaurants, casinos, and public transportation. These areas should be designated as 100% smoke-free; smoking in separate rooms or ventilated areas should not be permitted under the law. A system of surveillance and enforcement will need to be put into place to ensure compliance.

4. What are advantages of the proposed policy option?

Smoke-free laws result in a number of benefits such as an immediate reduction in respiratory symptoms; reduction in illness from heart disease; expected reduction in lung cancer; helping smokers quit or reduce cigarette consumption; encouraging the establishment of smoke-free homes; and increasing the productivity of workers, which increases profits and preventable health costs. Smoke-free environments are also easy to implement and enforce and do not negatively impact businesses. A comprehensive smoke-free law in Country X, covering bars, restaurants, casinos, and public transportation, will protect all residents of and visitors to Country X from the negative health effects of secondhand smoke exposure.

5. What are some barriers to the successful passage of the policy?

The tobacco and hospitality industries oppose smoke-free air laws due to fears that their business will decline. Studies of the hospitality industry show that there are no ill effects from smoke-free air laws, and that they are popular among the public. The fears of the tobacco industry are founded on the premise that fewer people will smoke and those who continue to smoke will smoke less. Smoke-free air laws do have those effects, which are beneficial from a public health viewpoint.

6. What strategies would you suggest to overcome these barriers?

Convene a team of socially committed stakeholders to raise public awareness of the smoke-free air policy. Create a set of key messages that support the policy to educate the public and lawmakers of the policy's benefits. Ensure that inaccurate arguments are addressed and corrected. Include economic benefits for venues and smoke free areas.

PRESENT THE EVIDENCE POWER POINT

Estimated Time: 30 minutes

Once your group has completed the one-pager, use it to develop a Power Point presentation to present in front of the other participants. The presentation should be about five minutes long (approximately eight slides) and include the following:

- Description of the problem (scope and importance of health issue)
- Policy option(s) to address problem, including recent evidence
- How the policy option(s) can be implemented
- Barriers to implementation and strategies to overcome them
- How it would be in the stakeholder's best interest that the policy be implemented
- Estimated timeline for policy implementation
- Estimated cost of policy implementation
- Actionable items

Note: Participants who are not presenting can act as stakeholders while viewing their colleagues' presentations and ask questions about the arguments made.

ADDITIONAL RESOURCES

WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments
World Health Organization
http://www.who.int/tobacco/mpower/2009/gtcr_download/en/index.html
Available in six languages

WHO Framework Convention on Tobacco Control
World Health Organization
http://www.who.int/fctc/text_download/en/index.html
Available in six languages

MPOWER Brochure
World Health Organization
http://www.who.int/tobacco/mpower/flyer/en/index.html
Available in six languages

Global Tobacco Surveillance System Data (GTSS Data)
United States Centers for Disease Control and Prevention
http://apps.nccd.cdc.gov/GTSSData/default/default.aspx

Evaluating the Effectiveness of Smoke-free Policies, *IARC Handbook of Cancer Prevention*, Volume 13
International Agency for Research on Cancer
http://w2.iarc.fr/en/publications/pdfs-online/prev/handbook13/
Available in English only

The Tobacco Atlas
World Lung Foundation & American Cancer Society
http://www.tobaccoatlas.org
Available in English and Spanish