

The global momentum for smokefree public places: best practice in current and forthcoming smokefree policies

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The global momentum for smokefree public places: best practice in current and forthcoming smokefree policies.
Salud Publica Mex 2008;50 suppl 3:S299-S308.

Abstract

The Global Smokefree Partnership has recently prepared a map of smokefree campaigns and policies around the world. It focuses primarily on countries that are parties to the WHO Framework Convention on Tobacco Control, but other countries were included. The smokefree status of 172 countries was mapped. Of these countries, 31 (18.0%) have established comprehensive smokefree policies, either nationally or at state or city level – best practice; 25 (14.6%) are planning to implement smokefree policies in 2008 or 2009; and 51 (29.6%) are making significant progress with smokefree policies. Only 65 countries (37.8%) have limited or no smokefree policies. A selection of countries representing best practices in smokefree policies or planning to implement smokefree policies in 2008 or 2009 is highlighted. They illustrate the significant global momentum for smokefree policies, the success of established policies, the importance of civil society and the sharing of experience between countries.

Keywords: tobacco; legislation; public policies; smoking cessation

Griffith G, Welch C, Cardone A, Valdomoro A, Jo C.
El momento global para espacios públicos libres de tabaco: mejores prácticas en políticas actuales y futuras.
Salud Publica Mex 2008;50 suppl 3:S299-S308s.

Resumen

El Global Smokefree Partnership recién completó un mapa de las campañas para promover políticas de ambientes libres de humo (ALH) a nivel mundial. El mapa se centra en los países Partes al Convenio Marco para el Control del Tabaco de la OMS, aunque otros países también se incluyen, y documenta el estatus de 172 países en el tema de los ALH. De estos países, 31 (18.0%) tienen políticas comprehensivas de ALH, a nivel nacional, provincial, y/o estatal – mejores prácticas; 25 (14.6%) prevén la implementación de políticas de ALH en 2008 o 2009; y 51 (29.6%) han progresado significativamente con estas políticas. Sólo 65 países (37.8%) no tienen políticas de ALH, o sólo políticas limitadas en este ámbito. Este ensayo destaca una selección de países que representan las mejores prácticas en las políticas de ALH o que prevén la implementación de estas políticas en 2008 o 2009, con tal de ilustrar el movimiento global hacia los ambientes libres de humo; el éxito de las políticas ya establecidas; la importancia de la sociedad civil en este proceso; y el intercambio de experiencias entre países.

Palabras clave: tabaco; legislación; políticas públicas; cese del tabaquismo

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Accepted on: 28 de abril de 2008

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The Global Smokefree Partnership (GSP) is a multi-partner initiative that promotes effective smokefree policies worldwide.* The Partnership works by helping practitioners and advocates of smokefree policies access the evidence for smokefree policies, request assistance from a network of experts, and take action in support of smokefree policies. GSP is hosted by the American Cancer Society and the Framework Convention Alliance and has more than 20 partner organisations and 300 members.

A key factor in the adoption of smokefree policies worldwide is the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), the first global public health treaty.† Article 8 of the FCTC recognises that scientific evidence has established that exposure to tobacco smoke causes death, disease and disability. It commits governments to adopting and implementing effective legislative measures to protect their citizens from exposure to secondhand smoke in indoor workplaces, indoor public places, public transport and, as appropriate, other public places.‡

In July 2007 the draft Article 8 Guidelines, which reflect best practices and current evidence, were adopted by all Parties to the FCTC.¹

GSP recently prepared a map of smokefree campaigns and policies around the world. The overall aim was to identify the countries and regions that are planning to adopt smokefree policies in 2008 and 2009, in particular low-income countries. The map focused on countries that are Parties to the FCTC, although several other countries such as Argentina and Italy were included as well.

This research highlights significant global momentum for smokefree policies. Countries with established policies are enjoying high compliance rates and are sharing their experience with other countries. Smoke-free cities and states are helping to build momentum in countries with no national smokefree legislation. An organised civil society and funding from international organisations is helping to create this momentum, particularly in low-income countries.

Methodology used to prepare the GSP smokefree map

Most of the information for the smokefree map was compiled from personal communication with key contacts

in each country and region between January and March 2008. A brief e-mail questionnaire was sent to each contact, asking them to provide information which included the following: (1) Current and forthcoming smokefree initiatives, in particular any plans for implementation of Article 8 of the FCTC; (2) Smokefree resources currently available –for example, tobacco control groups, assistance from NGOs.

A total of 124 people were contacted and 98 of them responded to the questionnaire, a response rate of almost 80%. In some regions, such as the WHO African and the Eastern Mediterranean regions, one key contact person acted as a coordinator for questionnaires from several countries in that region. Much of the information from countries with established smokefree policies is available to the public, and websites were the primary sources of information for the smokefree map. For a small number of countries where no contact person was available, reports were used to gather information.²*

Overall results

Information was compiled on a total of 172 countries from all six WHO regions. Countries were grouped into four main categories based on the current and future status of their smokefree policies. The categories were defined as follows:

1. Countries with comprehensive smokefree policies. This category includes countries that prohibit smoking in all enclosed public places and workplaces, even if they allow designated smoking rooms. Countries in which cities or states have enacted smokefree legislation are also included. This category reflects best practices in smokefree policies.
2. Countries planning comprehensive smokefree policies for 2008/2009. This category includes countries that have passed legislation, drafted it or have announced plans for implementation by 2009. It includes countries with smokefree legislation at the city and state levels, even when there is no national smokefree legislation.
3. Countries making progress with smokefree policies. This category includes countries that have passed legislation but have made several exemptions, suggesting that revisions may be needed in the future. It also includes countries where smoke free efforts have not progressed, due to lack of government

* The Global Smokefree Partnership www.globalsmokefreepartnership.org

† The Framework Convention Alliance for Tobacco Control. www.fctc.org

‡ Global Smokefree Partnership. Global voices for a smokefree world: movement towards a smokefree future. Status report 2007.

* Personal communication, March 2008. Smokefree legislation summary table provided by Doreen McIntyre, INGCAT.

commitment, tobacco industry opposition, or other factors, even though comprehensive smokefree legislation has been drafted. Countries that currently have weak legislation but are planning to improve it at some point are also included. The countries in this section are not listed by name in this article.

4. Countries with limited or no smokefree policies. This includes countries with weak legislation and no concrete plans to improve it. The countries in this section are not listed by name.

Table I shows the number of countries in each of the four categories, grouped by WHO region. Two countries were from outside the WHO area. Of the 172 countries included in the map, 31 (18.0%) have established comprehensive smokefree policies (includes states/provinces/territories and cities), 25 (14.6%) are planning to implement smokefree policies in 2008 or 2009, and 51 (29.6%) are making significant progress with smokefree policies. When these three categories are combined, it shows that 107, or almost two thirds of the 172 countries (62.2%), are making progress towards smokefree public places and workplaces or have already achieved it. Only 65 countries (37.8%) have limited or no smokefree policies. This number is falling each year.

For example, when GSP began compiling the smokefree map, Greece was categorised as a country with very limited smokefree policies. However, on 8 April 2008 the Greek Health Ministry announced that it will gradually ban smoking in public places, including cafes and restaurants, by 2010.³

These results clearly demonstrate that there is global momentum for the introduction and implementation of smokefree policies.

Other findings include:

- A growing number of countries have best practices in smokefree legislation. New smokefree initiatives in some of these countries include prohibiting smoking in cars carrying children, and prohibiting smoking in several outdoor places.
- Where a country does not have national smokefree legislation, tobacco control advocates have focused on creating smokefree cities or states in an effort to build momentum for smokefree policies in that country.
- In countries with comprehensive smokefree legislation, the policies are popular and compliance is high. This result helps to reinforce the fact that comprehensive smokefree policies are the most

Table I
STATUS OF SMOKEFREE POLICIES IN 172 COUNTRIES INCLUDED IN GSP SMOKEFREE MAP

WHO Region	1. Number of countries with comprehensive smokefree policies*	2. Number of countries planning to implement policies in 2008/9	3. Number of countries making progress with smokefree policies	Combined total of 1, 2 and 3	4. Number of countries with limited or no smokefree policies
Americas	6	3	9	18	17
Africa	2	5	9	16	22
South East Asia	2	2	3	7	4
Western Pacific	4	5	7	15	6
Eastern Mediterranean	2	4	6	13	9
Europe	13	6	17	36	7
Non-WHO countries	2	n/a	n/a	2	n/a
Totals	31	25	51	107	65
% of total number of countries included	18.0%	14.6%	29.6%	62.2%	37.8%

n/a – not applicable

* Argentina, Australia, Canada, Kenya, Saudi Arabia, Switzerland, USA and Venezuela are included because states, provinces or territories have enacted comprehensive smokefree legislation. Uganda is not included as its smokefree policies are not enforced and are enacted by regulations rather than comprehensive smokefree legislation

effective way of protecting people from exposure to secondhand smoke.²

- An organised civil society has been the driving force behind implementation of smokefree legislation in most countries.
- Collaboration between neighbouring countries on smokefree policies is taking place in Latin America to allow knowledge and experience to be shared.
- Grants from international donors such as the Bloomberg Initiative are providing much needed resources for smokefree policies in low-income countries around the world.

This article focuses on the countries that have established comprehensive smokefree policies or are planning to implement smokefree policies in 2008 and 2009.

Best practices in smokefree policies

The smokefree map includes many examples of best practices in smokefree legislation, where best practices are defined as smokefree legislation that prohibits smoking in all enclosed public places and workplaces, public transport and bars and restaurants. Ideally, designated smoking rooms are not allowed. Examples of best practices in countries, states/provinces and cities are described here.

Smokefree countries

The success of smokefree policies in countries such as Ireland and New Zealand is well documented,^{4,5} so in this section, best practices from other countries are highlighted.

Uruguay^{6,*}

Uruguay passed national smokefree legislation on 29 February 2008, although the country has been smokefree since March 2006 by presidential decree and has enjoyed high public support. By November 2006, 80% of people supported the ban. Smoking is prohibited in all public places, workplaces, public transport and some outdoor places. Designated smoking rooms are not allowed. The law is very well-enforced overall. Strong fines were set for breaches of the ban, and inspections were made at the very beginning of the implementation phase. Few people violated the decree, and any violations that did occur generated media coverage.

* Personal communication from Eduardo Bianco, Framework Convention Alliance, Latin America.

The civil society tobacco control movement was strongly involved in the preparation of the smokefree legislation. In 2005 the incoming President, Tabaré Vasquez, an oncologist, made tobacco control a national priority. These factors were crucial to the successful implementation of smokefree policies.

Uruguay is planning additional smokefree initiatives. A decree for implementing tobacco control has been passed, and a new campaign will advocate for the prohibition of smoking in cars and at home in the presence of children.

*Italy*⁷

Smoking is prohibited in all indoor public places and workplaces, including public transport and bars and restaurants. Designated smoking rooms are allowed but must be enclosed and ventilated, with an automatically closing door, and must take up no more than 50% of the total area of the restaurant, bar or club. Non-smokers must not be obliged to pass through the smoking room.

The campaign for smokefree legislation was lengthy and labour-intensive. In 2001, a national coalition for tobacco control was founded, bringing together governmental and non-governmental organisations, scientific associations and individuals to lobby for smokefree policies. After an earlier failed attempt, smokefree legislation was passed in 2003 and implemented on 10 January 2005, in spite of opposition from the tobacco industry.

The support and strategy of the Health Minister helped to ensure success. He presented the legislation as a means of protecting people from secondhand smoke, rather than banning smoking. He invited associations to join his campaign, including the police.

Research carried out since the introduction of smokefree legislation has found it to be highly popular. Environmental air quality has improved dramatically, and smoking prevalence has fallen.⁸ The number of acute coronary events fell significantly in the year after the smoking ban was introduced.⁹

Lithuania^{*}

Lithuania introduced smokefree legislation on 1 January 2007, one year earlier than planned. Smoking is prohibited in enclosed public places and workplaces,

* Personal communication from Aurelijus Veryga, Lithuanian National Tobacco and Alcohol Control Coalition and Kaunas University of Medicine. March 2008.

including bars, restaurants, cafés and clubs. Designated smoking rooms are not allowed, but workplace smoking rooms are allowed. Because the requirements for smoking rooms are so strict and expensive, it appears that employers are not installing them. Cigar and pipe clubs are exempt from the legislation.

A number of external factors influenced Lithuania's progress with smokefree policies: (1) smokefree policies in Ireland, Italy, Malta and other European countries; (2) evidence from other countries that smokefree legislation does not damage business; and (3) the FCTC. Internal factors included (1) active support from Minister of Health who was a Professor of Public Health; (2) a strong NGO movement; (3) The European Commission project 'HELP – for a life without tobacco; (4) an existing tobacco advertising ban; and (5) high public awareness of the health effects of tobacco.

After a first failed attempt to introduce legislation, a second proposal was submitted, in a coordinated strategy among NGOs and the Ministry of Health. This proposal was supported via public opinion surveys, a public relations campaign and evidence-based information for tobacco control advocates. The key messages used in the public opinion surveys – protection from secondhand smoke, the right to a healthy workplace, the positive influence on children – enabled this second proposal to capture high levels of public support for the smoking ban.

The tobacco industry used the same arguments it had used in other countries through certain NGOs – the rights of smokers, investments made in ventilation, the impact on the hospitality industry. While largely unsuccessful, these arguments had partial success with the exemption for cigar and pipe clubs.

Compliance with the legislation has been high, and only a few fines were given to bars in 2007. Public awareness has also been high. While there were some efforts to discredit the ban, it has largely been respected and implemented without problems.

United Kingdom

The entire UK became smokefree in 2007, making it the world's most populated smokefree jurisdiction. Scotland was the first part of the UK to implement smokefree legislation (26 March 2006), followed by Wales (2 April 2007), Northern Ireland (30 April 2007) and England (1 July 2007). There are some differences between the legislation in each of these countries, but in all four, smoking is prohibited in enclosed or substantially enclosed public places and workplaces, public transport,

bars and restaurants. Designated smoking rooms are not allowed.

The devolved Scottish government supported the introduction of smokefree legislation and worked with NGOs to gain public support for it. A report was published in 2005, prior to the implantation of legislation, which showed how the smokefree campaign was won.¹⁰ It describes how campaigners learned to combat tobacco industry arguments and tactics, using the experiences of other countries. It currently acts as a guide for campaigners in countries wanting to introduce smokefree legislation.

By contrast, the UK government did not support smokefree legislation in England, preferring a voluntary approach to regulation. In spite of this, a strategy by health advocates focusing on comprehensive workplace legislation succeeded because of effective advocacy. It showed clear public and media support for smokefree legislation. It also showed how the interests of the tobacco industry and the hospitality industry differ. This difference was used to secure the support of the hospitality industry for comprehensive national legislation in order to achieve a level playing field and protect itself from litigation. England is an example of successful advocacy efforts, achieving legislation when faced with strong resistance by Government.¹¹

The laws have been well observed and enforced in the UK. For example, in England compliance after three months was 98%,¹² and in Scotland after nine months it was never less than 95%.¹³ A study of nine Scottish hospitals found a 17% fall in total admissions for acute coronary events in the 12 months after smokefree legislation was introduced, compared with an annual reduction of 3% in the previous ten years.¹⁴

Thailand

Thailand banned smoking in all indoor public places in 2002, but night entertainment venues and bars were exempted.¹⁵ On 11 February 2008, a comprehensive ban on smoking in public places took effect. All bars, pubs, discotheques and clubs, indoor and outdoor marketplaces are covered by the regulations. Non-air conditioned restaurants are also included in the ban, but these venues can provide designated smoking rooms.

Other countries

Other countries that have best practices in smokefree policies are: Bhutan, Estonia, Finland, France, Hong

Kong, Iceland, Iran, Malta, Norway, Singapore, Slovenia, Sweden, South Africa.* Bermuda (British Overseas Territory) and Isle of Man (British Crown Dependency) also have comprehensive smokefree legislation.

Note: In Uganda, smoking is prohibited in indoor public places and workplaces. Designated smoking rooms are allowed. There is no comprehensive tobacco control law, but there are regulations which were enacted in 2004 as a result of a court case. The regulations are poorly enforced.¹⁶

Smokefree states, provinces and territories

The countries featured in this section have introduced smokefree legislation in individual states, provinces and territories.

Argentina

Given that the Argentinean government has blocked FCTC ratification and the passage of tobacco control laws, advocates have been working province by province and city by city to implement smokefree policies.

Five of Argentina's 23 provinces are now 100% smokefree – Santa Fe (March 2006); Córdoba (May 2006); Tucumán (June 2006); Mendoza (February 2008); and Neuquén (6 May 2008). The first two provinces are very significant because of the size of their population. The tobacco-growing province of Salta wants to go smoke-free, and legislators are looking for a basic consensus with NGOs on how to proceed.^{17,†}

A grant from the Bloomberg Initiative will help ensure effective enforcement of smokefree laws. A National smokefree alliance will be launched in 2008. (confidential until 8 May 2008)

Australia

Australian States each have separate smokefree legislation, but the provisions are becoming more and more consistent, as some of the original exemptions have been phased out. Smoking is banned in enclosed or partially enclosed public places and workplaces in all eight jurisdictions, and only one allows exemptions for bars (licensed premises). Designated rooms are not allowed.

Queensland provides a good example of best practices in smokefree legislation.¹⁸ All enclosed public places and workplaces, including outdoor areas where food or drink is served, and sporting stadiums are smokefree. Smoking is also prohibited within 10 metres of children's' playgrounds, within four metres of entrances to non-residential buildings, and on patrolled beaches. All outdoor areas serving food or drink, or where entertainers are working, must be smokefree. The only exemption is for high roller rooms in casinos. Outdoor smoking is allowed but only in designated smoking areas that may not take up more than 50% of the outdoor area.

Prohibiting smoking in cars carrying children is also a current issue in smokefree policy in Australia, and legislation to this effect has been implemented in the states of South Australia¹⁹ and Tasmania.²⁰

Canada

Canada's first comprehensive smokefree laws took effect in the city of Victoria, British Columbia in 1999. Two provinces and two territories became smokefree in 2004, and most of Canada's 13 provinces and territories now have comprehensive smokefree legislation.²¹ Each province used individual campaigns to achieve its goals, but the key factors in their success were:

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

Campaigners used region-specific studies to provide evidence of the benefits of smokefree legislation. These surveys also helped encourage municipalities to adopt smokefree bylaws before the province went smokefree. Campaigners did not compromise on issues such as allowing designated smoking rooms.²²

Prohibiting smoking in cars carrying children is a current issue in smokefree policy in Canada. Legislation has either been implemented, will be implemented soon or under consideration in British Columbia, Manitoba, New Brunswick, Nova Scotia, Ontario.²³

USA

Although the USA has not ratified the FCTC, many of its states have best practices in smokefree legislation. A total of 12 states, Washington DC, and Puerto Rico have

* Global Smokefree Partnership. Global voices for a smokefree world: movement towards a smokefree future. Status report 2007.

† Personal communication from Veronica Schoj, Hospital Italiano Tobacco Control Program Coordinator and Regional Consultant for the Inter American Heart Foundation, February 2008.

passed comprehensive smokefree legislation covering enclosed public places and workplaces. An additional two states will become smokefree in 2009.²⁴

Other countries

The State of Joao Pessoa in North Eastern Brazil has recently introduced smokefree legislation, given political will from governmental authorities.* In Switzerland, the federal parliament is considering a national smokefree law, but the cantons (states) are taking action independently. Six cantons have already become smokefree, and votes in more cantons are expected in 2008.²⁵ Monagas state in Venezuela introduced comprehensive smokefree legislation in 2003.²⁶

Smokefree cities

In some countries with no or limited national smokefree policies, comprehensive smokefree legislation has been introduced in cities. Some examples of best practices for smokefree cities are included here:

Argentina

Three major cities have enacted smokefree ordinances: Bahía Blanca (to be implemented 1 September 2008); Corrientes, capital of Corrientes province (October 2006); and Resistencia, capital of Chaco province. Corrientes is a very significant case, since it is the capital of a tobacco growing province. Buenos Aires has only partial smoking restrictions and does not represent best practices.¹⁸

Kenya

The capital city, Nairobi, banned smoking in July 2007 following the lead of two other cities, Mombasa and Nakuru. Another initiative is the ongoing ban on smoking in the streets (except in designated areas) by three councils including Nairobi.

Other countries

The City of Recife in Brazil successfully implemented smokefree legislation in February 2008.* The cities of Mecca and Medina in Saudi Arabia are smokefree by royal assent.²⁷

* Personal communication from Paula Johns, ACT, Brazil, February 2008. www.actbr.org.br

Future smokefree initiatives for 2008 and 2009

A large number of countries, states/provinces/territories, and cities are planning to implement smokefree legislation in 2008 and 2009. A selection of them are highlighted in this section.

Smokefree countries

Mexico

A strengthened smokefree law was approved by the Senate on 26 February 2008 and is currently awaiting the signature of the President. It prohibits smoking in indoor workplaces and enclosed public places. Smoking is allowed in separate designated smoking rooms (DSRs) or outdoor smoking areas. Businesses have 180 days to set up DSRs.*

Turkey

Turkey adopted smokefree legislation in January 2008 and will implement it later in the year. Smoking is prohibited in enclosed public places and workplaces, and designated smoking rooms are not allowed. The legislation received strong support from the Justice and Development Party of Prime Minister Recep Tayyip Erdogan, who is an ardent anti-smoking campaigner.²⁸ A Bloomberg Initiative grant will help enforcement of the law.†

Panama

Panama will implement comprehensive smokefree legislation in April 2008. Smoking will be prohibited in all indoor workplaces and public places.[§]

Kenya

In addition to passing smokefree legislation in several cities, Kenya will be introducing national smokefree legislation on 1 July 2008 (Tobacco Control Act). It will

* Personal communication from Eduardo Bianco, Framework Convention Alliance, Latin America.

† Bloomberg initiative to reduce tobacco use. www.tobaccocontrol-grants.org.

§ Personal communication from Reina Roa, Coalition Against Tobacco Panama (COPACET) February 2008.

prohibit smoking in public places but will allow designated smoking rooms.

Guatemala

A national bill has been drafted for comprehensive smokefree legislation. Smoking will be prohibited in enclosed public spaces and workplaces, as well as sports stadiums, playgrounds and outdoor eating areas. The Bill is now on the National Congress agenda, and its third and final discussion is pending, before it is officially approved.*

Czech Republic

On 16 January 2008 the Parliament of the Czech Republic voted for comprehensive smokefree legislation, which would prohibit smoking in indoor public places, including restaurants. The MP Boris Šťastný, is the driving force behind the proposal for legislation. Attempts are being made to weaken the proposed legislation and a decision has not yet been made. The Smokefree Partnership is offering support for Mr Šťastný.†

Nigeria

A National Tobacco Bill has been drafted which proposes to prohibit smoking in all public places. It may also prohibit smoking in cars with children under 14.§ Smokefree legislation is planned for two states in the country.

Other countries

Several countries in Europe are implementing or planning for smokefree legislation in 2008 and 2009, and the European Union will publish a communication on smokefree places in late 2008.‡ In Serbia a 100% smokefree law is being adopted in 2008/2009. It covers all public places and workplaces and designated smoking rooms are not allowed.#

Smokefree legislation in The Netherlands will be

amended in July 2008 to prohibit smoking in bars, clubs and restaurants. It is likely that enclosed smoking rooms with no size restrictions will be allowed. Smoking is banned in pubs and restaurants in most of Germany's 16 states. Some bans are more comprehensive than others – the hospitality sector in Bavaria is totally smokefree, but the Oktoberfest is exempt for 2008.* Moldova implemented smokefree legislation in March 2008.‡

In Mauritius, the Public Health Act is being amended in 2008 to ban smoking in all public places, including outdoor bars and restaurants, bus terminals, bus stops, taxi stands, public gardens and beaches. A public consultation will take place to measure public support for the smokefree law.²⁹ The Malaysian government has pledged to begin legislating for 100% smokefree public places in 2008.³⁰ In Burkina Faso new smokefree legislation is being planned in accordance with Article 8, with the aid of a Bloomberg Initiative grant. Bloomberg Initiative funding will also help to create smokefree places in Niger and Sri Lanka.⁵ Smokefree legislation is being drafted in Bahrain, Cambodia, Nauru and Oman.

Smokefree states, provinces and territories

Nigeria

A tobacco control bill has been drafted for Lagos State, which contains provisions to prohibit smoking in public places. A similar bill has also been drafted for the Federal Capital Territory, which includes the capital city of Abuja. The Nigeria Tobacco Control Alliance has launched a campaign to make Nigerian airports smokefree.#

Smokefree cities

Mexico

In February 2008 Mexico City passed comprehensive smokefree legislation that prohibits smoking in enclosed public places and workplaces, on public transport and in bars and restaurants. Designated smoking rooms are not allowed. This legislation is more comprehensive

* Personal communication from Dora Oliva, Project Coordinator, IMSALUD / Executive Director, One Voice Against Cancer, March 2008 www.imsalud.org.

† Personal communication from Florence Berteletti-Kemp, Smokefree Partnership. February 2008. www.smokefreepartnership.eu.

§ Personal communication from Akinbode Oluwafemi, Friends of the Earth/ERA, Nigeria, January 2008.

Personal communication from Andjelka Dzeletovic, Tobacco Control Office, Institute of Public Health, Serbia, March 2008.

* Personal communication from Florence Berteletti-Kemp, Smokefree Partnership. February 2008. www.smokefreepartnership.eu.

‡ Personal communication from Victoria Tataru, Executive Director for The Center of Information, Education and Social Analyses, Moldova, March 2008.

§ Bloomberg initiative to reduce tobacco use. www.tobaccocontrol-grants.org.

Personal communication from Akinbode Oluwafemi, Friends of the Earth/ERA, Nigeria, January 2008.

than the national smokefree legislation sent for Senate approval in February 2008 which allows for designated smoking rooms.* Since the legislation entered into force in April 2008, compliance has been high.

The Mexican Government asked Uruguay to help it develop smokefree legislation. An Uruguayan delegation –one Parliamentarian (Dr. Asqueta), a Ministry of Health tobacco control focal point (Dr. Abascal), and the President of the Bar and Restaurant's Owners Association, travelled to meet Parliamentarians, the Ministry of Health and businessmen in Mexico.* This type of collaboration has also happened in El Salvador and could act as a model for other regions and countries.

Philippines

A number of cities in The Philippines have been smokefree for a number of years –Davao City (2002), Makati City (2003), Legazpi (2005). However, designated smoking rooms are allowed and the laws have not been compliant with Article 8 of the FCTC. Some cities are now planning comprehensive smokefree legislation –Davao City, Makati, Legazpi, Silang (Cavite), Iloilo. These cities have set up anti-smoking task forces. The Davao task force includes the mayor, tourism office and police. The City of Manila is also hoping to launch a task force. Pasig and Taguig (cities in Metro Manila) have recently announced plans to go smokefree.†

Other countries

Funding from the Bloomberg Initiative will be used from 2008-2010 to implement smokefree legislation in Hanoi City in Vietnam‡ and Dar es Salaam in Tanzania.# In Pakistan, there are plans to develop model smokefree cities in each of the country's four provinces.& There are also initiatives to create smokefree cities in India (Chennai and Delhi)* and Egypt (Alexandria).∞

§ Personal communication from Eduardo Bianco, Framework Convention Alliance, Latin America.

† Personal communication from Debby Sy, Legal Advisor, FCTC Alliance Philippines, February 2008. www.tobaccocontrol.ph

§ Personal communication from Ulysses Dorotheo, Framework Convention Alliance, January 2008.

Bloomberg initiative to reduce tobacco use. www.tobaccocontrol-grants.org.

& Personal communication from Dr. Ehsan Latif, Regional Advisor, Eastern Mediterranean, The Union (IUATLD) founder Coalition for Tobacco Control-Pakistan, February 2008.

* Personal communication from Shoba John, HealthBridge India, February 2008.

∞ Personal communication from Farrukh Qureshi and Fatimah El-Awa, WHO EMRO, Egypt 2008. www.emro.who.int.

Conclusion

The large number of countries, states/provinces/territories and cities worldwide that have implemented comprehensive smokefree policies or are planning to do so in the next few years reflects a global movement towards smokefree public places and workplaces. This movement is being pushed forward by advocacy efforts from an organised civil society, funding from international funders, the examples shown by countries with effective smokefree policies and the sharing of experience between countries.

Acknowledgements

The Global Smokefree Partnership would like to thank the many people in tobacco control worldwide who contributed to the preparation of the smokefree map which formed the basis of this article.

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