JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Institute for
Global Tobacco Control

La experiencia del uso de evidencias en el desarrollo de políticas publicas

El caso del tabaco

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Oficial de Programas
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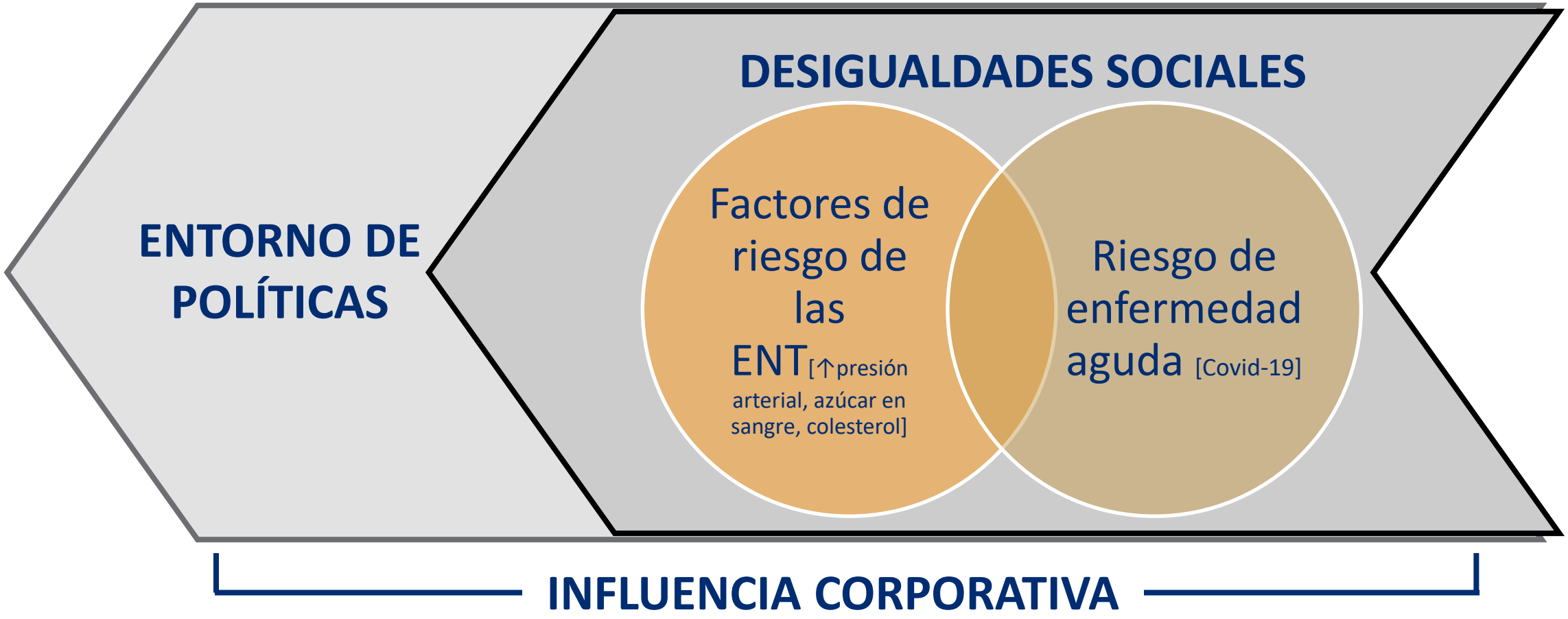
Acknowledgements

- Lauren Czaplicki, PhD y Joanna Cohen, PhD
- Declaro que no existen relaciones financieras, laborales o de otra índole que puedan constituirse como conflicto de interés respecto a la presente exposición.
- Mi trabajo es apoyado con financiamiento de la Iniciativa Bloomberg para Reducir el Uso de Tabaco.

Aumento de los factores de riesgo críticos de enfermedades crónicas (ENT)



GBD 2019 Diseases and Injuries Collaborators. Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet* 2020;396:1204-22.

Investigación para informar la regulación de los productos y actividades asociados a las ENT:

Tabaco y nicotina

Alcohol

Alimentos procesados

Contaminación atmosférica

Investigación para informar la regulación de los productos y actividades asociados a las ENT:

Tabaco y nicotina

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El problema

Electronic Tobacco Products	Combustible Tobacco Products	Non-Combustible Tobacco Products
 E-Cigarettes, Vaping Devices	 Cigarettes	 Cigars/Cigarillos
 Heated Tobacco Products	 Hookah	 Pipe
	 Bidis	 Roll-Your-Own
Graphic adapted with permission from the Centers for Disease Control and Prevention (CDC) Office on Smoking and Health		

Dissolvable Tobacco

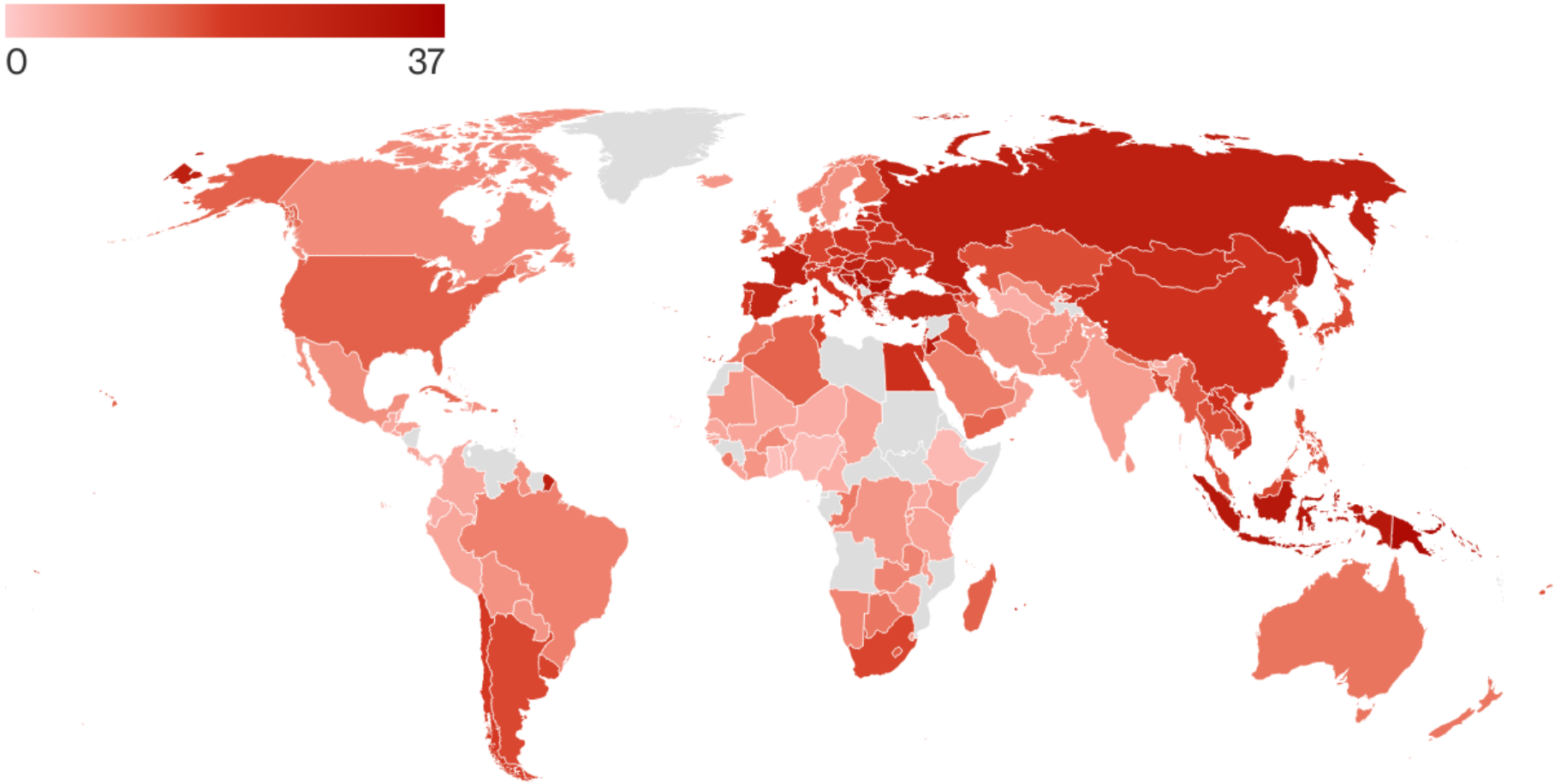
Nicotine Pouch

Smokeless Tobacco

Snus

Current smoking prevalence

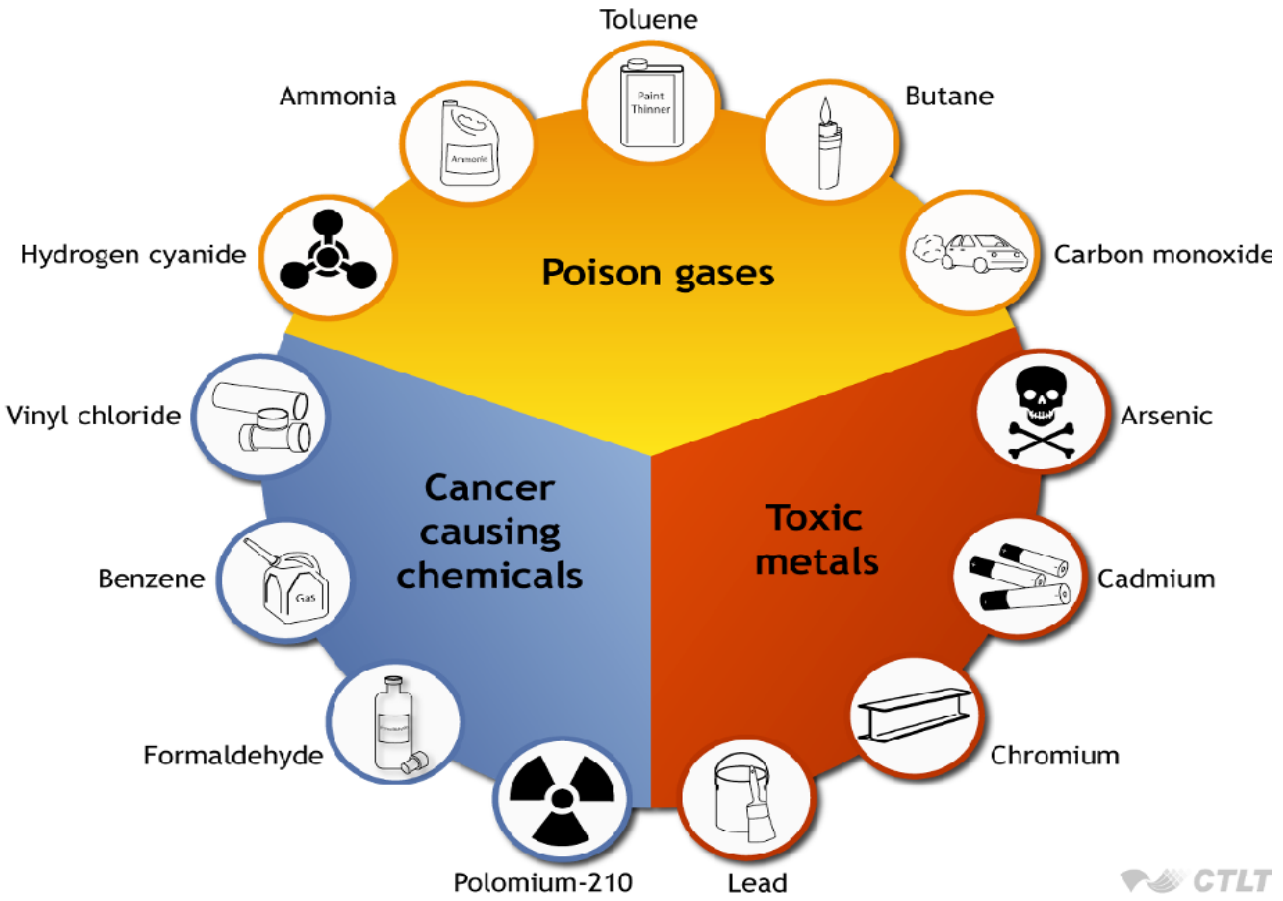
Percentage of daily smokers: age 15+, 2021 or latest data available



Overall smoking prevalence is declining but there are still more than one billion smokers in the world.

Source: WHO GTCR, 2023

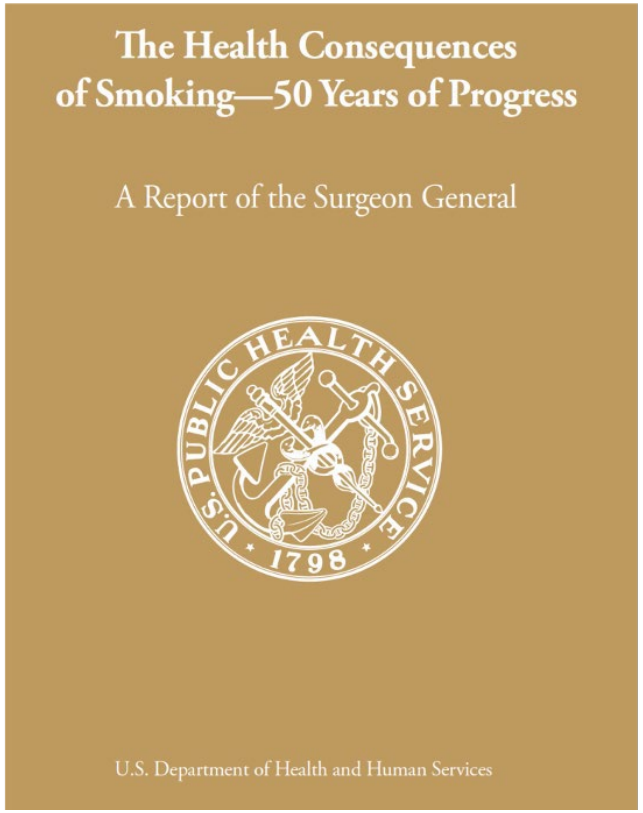
Hay 7,000 químicos en el humo del cigarrillo, muchos son peligrosos y mortales.



¡Todas las muertes por tabaco se pueden prevenir!

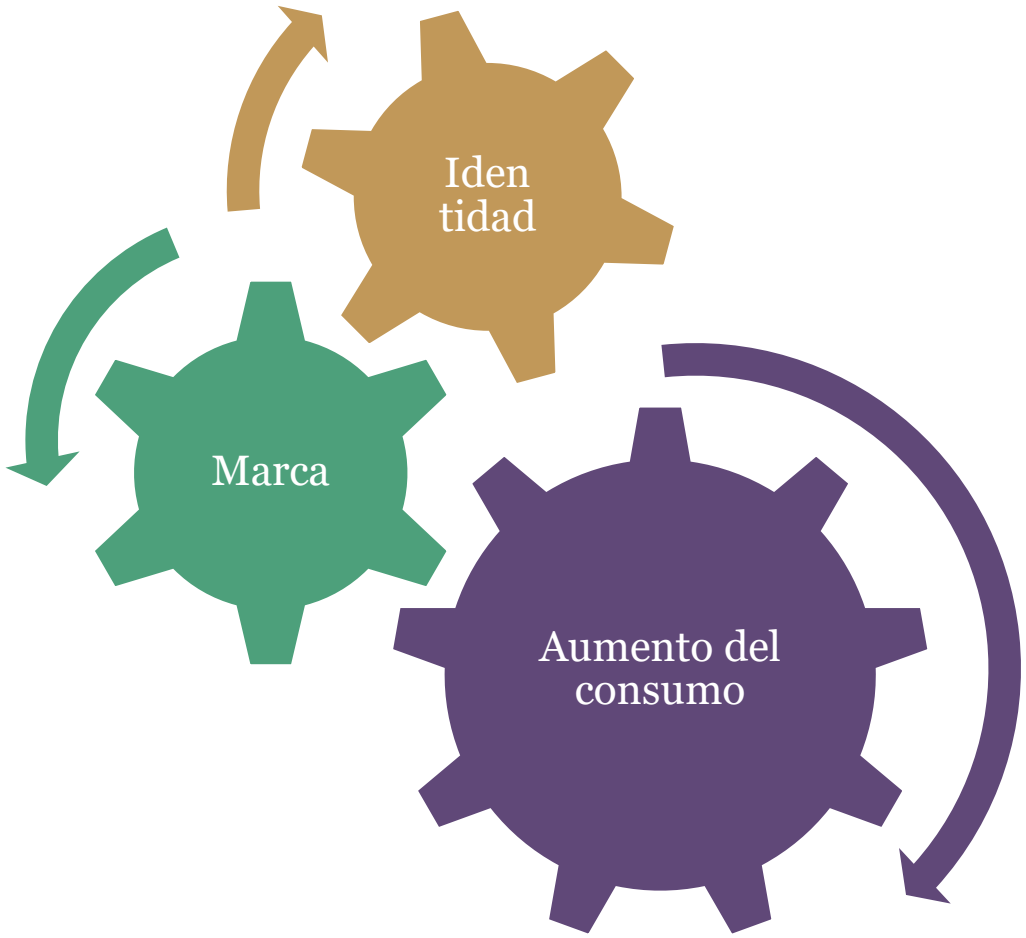
- Los cigarrillos matan hasta la mitad de las personas que fuman la mayor parte de su vida
- Las personas que fuman mueren 14 años antes en promedio
- En el siglo 20, 100 millones de personas murieron por fumar; Sin una acción urgente, mil millones de personas morirán en el siglo XXI

La evidencia del Cirujano General sobre el tabaquismo y los cigarrillos electrónicos es esencial para la política



La industria tabacalera

Construyendo lealtad de por vida



La influencia de la industria tabacalera

Luchar contra las políticas basadas en evidencia

Socavar y desafiar la ciencia

Participar en el comercio ilícito y la reducción de precios

Gestionar la reputación con actividades de responsabilidad social corporativa

La industria tabacalera y la ciencia

PLOS ONE

OPEN ACCESS PEER-REVIEWED

RESEARCH ARTICLE

The Science for Profit Model—How and why corporations influence science and the use of science in policy and practice

Tess Legg, Jenny Hatchard, Anna B. Gilmore

Published: June 23, 2021 • https://doi.org/10.1371/journal.pone.0253272

Influencia corporativa					
	Influir la conducta y publicación de ciencia	Influir la interpretación de la ciencia	Influir el alcance de la ciencia	Influir el uso de la ciencia a través de la reforma de las políticas	Otras estrategias de apoyo
Tabaco	✔	✔	✔	✔	✔
Alcohol	✔	✔	✔	?	✔
Comida y bebida Productos químicos/fabricación Farmacéutica/tecnología médica Combustibles fósiles	✔	✔	✔	✔	✔
Extractivo Apuestas	✔	✔	✔	?	✔

Adaptado de Legg et al 2021

La financiación corporativa se utiliza para

A. Influir en la conducta y publicación de la ciencia para desviar la evidencia a favor de la industria

B. Influir en la interpretación para socavar la ciencia crítica y distorsionar la base de evidencia

C. Influir en el alcance de la ciencia para crear una "cámara de eco" para los mensajes de la industria

D. Crear entornos de formulación de políticas favorables a la industria que influyen como se utiliza la ciencia

E. Fabricar confianza en la industria y su ciencia

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MAXIMIZAR LA CIENCIA FAVORABLE

INFLUYENDO →

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Credibilidad
Alcance
Uso en la política y la práctica

← INFLUYENDO

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CREAR DUDAS SOBRE LOS DAÑOS Y LA NECESIDAD DE POLÍTICAS	OFRECER "SOLUCIONES"	LEGITIMAR EL PAPEL DE LA INDUSTRIA COMO PARTE INTERESADA

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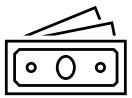
DEBILITAR LA POLÍTICA QUE AFECTARÍA A LA INDUSTRIA + **PREVENIR LITIGIOS CONTRA LA INDUSTRIA** + **MAXIMIZAR EL CONSUMO DE PRODUCTOS Y PRÁCTICAS DE LA INDUSTRIA**

en última instancia, para **MAXIMIZAR LOS BENEFICIOS DE LA INDUSTRIA**



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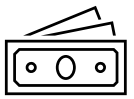
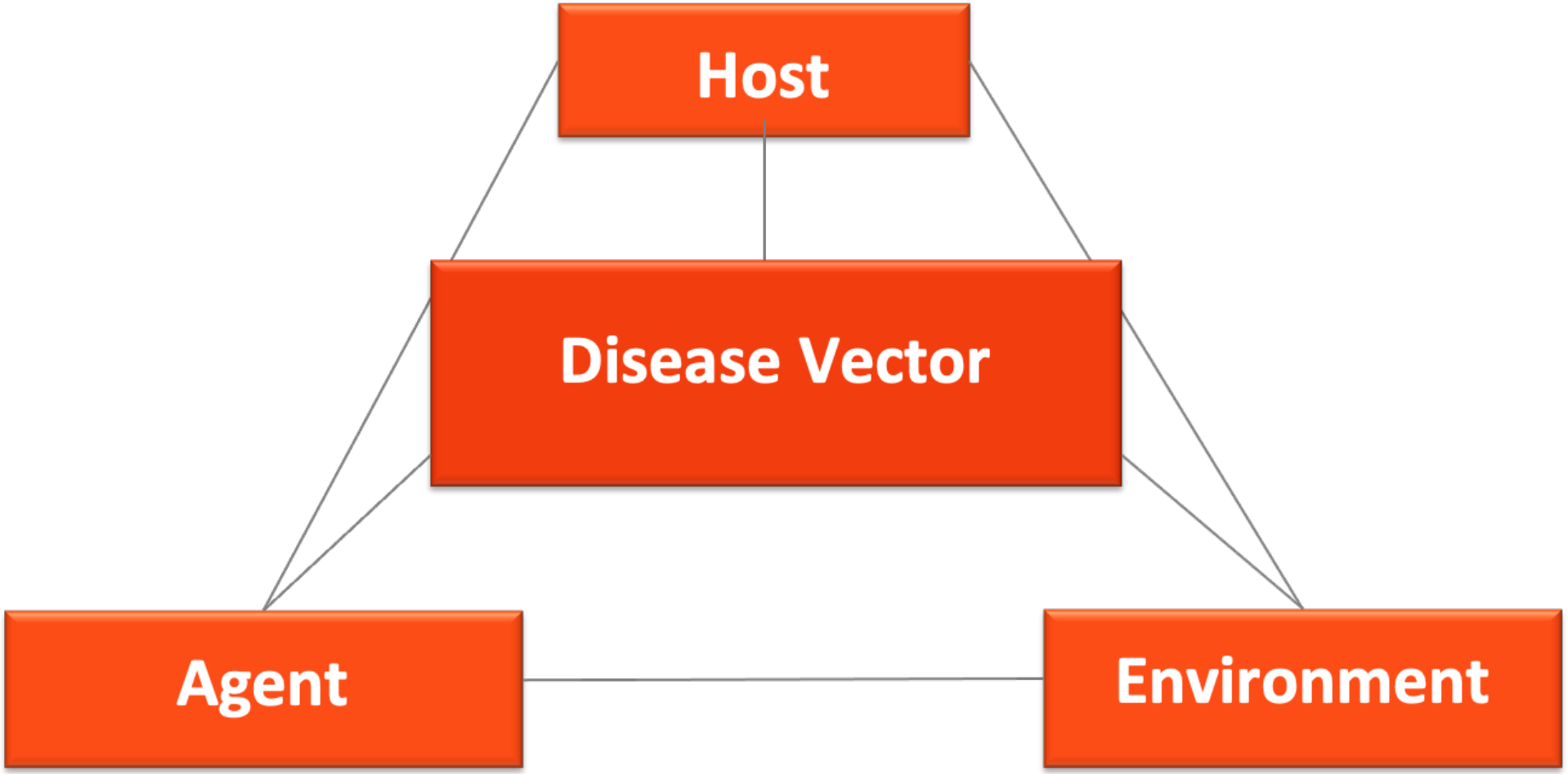


Intersección de ciencia y política

Triángulo epidemiológico



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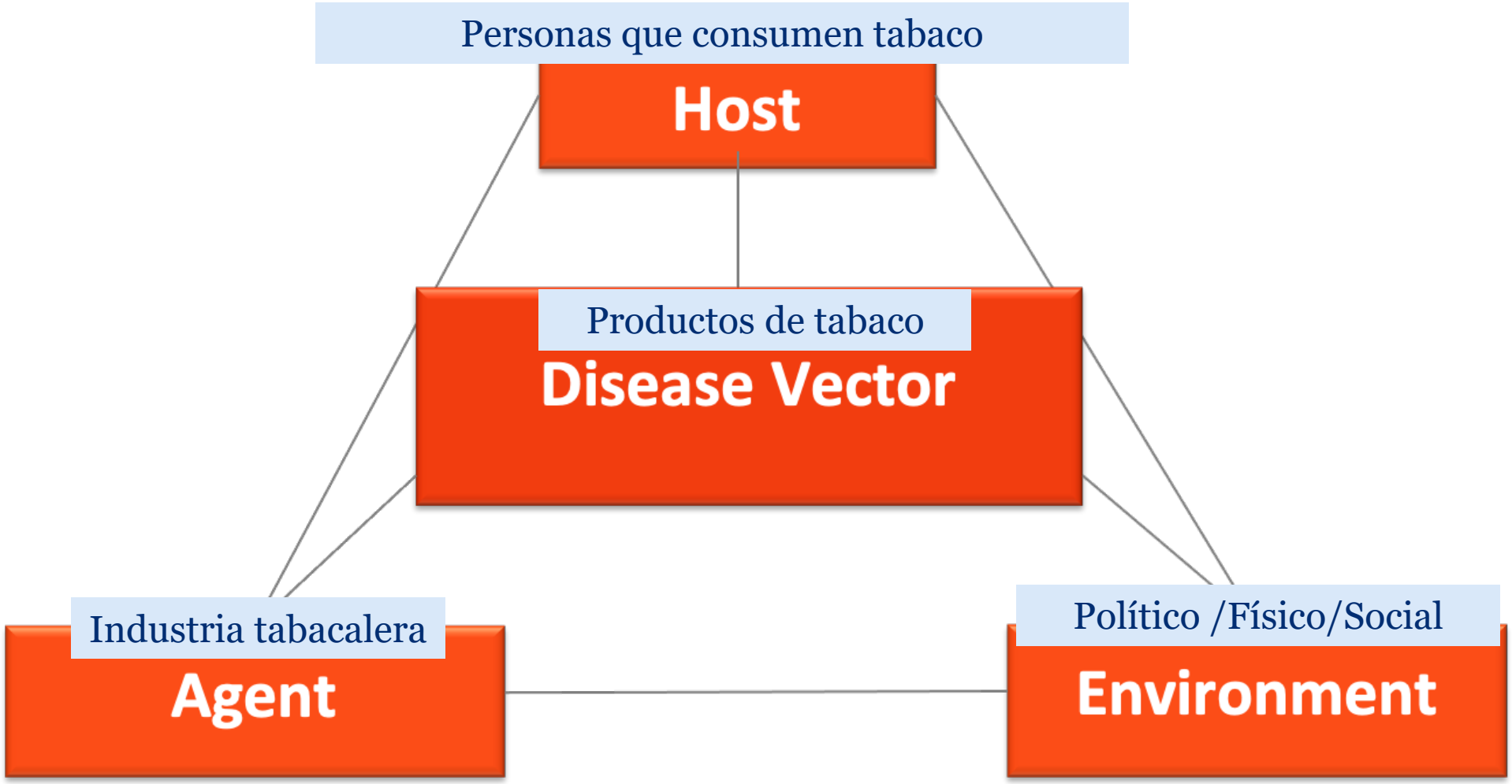
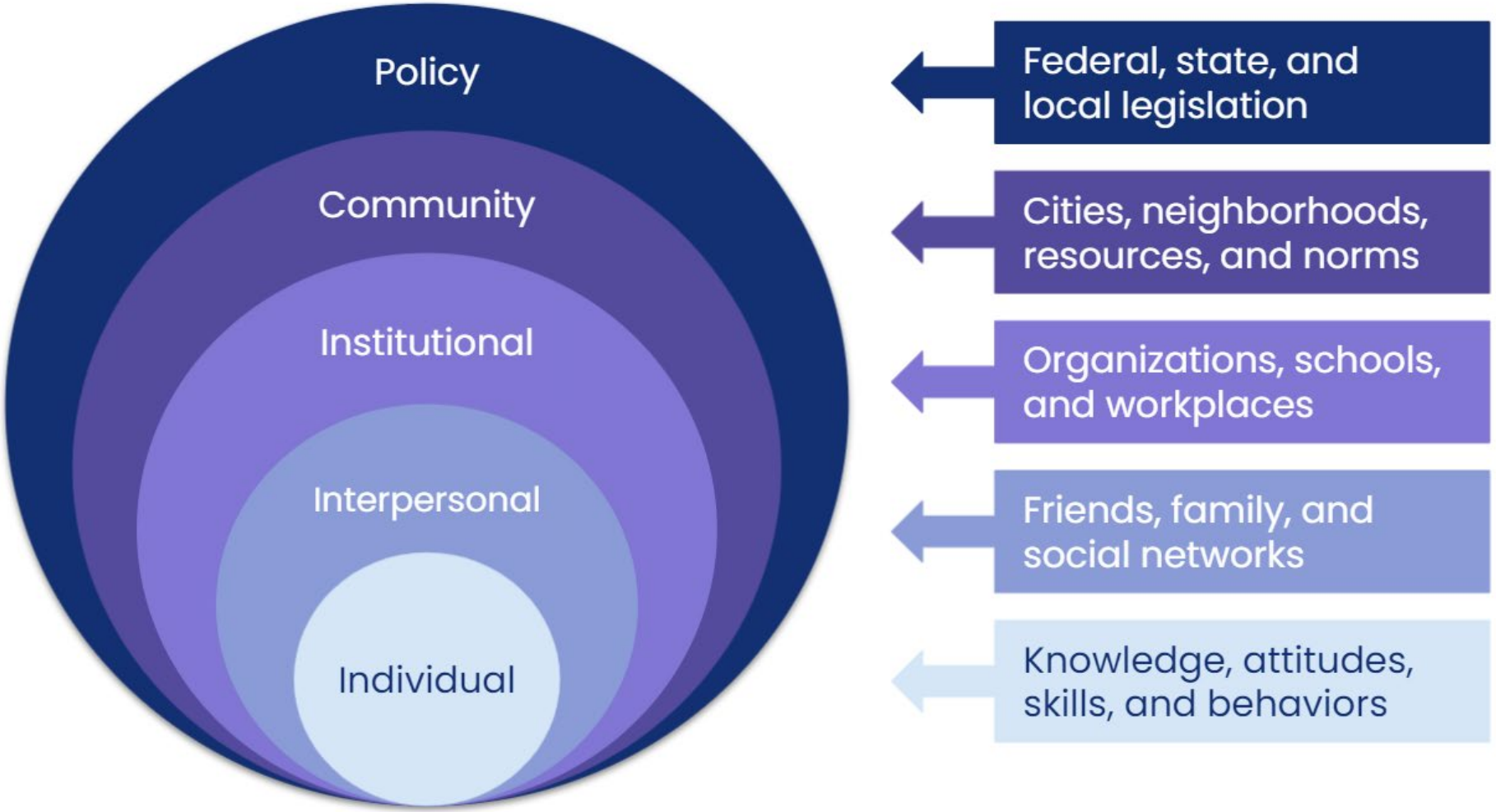
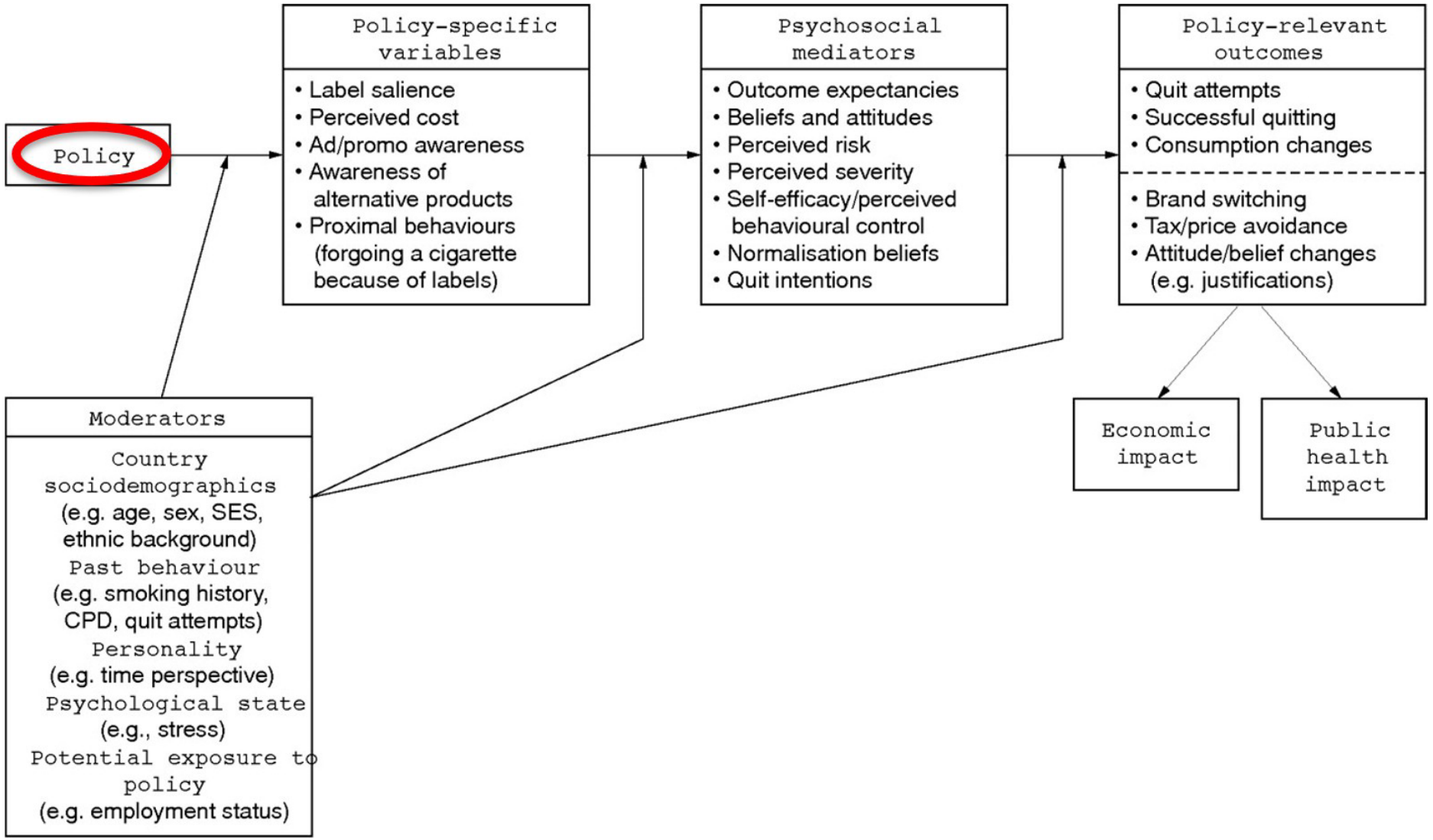


Modelo ecológico social



Marco de evaluación de políticas



Las soluciones

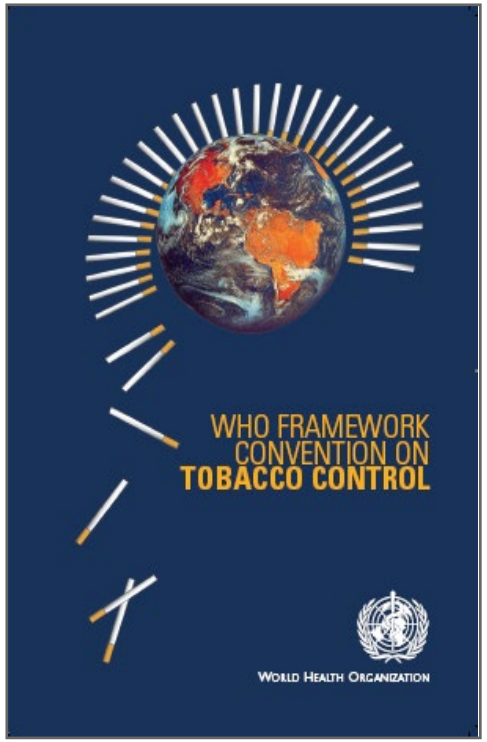
Convenio Marco para el Control del Tabaco (CMCT)

- Primer tratado mundial de salud pública negociado bajo los auspicios de la Organización Mundial de la Salud
- Adoptada por la OMS el 21 de mayo de 2003; entró en vigor el 27 de febrero de 2005
- 183 países son Partes en el CMCT
- Basado en evidencia

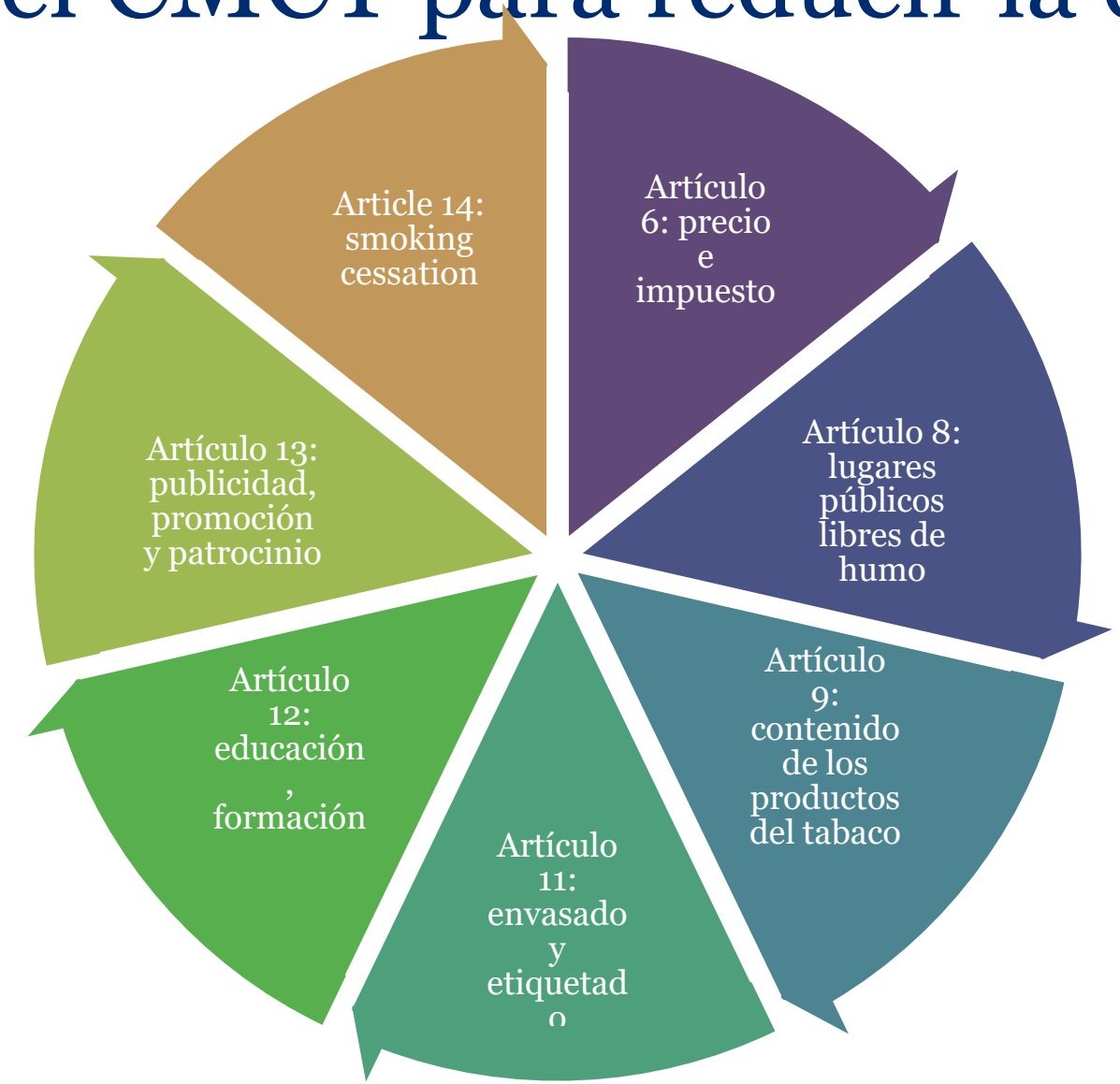
CMCT: objetivo general

"Proteger a las generaciones presentes y futuras de las devastadoras consecuencias sanitarias, sociales, ambientales y económicas del **consumo** de tabaco y la **exposición al humo** del tabaco... reducir continua y sustancialmente la prevalencia del consumo de tabaco y la exposición al humo del tabaco".

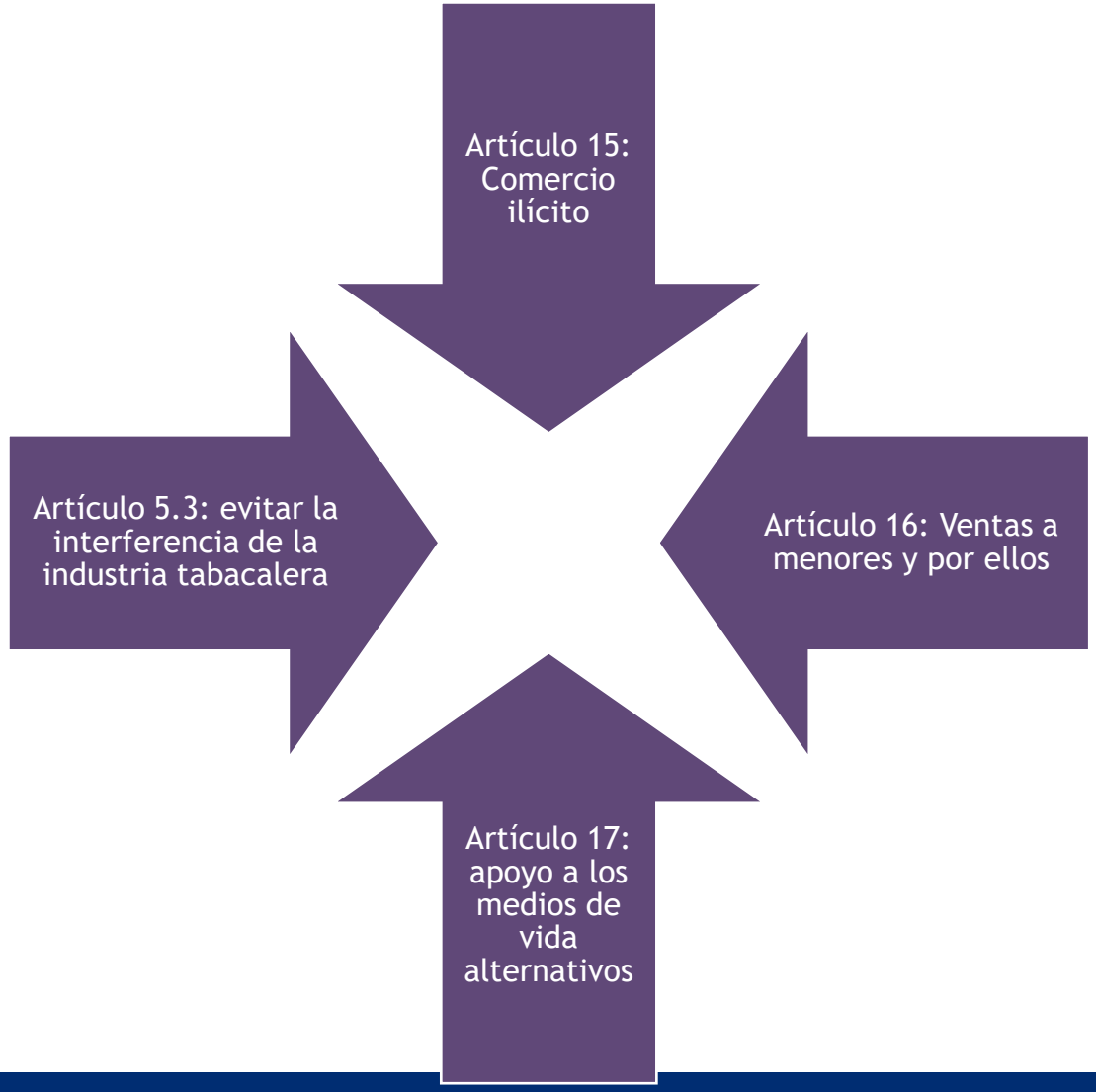
- CMCT Artículo 3



Medidas del CMCT para reducir la demanda



Medidas del CMCT para reducir la oferta



Global Progress in FCTC Implementation

Chung-Hall J, Craig L, Gravely S*, et al* Impact of the WHO FCTC over the first decade: a global evidence review prepared for the Impact Assessment Expert Group. *Tob Control* 2019;**28:**s119-s128.

¿Cómo se eligen las intervenciones?

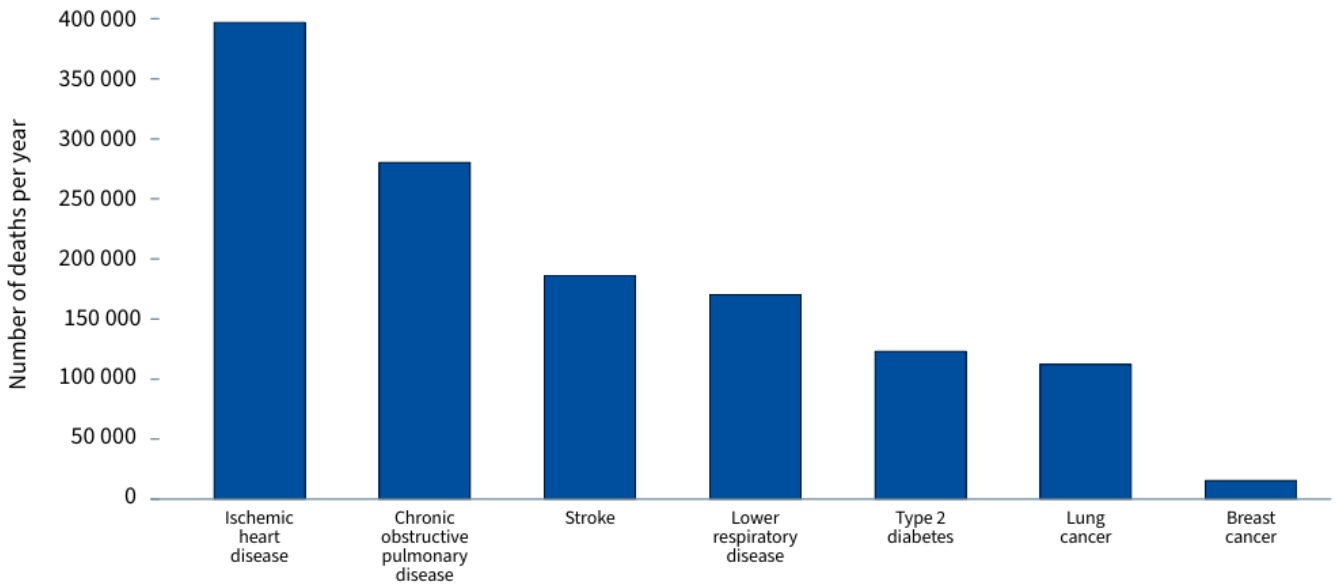
- Efectividad
- Viabilidad
- Sostenibilidad
- Aceptabilidad ética
- Voluntad política
- Voluntad social
- Potencial de beneficios no deseados
- Potencial de riesgos no deseadeados
- Promover la equidad

Estudio de caso – Ambientes 100% libres de humo y emisiones

Contexto

- El humo de tabaco de segunda mano mata a 1,3 millones de no fumadores al año
- Los ambientes libres de humo salvan vidas y benefician a las empresas y las economías
- Ayuda para dejar de fumar

Fig. 7. Main causes of death due to second-hand smoke exposure



WHO report on the global tobacco epidemic, 2023

Contexto

- El público en general apoya los ambientes libres de humo
- Los ambientes libres de humo pueden ayudar a desnormalizar el consumo de tabaco
- Políticas de lugares públicos cerrados, de trabajo y transporte público completamente libres de humo ahora cubren a 2.6 mil millones de personas que viven en 79 países
  - Solo 42 países prohíben completamente el uso de dispositivos electrónicos para fumar, como cigarrillos electrónicos, como parte de sus políticas

WHO report on the global tobacco epidemic, 2023

Desafíos

- Afirmaciones de que las prohibiciones de fumar son perjudiciales para el turismo y la industria hotelera
- Nicotine products (por ejemplo, cigarrillos electrónicos)

Assessment of indoor air quality at an electronic cigarette (Vaping) convention

Rui Chen [1], Angela Aherrera [1], Chineye Isichei [1], Pablo Olmedo [1 2], Stephanie Jarmul [1], Joanna E Cohen [3], Ana Navas-Acien [1 2], Ana M Rule [4]

Affiliations + expand

PMID: 29288255 DOI: 10.1038/s41370-017-0005-x

Abstract

E-cigarette (vaping) conventions are public events promoting electronic cigarettes, in which indoor use of e-cigarettes is allowed. The large concentration of people using e-cigarettes and poor air ventilation can result in indoor air pollution. In order to estimate this worst-case exposure to e-cigarettes, we evaluated indoor air quality in a vaping convention in Maryland (MD), USA. Real-time concentrations of particulate matter (PM_{10}) and real-time total volatile organic compounds (TVOCs), CO_2 and NO_2 concentrations were measured. Integrated samples of air nicotine and PM_{10} concentrations were also collected. The number of attendees was estimated to range from 75 to 600 at any single observation time. The estimated 24-h time-weighted average (TWA) PM_{10} was 1800 $\mu g/m^3$, 12-fold higher than the EPA 24-h regulation (150 $\mu g/m^3$). Median (range) indoor TVOCs concentration was 0.13 (0.04-0.3) ppm. PM_{10} and TVOC concentrations were highly correlated with CO_2 concentrations, indicating the high number of people using e-cigarettes and poor indoor air quality. Air nicotine concentration was 125 $\mu g/m^3$, equivalent to concentrations measured in bars and nightclubs. E-cigarette aerosol in a vaping convention that congregates many e-cigarette users is a major source of PM_{10}, air nicotine and VOCs, impairing indoor air quality. These findings also raise occupational concerns for e-cigarette vendors and other venue staff workers.

“The scientific evidence is clear: there is no safe level of second-hand smoke.” Dr Adriana Blanco Marquizo – Head of the WHO FCTC Secretariat

Lung Cancer in Never Smokers: A Call to Action FREE

Charles M. Rudin ✉; Erika Avila-Tang; Jonathan M. Samet

Check for updates

+ Author & Article Information

Clin Cancer Res (2009) 15 (18): 5622–5625.
https://doi.org/10.1158/1078-0432.CCR-09-0373 Article history

Split-Screen Views PDF Share Tools Versions

Abstract

The causative association between tobacco use and lung cancer is a well-established fact. However, lung cancer also occurs never smokers is amon summarizes recent dat regard to this critically i 5)

Secondhand Smoke Exposure Among Women and Children: Evidence From 31 Countries

Heather Wipfli, PhD, Erika Avila-Tang, PhD, MHS, Ana Navas-Acien, MD, PhD, MPH, Sungroul Kim, PhD, Georgiana Onicescu, ScM, Jie Yuan, BS, Breysse, PhD, MHS, and Jonathan M. Samet, MD, for the FAMRI Homes Study Investigators

Extensive research shows that secondhand smoke (SHS) exposure places adults and children at increased risk for premature death, diverse illnesses, and other adverse effects, such as reduced lung-function growth in children.[1] Worldwide, over 40% of men smoke tobacco, compared with only about 12% of women.[2] This global profile implies that women and children constitute the bulk of the population exposed to SHS. The World Health Organization (WHO) conducted the Global Youth Tobacco Survey between 1999 and 2005 and found that approximately 44% of youths were exposed to tobacco smoke at home and that 47% had at least 1 parent who smoked.[3] There is insufficient information, however, regarding levels of SHS in households and

Objectives. We sought to describe the range of exposure to secondhan (SHS) among women and children living with smokers around the world a erate locally relevant data to motivate the development of tobacco control and interventions in developing countries.

Methods. In 2006, we conducted a cross-sectional exposure survey to r air nicotine concentrations in households and hair nicotine concentrations nonsmoking women and children in convenience samples of 40 households in 31 countries.

Results. Median air nicotine concentration was 17 times higher in households with smokers (0.18 μg/m^3) compared with households without smokers (0.01 μg/m^3). Air nicotine and hair nicotine concentrations in women and children increased with the number of smokers in the household. The dose–response relationship was steeper among children. Air nicotine concentrations increased an estimated 12.9 times (95% confidence interval = 9.4, 17.6) in households allowing smoking inside compared with those prohibiting smoking inside.

Conclusions. Our results indicate that women and children living with smokers are at increased risk of premature death and disease from exposure to SHS. Interventions to protect women and children from household SHS need to be strengthened. (*Am J Public Health.* 2008;98:672–679. doi:10.2105/AJPH.2007.126631)

Research paper

Secondhand tobacco smoke: an occupational hazard for smoking and non-smoking bar and nightclub employees

PDF

PDF + Supplemental Material

Miranda R Jones [1], Heather Wipfli [2, 3], Shahida Shahrir [2], Erika Avila-Tang [1, 2], Jonathan M Samet [1, 2, 3], Patrick N Breysse [2, 4], Ana Navas-Acien [1, 2, 4], FAMRI Bar Study Investigators
Correspondence to Dr Ana Navas-Acien, Department of Environmental Health Sciences, Johns Hopkins Bloomberg School of Public Health, 615 N Wolfe St, Office W7513D, Baltimore, MD 21205, USA; anavas@jhsph.edu

Abstract

Background In the absence of comprehensive smoking bans in public places, bars and nightclubs have the highest concentrations of secondhand tobacco smoke, posing a serious health risk for workers in these venues.

Objective To assess exposure of bar and nightclub employees to secondhand smoke, including non-smoking and smoking employees.

Methods Between 2007 and 2009, the 24 cities in the Americas, Eastern Europ evaluate personal exposure to secondh smoking employees (N=936).

Results Median (IQR) air nicotine conce venues, respectively. Median (IQR) hair and non-smoking employees, respecti region, a twofold increase in air nicotin concentrations in non-smoking emplo

Conclusions Occupational exposure to nicotine among non-smoking and smo nightclubs and the contribution of this measures that ensure complete protec

¿Ha contribuido la prohibición de fumar a reducir los daños asociados al tabaco en fumadores pasivos?

Las pruebas más sólidas publicadas el 4 de febrero por Cochrane sugieren que la legislación nacional sobre el humo del tabaco reduce los daños en fumadores pasivos; especialmente los riesgos de cardiopatía.

La revisión Cochrane actualizada contiene estudios más recientes que observaron que la población de aquellos países que habían impuesto la prohibición de fumar se presentaba disfrutaba de las ventajas de una menor exposición al humo del tabaco, en concreto en relación con las enfermedades cardiovasculares.

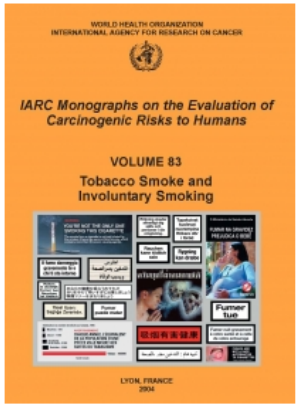
Desde que la primera ley sobre la prohibición de fumar en el interior de todos los espacios públicos se introdujera en Irlanda en el año 2004, se ha producido un aumento en el número de países, estados y regiones que han adoptado leyes antitabaco similares que prohíben fumar en lugares públicos y de trabajo. El principal motivo de esta medida ha sido el de proteger a los no fumadores de los efectos perjudiciales para su salud de la exposición al humo del tabaco. Otra razón ha sido proporcionar un apoyo ambiental a las personas que desean dejar de fumar.

El tabaco es la segunda causa principal de mortalidad en el mundo y actualmente es responsable de la muerte de una de cada diez personas. La Organización Mundial de la Salud ha exigido medidas para controlar la demanda y el abastecimiento de productos de tabaco, así como para proteger la salud pública.

El humo del cigarrillo ha sido identificado como uno de los mayores desastres para la salud pública del siglo XX con más de 20 millones de muertes atribuibles. La Organización Mundial de la Salud calcula que unas seis millones de personas mueren cada año por enfermedades relacionadas con el tabaco; 600 000 son fumadores pasivos.

Un equipo de investigadores irlandeses financiados por la Health Research Board de Irlanda incluyó 77 estudios con poblaciones de 21 países de todo el mundo en esta revisión Cochrane actualizada, incluyendo EE UU, Reino Unido, Canadá y España. La revisión anterior examinaba cómo la ley antitabaco había reducido el humo en espacios públicos, mientras que estos nuevos estudios incluidos se centran en pruebas más robustas sobre los efectos en el fumador pasivo y los riesgos para la salud asociados, incluida la cardiopatía.

s Hopkins Bloomberg Sc



Tobacco Smoke and Involuntary Smoking

IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Volume 83

IARC

2004

ISBN-13

978-92-832-1283-6

ISBN-13

978-92-832-1583-7

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ABOUT THIS BOOK | TABLE OF CONTENTS | CORRIGENDA

This monograph presents a series of review studies linking tobacco smoke and involuntary (passive) smoking to several cancers. Evidence of synergy between smoking and several occupational causes of lung cancer (arsenic, asbestos and radon), and between smoking and alcohol consumption for cancers of the oral cavity, pharynx, larynx and oesophagus and between smoking and human papillomavirus infection for cancer of the cervix have been found. In addition, the working group concluded that involuntary smoking (exposure to secondhand or "environmental " tobacco smoke) is carcinogenic to humans.

Ottawa Council on Smoking or Health | Conseil d'Ottawa sur le tabagisme ou la santé

advocating for healthy living

About | What's New | Your Health | Outdoor Spaces | Smoke-Free Housing | Smoke-Free Campaigns

The Economics of Smoke-Free Bylaws

"After a short period of adjustment most businesses get back to their usual level of sales and many even increase sales, based on a whole new market of people who were staying home because they don't like smoke-filled rooms."

-The Business Case for Going 100% Smoke-Free

- **Ottawa, December 6, 2001:** KPMG Report - Economic Analysis of the No-Smoking Bylaw on the Hospitality Industry in Ottawa

---

- **The Ottawa Citizen, December 6, 2001:**

STUDY: Industry not hurt by smoking ban

Ottawa hospitality industry is not suffering as a result of the smoking ban, according to a KPMG report commissioned by the city. The firm was hired by the city's health department to conduct a year-long study into the economic impact of the smoking ban. Yesterday, the first of four quarterly reports were released.

The data collected since the ban took effect at the beginning of August shows a hospitality industry stronger than it was in the past two years. Employment insurance claims in the food service industry actually declined by 5% in August compared to August 2000.

- **Ottawa Public Health, January 31, 2001:** Second-Hand Smoke in Public Places: The Business Case for Going 100% Smoke-Free

Thirdhand Smoke: New Evidence, Challenges, and Future Directions

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Abstract

Thirdhand smoke (THS) is the contamination that persists after secondhand tobacco smoke has been emitted into air. It refers to the tobacco-related gases and particles that become embedded in materials, such as the carpet, walls, furniture, blankets, and toys. THS is not strictly smoke, but chemicals that adhere to surfaces from which they can be released back into the air, undergo chemical transformations and/or accumulate. Currently, the hazards of THS are not as well documented as the hazards of secondhand smoke (SHS). In this Perspective, we describe the distribution and chemical changes that occur as SHS is transformed into THS, studies of environmental contamination by THS, human exposure studies, toxicology studies using animal models and *in vitro* systems, possible approaches for avoiding exposure, remediation of THS contamination, and priorities for further research.

Evidencia: desarrollo de políticas

- Monitoreo de calidad de aire
- Biomarcadores (p. ej., empleadores de restaurantes)

Air Quality in Bars of São Paulo/Brazil before and after the Smoke-Free Law in Indoor Places

Qualidade do Ar em Bares de São Paulo/Brasil antes e depois da Lei de Ambientes Fechados Livres de Fumo

La Calidad del Aire en los Bares de São Paulo/Brasil antes y después de la Ley Libre de Humo en Lugares Cerrados

Mônica Andreis[1], Jessica Elf[2], Paula Johns[3], Adriana Carvalho[4], Jie Yuan[5], Benjamin Apelberg[6]

Abstract

Introduction: Secondhand smoke is currently considered the main pollutant in indoor environments, with no safe levels of exposure. **Objective:** The present study aims to quantify levels of air nicotine in bars in São Paulo, Brazil, before and after the state law that bans smoking in indoor places. **Method:** The study was conducted in partnership between the Alliance for the Control of Tobacco Use - Brazil, and the Johns Hopkins Bloomberg School of Public Health – USA. Air nicotine was measured using passive air monitors containing a filter treated with sodium bisulfate. The quantity of air nicotine absorbed by the filters was measured in the laboratory at Johns Hopkins University. The study was conducted in 16 bars and the total amount of valid samples was 72. **Results:** On average, a 72% reduction in air nicotine was found in the surveyed establishments after the smoking ban in indoor places in the state of Sao Paulo was adopted. This indicates improvement in air quality within these environments and a decreased risk of exposure to secondhand smoke for both clients and workers. **Conclusion:** The results of this study provide local evidence for the effectiveness of such policies and support the need for federal legislation guaranteeing 100% smoke-free indoor environments to all Brazilians.

Key words: Tobacco; Nicotine; Air Quality Control; Tobacco Smoke Pollution; Public Health

Secondhand Smoke Exposure in Waterpipe Venues in Turkey

Fact Sheet

Waterpipe tobacco smoking (also known as *nargile*, hookah or shisha) is growing worldwide.[1] In Turkey, 400,000 adults regularly smoked waterpipes in 2012. Prevalence of regular use among 15- to 24-year-olds is almost twice as high as in the overall population.[2] The most common place for smoking waterpipes was waterpipe cafes.[2]

There is a common misperception that waterpipe tobacco smoking is less harmful than cigarette smoking.[3] In 2009, Turkey banned the use of tobacco products in hospitality venues. In April 2013, a ban on waterpipe smoking in indoor public places was specifically added to the legislation, with a six-month compliance period. This study quantifies the magnitude and content of tobacco smoke exposure from waterpipes and demonstrates the need for continued consideration of waterpipe venues in smoke-free legislation.

Methods

To evaluate exposure to waterpipe tobacco smoking in the environment and by employees, researchers conducted a survey of waterpipe venues and their employees in Istanbul, Turkey between January and May 2013. Venues were required to have at least one non-smoking employee. Air samples in the venues and biomarkers from employees were collected and analyzed (Table 1).

Table 1. Secondhand Smoke Constituents Measured in Air and Exposure Biomarkers Measured in Venue Employees

Air Markers	Exposure Biomarkers	
Nicotine	Nicotine (*hair*)	Cotinine (*urine, saliva*)
Polycyclic aromatic hydrocarbons (PAHs)	1-hydroxypyrene (1-OHPG) (*urine*)	
Carbon monoxide (CO)	Carbon monoxide (CO) (*exhaled breath*)	
Nicotine-derived nitrosamine ketone (NNK)	Nicotine-derived nitrosamine alcohol (NNAL) (*urine*)	
Particulate matter <2.5 µm ($PM_{2.5}$)		

Venue and Employee Characteristics

Fieldworkers observed venue characteristics during peak business activity and asked about smoking histories of employees and other factors that may contribute to biomarker levels (Table 2). Venue and employee participation rates were 32 and 96 percent, respectively.

Table 2. Venue and Employee Characteristics

Venue Characteristics	(N = 9)
Indoor smoking policy	
Not allowed indoors, enforced	44%
Not allowed indoors, not enforced	22%
Allowed in some indoor areas	33%
Customers smoking waterpipe inside	
<24%	56%
25-49%	44%
Observations during peak activity	
# people, mean (SD)*	19 (11)
# cigarette smokers, mean (SD)	5 (5)
# waterpipe smokers, mean (SD)	5 (6)

* SD = standard deviation

Employee Characteristics	(N = 71)
Age, mean (SD)	34 (13)
Male	90%
<high school education	61%
# hours worked/week, mean (SD)	64 (16)
Current waterpipe smoker[ƒ]	65%
Smoking status	
Current smoker[†]	92%
Former smoker[‡]	7%
Never smoker	1%

[ƒ] Reported waterpipe smoking in the past three months (daily, <daily or "just a few puffs")
[†] Reported cigarette, waterpipe or pipe smoking in the past three months (daily, <daily or "just a few puffs")
[‡] Reported tobacco use >3 months ago

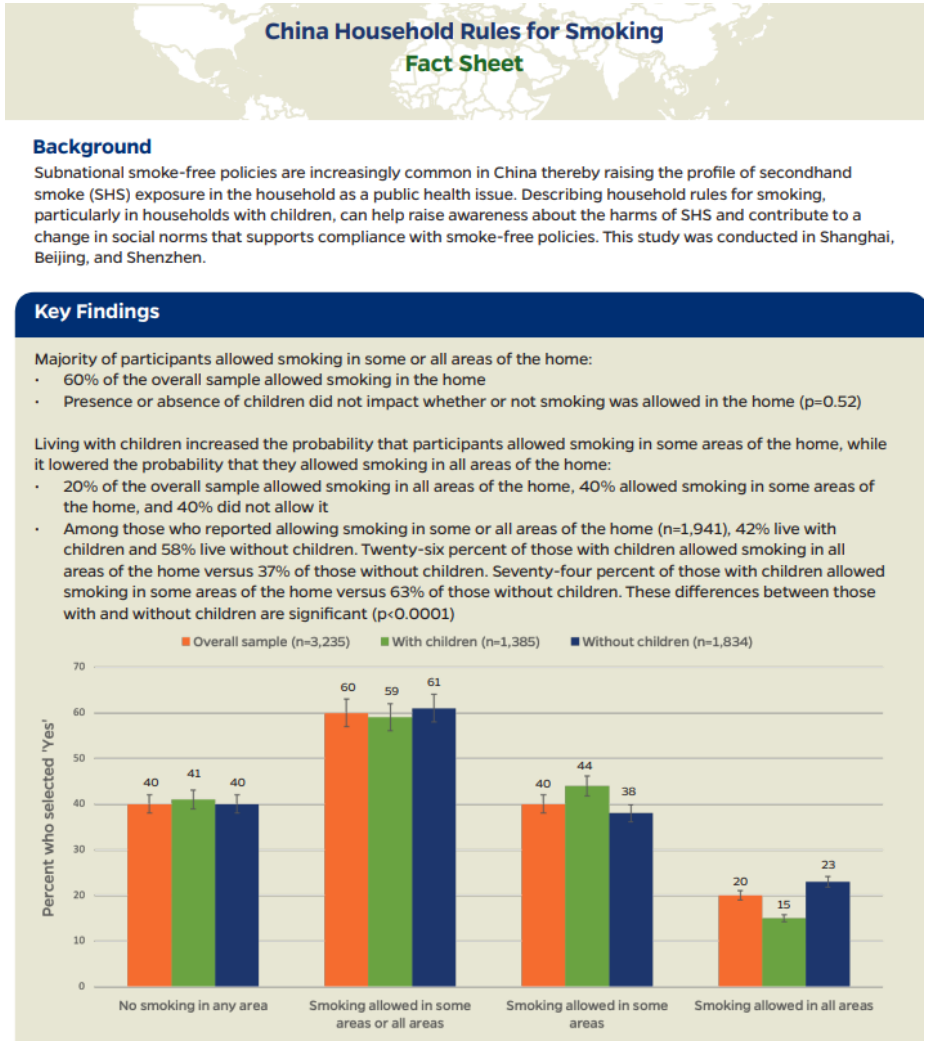
Evidencia: desarrollo de políticas

- Encuestas
  - Apoyo público
  - Exposición al humo de segunda mano
- Casos de inversión

Investment Case for Tobacco Control in

Sierra Leone

The case for scaling-up WHO FCTC implementation



China Household Rules for Smoking
Fact Sheet

Background

Subnational smoke-free policies are increasingly common in China thereby raising the profile of secondhand smoke (SHS) exposure in the household as a public health issue. Describing household rules for smoking, particularly in households with children, can help raise awareness about the harms of SHS and contribute to a change in social norms that supports compliance with smoke-free policies. This study was conducted in Shanghai, Beijing, and Shenzhen.

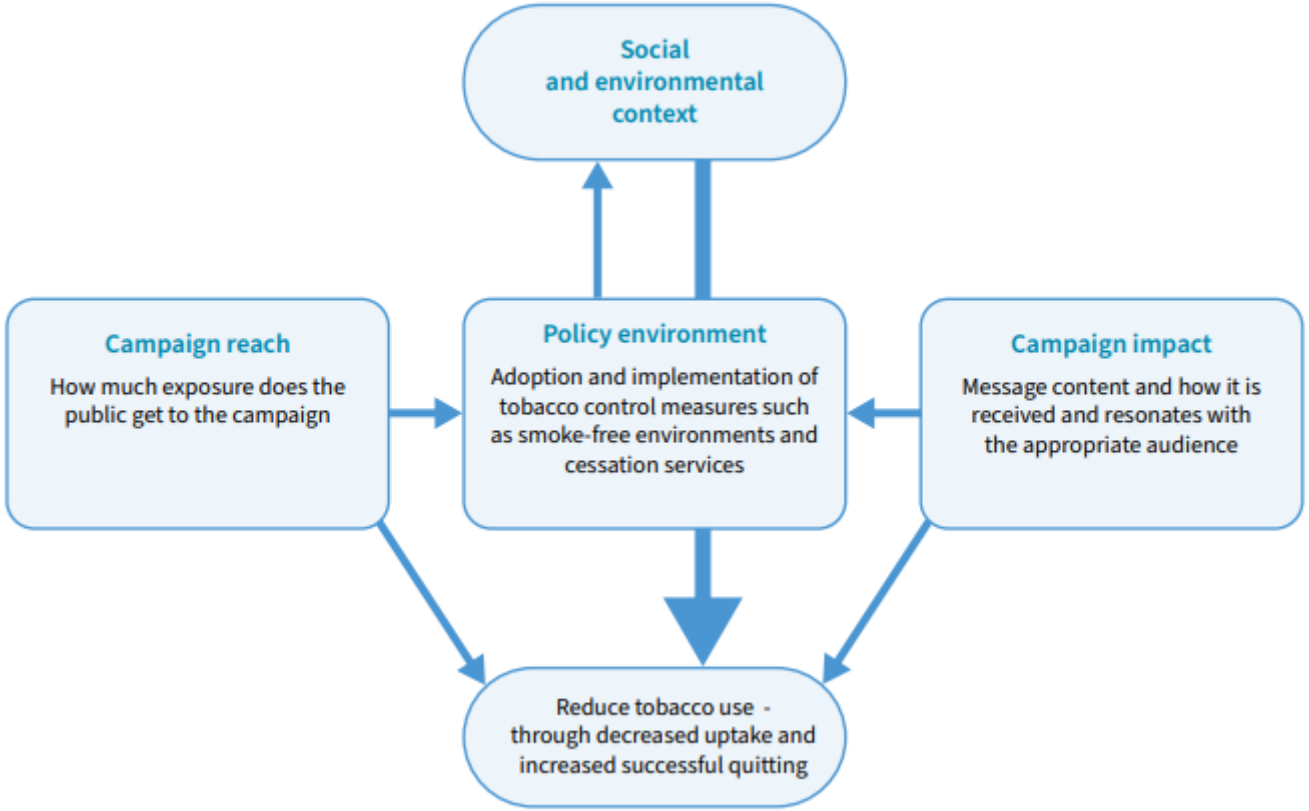
Key Findings

Majority of participants allowed smoking in some or all areas of the home:
- 60% of the overall sample allowed smoking in the home
- Presence or absence of children did not impact whether or not smoking was allowed in the home (p=0.52)

Living with children increased the probability that participants allowed smoking in some areas of the home, while it lowered the probability that they allowed smoking in all areas of the home:
- 20% of the overall sample allowed smoking in all areas of the home, 40% allowed smoking in some areas of the home, and 40% did not allow it
- Among those who reported allowing smoking in some or all areas of the home (n=1,941), 42% live with children and 58% live without children. Twenty-six percent of those with children allowed smoking in all areas of the home versus 37% of those without children. Seventy-four percent of those with children allowed smoking in some areas of the home versus 63% of those without children. These differences between those with and without children are significant (p<0.0001)

Evidencia: implementación

- Desarrollo de campañas en los medios de comunicación



WHO report on the global tobacco epidemic, 2025

Evidencia: conformidad

- Objetivo: Proporcionar a los responsables de la toma de decisiones pruebas sobre el grado de cumplimiento de la ley y ayudar a informar las prioridades para la aplicación y el cumplimiento.
- Algunos estudios:
  - Demostrar que se está cumpliendo la ley y las prioridades para su aplicación
    - Observación/encuestas/entrevistas/grupos focales
  - Proporcionar evidencia para cerrar las lagunas (p. ej., áreas designadas para fumadores)

Workplace smoking restrictions in China: results from a six county survey

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Abstract

Objective To determine the coverage of smoking restriction policies in indoor workplaces in China and to assess the relationships between these restrictive policies and secondhand smoke (SHS) exposure and smoking behaviours.

Methods A cross-sectional household survey was conducted in six counties in Sichuan, Jiangxi and Henan provinces in 2004. Using a standardised questionnaire, information on demographic characteristics, knowledge, attitudes and behavic smoking and SHS exposure was collected through face-to-face interviews by trained local investigators amor respondents. Of respondents, 2698 individuals worked mainly indoors and were included in data analysis.

28.5% of respondents reported that indoor workplaces had a smoke-free policy. Even when resp olicies, 41.1% smokers reported that they were non-compliant with policies and smoked at worl rs reported being exposed to SHS at work despite smoke-free policies. Non-smokers who repor icies were 3.7 times more likely to be exposed to SHS than those working in smoke-free workpl 10.1). On average, respondents complying with smoke-free policies smoked 3.8 fewer cigarette olicies in their workplaces at a marginally non-significant level (p=0.06) (adjusted mean differer

n China, few workplaces have implemented policies to restrict smoking, and, even in workplace t exposure to SHS while at their places of employment. Many workers report a lack of compliar a needs better implementation of SHS policies to promote compliance. Working to improve imp olicies would promote cessation since Chinese smokers who were compliant with these efforts es per day.

Compliance with Smoke-free Law in Hospitality Venues: An Observational Study in Turkey

Background: In 2008, Turkey passed a law banning smoking in all indoor public places, including bars, cafés, and restaurants.[1] A compliance study from 2012 showed that secondhand smoke remained a serious burden for Turkey's public health.[2] The Global Adult Tobacco Survey (GATS) secondhand smoke indicators showed no improvement for hospitality venues in 2016 when compared to 2012.[3] More efforts are needed to fully implement the legislation to improve or even to maintain compliance. Between 2019 and 2020, the Ministry of Health of Turkey undertook cross-provincial inspections in three cities (Ankara, Istanbul, and Izmir) in order to enhance compliance.

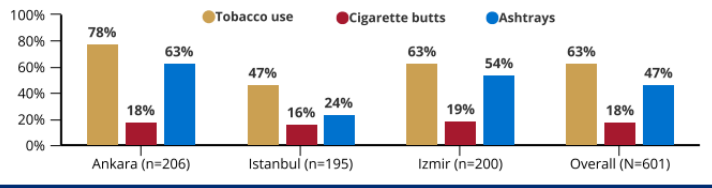
Objective: This study assessed the level of compliance in hospitality venues with Turkey's smoke-free law in Ankara, Istanbul, and Izmir after the implementation of the cross-provincial inspections.

METHODS:

An observational study was undertaken in the three largest cities of Turkey, Istanbul, Ankara and Izmir, between June and July 2021. Data collectors used smartphones equipped with the survey application to support observational data collection, which was conducted during business hours. A sample of 601 venues was observed across the three cities: Ankara (n=206), Istanbul (n=195), and Izmir (n=200). The following was the distribution in terms of venue-types: restaurants (n=303), European style cafés (n=247), traditional teahouses (n=30), and waterpipe venues (n=21).

KEY FINDINGS:

Figure 1. Percentage of venues with observed tobacco use, cigarette butts, and ashtrays inside, by city



'Excuse me, sir. Please don't smoke here'. A qualitative study of social enforcement of smoke-free policies in Indonesia

Michelle R Kaufman ✉, Alice Payne Merritt, Risang Rimbatmaja, Joanna E Cohen

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Abstract

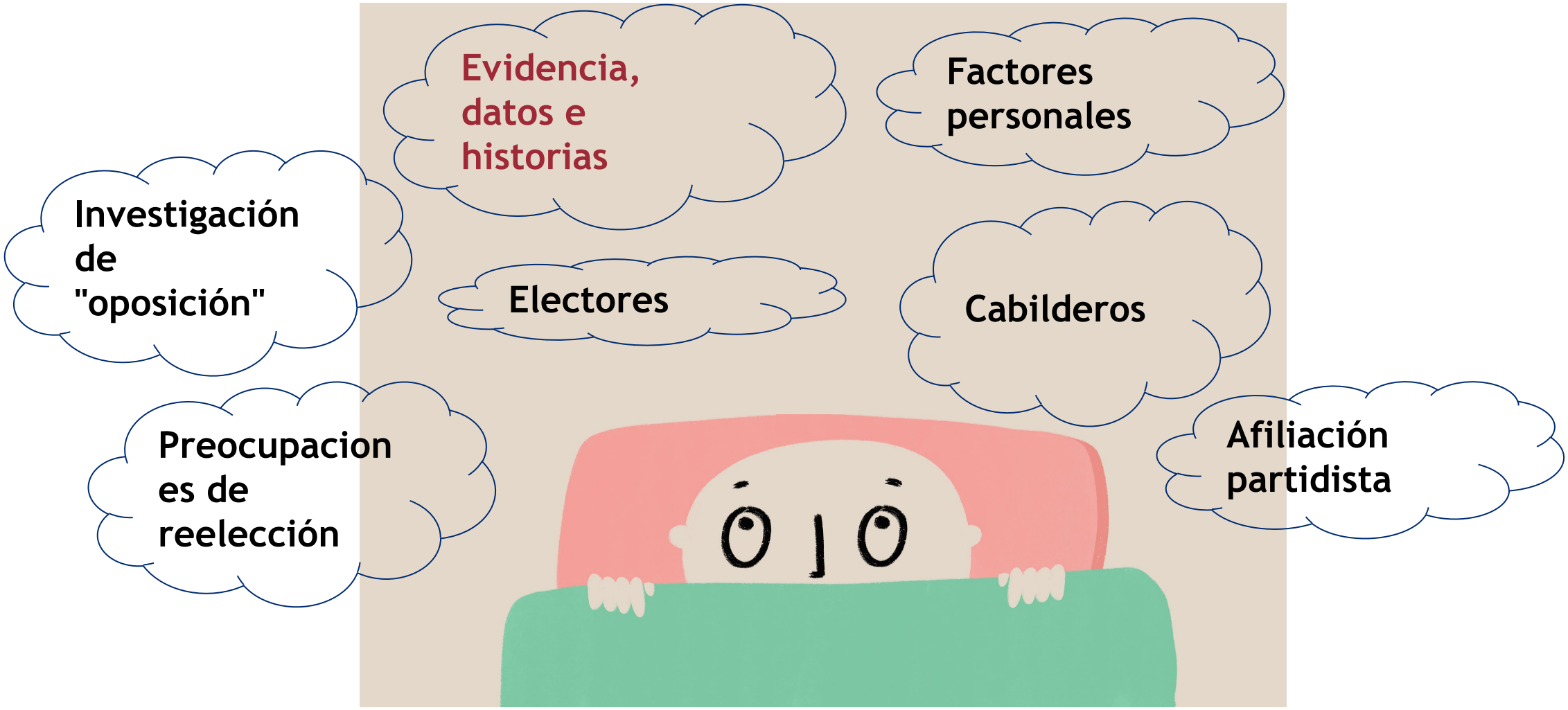
Objective District policies were recently put into place in Indonesia prohibiting smoking in public spaces. This study sought to (1) assess participants' general knowledge of secondhand smoke (SHS) dangers; (2) assess participants' awareness of and specific knowledge of smoke-free (SF) policies; and (3) assess the extent to which such policies are socially enforced and gather examples of successful social enforcement.

Methods Qualitative in-depth interviews and focus group discussions were conducted in Bogor and Palembang cities with both community members and key informants such as government officials, non-government agency staff, religious leaders and health workers.

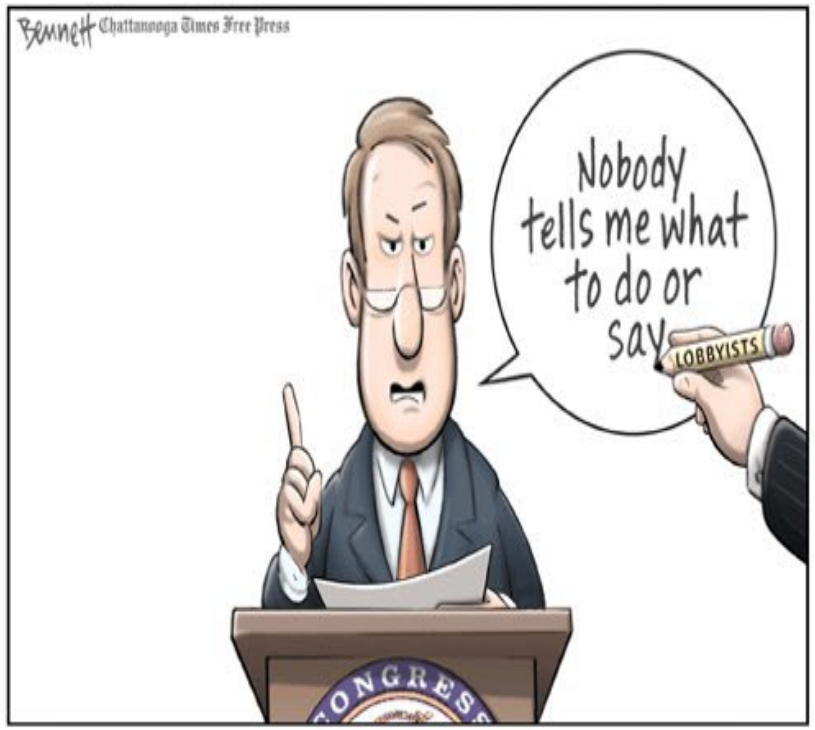
Results Participants in both Palembang and Bogor find SF policy important. Although there was awareness of SHS dangers and SF policies, accurate knowledge of the dangers and an in-depth understanding of the policies varied. There was a high level of support for the SF policies in both cities among both smokers and non-smokers. Many participants did have experience asking a

Factores distintos de los datos que influyen en la política

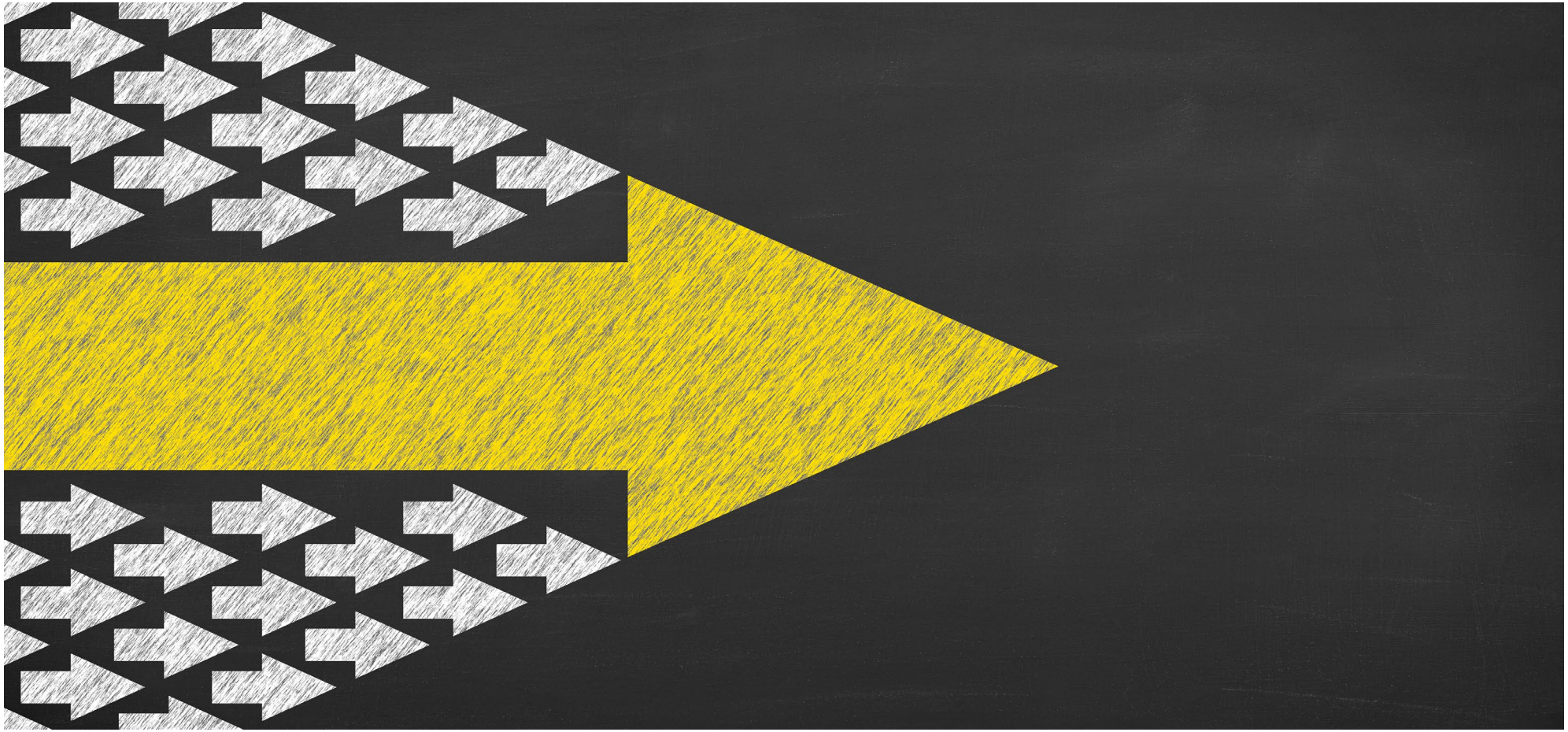
Factors that influence legislators

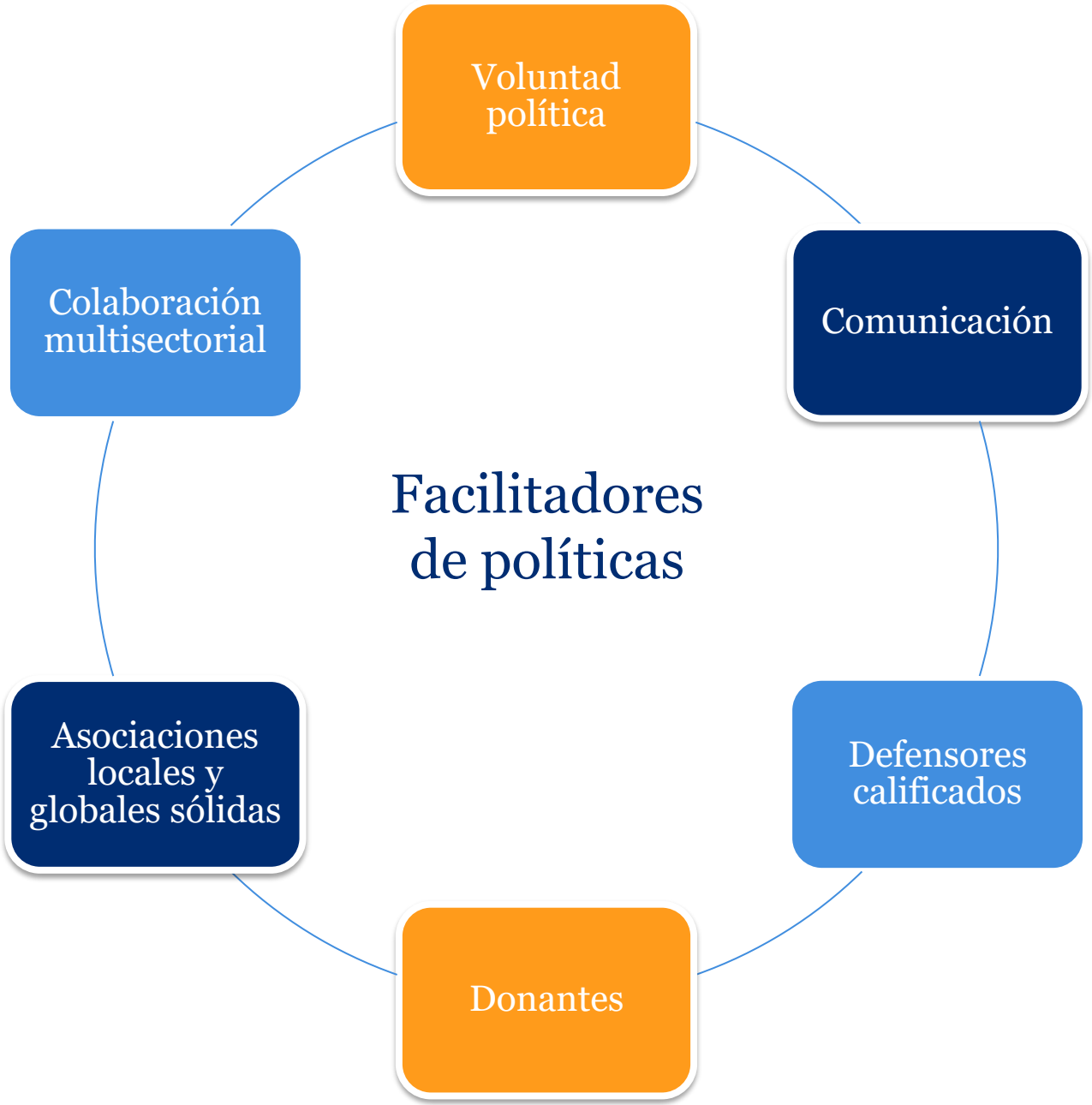


Barreras a la política: influencia de la industria



Obstáculos a las políticas: capacidad y coordinación




Voluntad política
Comunicación
Defensores calificados
Donantes
Asociaciones locales y globales sólidas
Colaboración multisectorial
Facilitadores de políticas

"Los formuladores de políticas se conectan con historias de la vida real. La investigación se hace de números, datos fríos e información que no tienen conexiones con la vida real y cómo las políticas pueden marcar la diferencia en la vida de las personas".

Ronnie Musgrove, Former Governor of Mississippi; Former Senior Policy Scholar, Johns Hopkins Bloomberg School of Public Health

Conclusiones clave

- Las intervenciones a nivel de políticas pueden proporcionar enormes beneficios, incluido el cambio de las normas sociales
- Los actores corporativos tienen mucho poder que debe contrarrestarse constantemente con evidencia (libre de conflictos de intereses) e incidencia
- La ciencia puede ayudar a refinar las intervenciones estructurales y evaluar sus impactos
- Es importante tener en cuenta que muchos otros factores además de los datos y la evidencia influyen en la política

¡Muchas gracias!

Muito obrigada!

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