Chapter 11
Recommendations

Overall

Based on the body of evidence contemplated in this volume, the Working Group makes the following recommendations:

1. To protect public health it is essential that governments enact and implement smoke-free policies that, at a minimum, conform to the Guidelines for Article 8 of the WHO FCTC. This should be done as part of a comprehensive tobacco control strategy that implements all of the provisions called for by the WHO FCTC.

2. In addition to the above, governments should support well-designed public education campaigns to promote smoke-free homes.

3. A multi-national surveillance and monitoring system should be implemented to track exposure to secondhand smoke, attitudes towards smoke-free policies, implementation of and compli-ance with these policies, and tobacco use behaviour.

A research and evaluation programme is needed, especially in developing countries, to determine the impact of legislation on:

- inequalities in exposure to SHS
- health outcomes
- economic activity
- exposure to SHS in transition areas and outdoor venues
- smoking in cars
- tobacco use and other behaviours

Health effects of exposure to SHS

It is recommended that legislative bodies accept the current state of the evidence on the harm caused by SHS pending the upcoming IARC re-review of the evidence in a planned 2009 IARC monograph meeting.

Evolution of smoke-free policies

The global experience in tobacco control has produced valuable exemplars that can be used to further advance efforts to reduce exposure to SHS. Based on the review of smoke-free policies, the following recommendations should be considered:

1. The guidelines for imple-mentation of Article 8 should be followed to provide guidance for national and sub-national governments to develop, enact, and implement smoke-free policies, which produce considerable health benefits for the population. The evidence shows that a growing number of governments have effectively implemented such policies.

2. Policymakers and public health advocates should learn from the experience of other locations that have fully implemented the guidelines, whether at the national or sub-national level, in developing and implementing smoke-free policies.

Economic impact and incidental effects

The results are mixed for the few studies that exist on the impact of smoke-free policies on gaming establishments; more research is needed on these venues.

Attitudes and compliance

Assessing attitudinal data among the general public, smokers, and any relevant population groups (e.g. hospitality workers) prior to the introduction of new smoke-free policies can be helpful in policy development.

1. If there is a shortage of recent representative data, then consideration should be given to undertaking representative

attitudinal surveys within the relevant jurisdiction (e.g. the Global Adult Tobacco Surveys [GATS]). For example, such data can inform public education campaigns, use of media advocacy, and the extent of signage and enforcement activities.

2. Once smoke-free laws are passed, further monitoring of attitudes and compliance is helpful in guiding implementation, enforcement, and future policy development.

3. Public health professionals should be prepared to respond to inaccurate or misleading information regarding the effect of smoke-free policies (see Chapter 4).

Reductions in exposure to SHS and health effects

1. There should be multi-country protocols for evaluating the effects of smoke-free policies on exposure to SHS and consequent health effects.

2. An international database should be developed to log the implementation of smoke-free policies, studies of the impacts of legislation on exposure to SHS, and assessments of health effects. Such a database should be the basis for monitoring the progress of smoke-free policies and their effectiveness, internationally.

Effect on smoking behaviour

1. Smoking restrictions for public or workplaces should prohibit smoking completely if they are to have an optimal impact on reducing smoking behaviour, as well as reducing exposure to SHS.

2. To have optimal effect, smoke-free policies should be part of comprehensive tobacco control programmes aimed at reducing the adverse health effects from tobacco use.

3. Since much of what is known regarding the effect of smoking restrictions on smoking behaviour is from developed countries,

further research on this topic is needed that involves multiple nations in different stages of the tobacco epidemic.

Home smoking restrictions

1. The prevalence of smoke-free homes among smokers in countries worldwide should be monitored as a measure of changing population anti-tobacco norms and progress in tobacco control.

2. Public education campaigns should be conducted to encourage smokers to adopt smoke-free homes.

3. Advice to smokers to adopt a smoke-free home should be included in all efforts promoting cessation.

4. Further studies regarding the effect of smoke-free homes on youth initiation are required.

5. Further evidence of the effect of smoke-free homes on smoking behaviour in countries at different stages of the tobacco epidemic is needed.