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EXPERIENCE WITH SMOKE-FREE LAW IMPLEMENTATION IN VIETNAMESE RESTAURANTS, HOTELS, & HOSPITALS:

***Results from key-informant interviews with venue
management***

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BACKGROUND

In 2013, Vietnam implemented Law on Prevention and Control of Tobacco Harms (No. 09/2012/QH13, referred to as the tobacco control law), which prohibited smoking in public places, including restaurants, hotels, and hospitals. For **restaurants**, the tobacco control law prohibits smoking in all indoor areas of the restaurants, but smoking can still take place in outdoor patio spaces.¹ For **hotels**, the tobacco control law prohibits indoor smoking inside all guest rooms. However, hotels are allowed to establish designated smoking areas (DSAs) with proper ventilation systems and cigarette disposal systems if they are located away from a common hall or guest rooms. Tourists staying at hotels are also allowed to smoke in outdoor areas, like balconies or rooftop bars.¹ For **hospitals**, the tobacco control law prohibits smoking in indoor and outdoor areas within the boundary of the hospital.¹ Venues are required to enforce these prohibitions, and they are also required to place ‘no smoking’ signs at places where smoking is not allowed.

The 2013 tobacco control law, along with the more recent 2024 Law on Fire Prevention, Fighting, and Rescue (No. 55/2024/QH15) outline requirements for restricting smoking in these venues.^{1,2} The fire safety law stipulates requirements for designated smoking areas, ventilation and flammable materials that may influence the extent to which venues comply with smoke-free regulations.² Enforcement of both laws occurs at the province, commune, and ward level within the proper coordinating government agencies.

Venues are subject to fines if they are found in violation. For example, under the tobacco control law venues may receive a fine ranging from Vietnamese Dong (VND) 200,000-VND 500,000 if smoking occurs in prohibited areas, like areas with a "No Smoking" sign.³ The fire safety law also imposes a fine for using fire or heat source, like cigarettes, in prohibited areas, which ranges from VND 20,000,000-VND 25,000,000.⁴ Under the tobacco control law, venues may receive a fine ranging from VND 3,000,000 to VND 5,000,000 if they do not have the proper signage to indicate where smoking is not

allowed.³ Hotels with DSAs face further penalty from VND 5,000,000-VND 10,000,000 if (a) they do not have a properly ventilated DSA separate from non-smoking areas, (b) they do not have cigarette butt and ash containers, (c) they do not display signage for the DSA at an appropriate and easily visible location, or (d) they do not have proper fire prevention equipment installed.³ The fire safety law also has additional fines ranging from VND 10,000,000-VND 50,000,000 for improper installation of smoke extraction systems.⁴ Customers who smoke inside the venue where prohibited can also be fined by the venue.

Overall, compliance with smoke-free laws remain low across Vietnam. Studies assessing restaurants and hotels found low compliance,^{5,6} particularly in low-income or low-tourism areas. A 2023 study also suggests that implementation of the law in hospitals remains low, with smoking observed at 65% of the assessed hospitals.⁷ At the population level, a meta-analysis suggests that over half (54.6%) of adults in Vietnam continue to be exposed to second-hand smoke in public places.⁸

Vietnam's experience implementing smoke-free laws may reflect broader tobacco control dynamics observed in many low- and middle-income countries (LMICs).⁹ Similar to other LMICs, Vietnam faces challenges related to enforcement consistency, communication about regulatory process, and cultural norms that may influence how venues make decisions and interact with clientele.^{9,10} Additionally, the recent emphasis on fire prevention codified through a 2024 fire safety law may also influence how venues implement both fire safety and smoke-free policies.

Broadly, business owners and managers remain an understudied population in Vietnam and other countries. There is limited information on how smoke-free policy is implemented inside Vietnamese venues, including how different contextual factors may impact smoke-free compliance. The current project addresses this gap and explores how key informants who manage Vietnamese restaurants, hotels, and hospitals – three venue types with low levels of compliance based on venue assessments^{5,6,7} – navigate understanding smoke-free laws and implementing the law in their venue.

METHODS

We conducted semi-structured key informant interviews with 36 owners, managers, or administrators of restaurants, hotels, and hospitals from May-July 2025. The details of our study protocol were reviewed by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board, who determined the project to be “non-human subjects research” as it did not involve collecting any private, identifiable data from and about individuals.

Interviews took place in three cities across Vietnam: Hanoi (8.5 million population), Nha Trang (~580,000 population), and Da Lat (~280,000 population). These cities were purposively selected to represent different geographic locations in Vietnam and different city sizes. Within each city, restaurants and hotels were sampled from both high and low tourism areas to assess differences in how implementation experience might vary based on customer base and location. Tobacco control partners in Vietnam purposively identified the high and low tourism areas in each city for recruitment. For hospitals, two hospitals with the highest patient volume in each city were selected to participate.

Overall, 18 interviews were completed with restaurant owners or managers (six per city); 12 interviews were completed with hotel owners or managers (four per city), and six interviews (two per city) were completed with hospital administrators. The breakdown of interviews by venue type, city, and tourism area is presented in **Table 1**.

TABLE 1. Key-informant interviews (n=36) by venue type and location.

	HANOI		NHA TRANG		DA LAT	
	Low tourism	High tourism	Low tourism	High tourism	Low tourism	High tourism
Restaurants (n=18)	3	3	3	3	3	3
Hotels (n=12)	2	2	2	2	2	2
Hospitals* (n=6)	2		2		2	

*Hospitals were selected based on highest volume of patients served, not tourism area

Recruitment activities and the key informant interviews were conducted by research staff from the market research firm, Milestones Ltd. (Ho Chi Minh City). Milestones staff were trained by the team at Johns Hopkins Bloomberg School of Public Health Institute for Global Tobacco Control on ethical conduct of research, the recruitment protocol, and how to conduct interviews based on the semi-structured interview guide.

Recruitment

We recruited participants through purposive sampling. First, we created a sampling frame of restaurants, hotels, and hospitals in each city in each pre-identified tourism area from online sources. A diverse range of restaurants, hotels, and hospitals were included. Restaurants and hotels were categorized by tourism area (high/low), size, average consumer price, and presence of an outdoor patio (for restaurants only). Hospitals were categorized by annual patient volume.

Milestones contacted potential key informants by phone, WhatsApp, email, or in-person using standardized scripts, asking to speak to the owner/manager or administrator. Recruiters attempted to make contact up to three times. Participants were eligible if they agreed to participate, spoke Vietnamese, were over age 18, and were in an owner or in a management position at the pre-identified restaurant, hotel, or hospital. Eligible and interested respondents were scheduled for an in-person or virtual interview. Respondents who were ineligible, declined, or unreachable were documented accordingly in a secure tracking database. Participants were recruited until the quota for each respondent category was met.

Interview Data Collection

Data collectors followed a semi-structured interview guide, with different question branches for venue type and whether the venue implemented smoke-free rules. The interview guide is available in **Appendix A**. Interviews explored participants' knowledge of smoke-free air laws, current

implementation practices, experience with government enforcement visits, and recommendations to improve implementation of smoke-free laws.

Interviews lasted up to 60 minutes and were conducted in Vietnamese. Interviews were conducted via Zoom. Prior to each interview, participants provided oral informed consent and gave permission for their interviews to be audio recorded. One key informant did not want to be audio recorded and detailed notes on the conversation were taken instead.

Data Analysis

Audio recordings of each interview were transcribed in Vietnamese and checked for quality before being translated into English by Milestones staff. Notes taken on the one interview not recorded were translated into English.

Data were coded using an iterative process. First, all transcripts and notes were read by three independent coders (LC, HB, EW) for content familiarization and initial codebook development. The transcripts and notes were then read several more times to develop and refine a codebook that included a mix of codes based on the interview guide (e.g., enforcement visits) and emerging codes based on reading the data (e.g. VIP customers). The final codebook was applied to all data by two (LC, HB) of the three initial coders. Before final coding was completed, the two coders independently coded a subset of six transcripts, met to compare coding, and made minor updates to refine the codebook. All coding was done using MaxQDA 22 qualitative software. The final codebook is available in **Appendix B**.

Coded data were thematically analyzed to identify patterns and major themes within and across venue type (restaurant, hotel, hospital). The following sections detail findings by each major theme: knowledge, implementation facilitators, implementation barriers, enforcement inspections experience, and recommendations to improve enforcement of smoke-free laws. Differences by venue and tourism areas (where applicable) are reported in aggregate and supported by exemplar quotes.

KEY FINDINGS

Table 2 summarizes the key findings by each major domain across all three venue types. Detailed analysis by venue type and tourism area (where differences were meaningfully observed) follow in the subsequent sections.

TABLE 2. Summary of key findings across venue type from key-informant interviews conducted May-July 2025 with restaurant (n=18), hotel (n=12), and hospital (n=6) owners and managers across three cities in Vietnam: Hanoi, Nha Trang, and Da Lat.

DOMAIN	SUMMARY
Knowledge of smoke-free laws	<ul style="list-style-type: none"> • Knowledge of the law varied across venues; for those aware of the law, many did not know details of the regulations.
Implementation facilitators	<ul style="list-style-type: none"> • Protecting health of women and children was an important motivating value for venues that had smoke-free policies. • Venues with smoke-free policies use proactive (informing customers of rules at check-in) and reactive approaches (gentle reminders) to reduce smoking where it was not allowed. • Signs were used by all venues with a smoke-free policy as a visual guide to enhance compliance. • Venues with smoke-free policies frequently used camera surveillance and group/manager patrols to monitor for violations. • Across venues, fire safety prevention was used as a rationale for preventing smoking inside. • Training staff on smoke-free policies and how to handle violations was common across venues.
Implementation barriers	<ul style="list-style-type: none"> • Accommodating customers who smoke, particularly VIPs, was seen as providing good customer services across venues. • There was concern about loss of revenue if venues implemented fines against customers who smoke. • Across venues, there was resistance to fine customers and knowledge of how to collect customer fines was limited.
Enforcement inspection experience	<ul style="list-style-type: none"> • Across venues, fire safety inspections were most common and the fire inspection department often reviewed equipment and signs. • There was inconsistent frequency of inspections from none to annual to every three months.
Recommendations to improve implementation	<ul style="list-style-type: none"> • Venues recommended clarity on who administers fines on customers and venues and how/when fines are collected. • Venues recommended mass communication campaigns to alert venues and the public to the smoke-free law and associated fines.

Knowledge of smoke-free laws

Knowledge level: Knowledge of the smoke-free law was high for around half of **restaurants** and **hotels** and often reflected a mix of information from the tobacco control law and fire safety law. Several restaurant and hotel owners/managers were aware of their ability to fine violating customers. As one hotel manager stated:

Our fines are quite high, up to VND 3 million if a guest violates the rules...According to the government decree, they require enforcement, but the fine amount is set by each hotel. (P15 – Da Lat hotel, high tourism)

For those hotel and restaurants owners/managers who did not know about the law, a few did not restrict smoking at the venue. However, many did and believed that prohibiting smoking at the venue was the right of the business owners or investors to decide and there was a general sentiment that five-star hotels and restaurants were more likely to restrict smoking compared to less highly rated venues. Several restaurant and hotel owners/managers in **low tourism areas** mentioned that, if a law against smoking indoors did exist, it had not been shared effectively with them.

Communication about smoking in schools and hospitals is already common...but for restaurants, I haven't seen anyone implement a no smoking in restaurants policy...So, I think this is also a communication issue. (P16 – Nha Trang restaurant, low tourism)

All **hospital** administrators mentioned awareness of the tobacco control law; however, their knowledge of exact enforcement requirements was generally low. Some indicated that hospitals were either required (per law) or chose (as a voluntary act) to place proper signage to restrict smoking. Many hospital administrators were unaware of the venue's ability to fine customers for violation nor were they aware of the fines that venues could receive for not properly implementing the smoke-free rules.

Knowledge source: There were a variety of ways that **restaurant** and **hotel** owners/managers learned about smoke-free laws. Many restaurant

owners/managers mentioned learning about the law from the fire department, particularly through inspections or an official government fire safety training. Other restaurant owners/managers shared how official documents on the smoke-free rules were emailed from the government to owners/investors and then shared with managers and staff. Other methods for learning about the rules included public communications campaigns, mentions of the law in the newspaper, and via social media groups. Hotel owners/managers also mentioned learning about the laws through the fire department inspections, mass media, and official government emails. In addition, a handful of hotel owners/managers in Nha Trang and Hanoi mentioned learning about the law through a city-wide training hosted by the department of health.

For many **hospitals**, the main source of information about the law came from written materials and seminars provided by the local department of health offices, including the CDC. Some hospital administrators mentioned fire safety inspections as a source of knowledge, including how to protect sectors of the hospital from smoking and other fire sources.

Implementation facilitators

Value health: For many **restaurant** and **hotel** owners/managers who implemented smoke-free venue policies, optimizing the health and wellbeing of customers, particularly women, children, and elderly was an important motivation for restricting smoking in the venue. Several restaurant and hotel owners/managers across tourism areas mentioned how they believed that protecting families from smoke protects the taste of the food (for restaurants only), creates a green environment (for hotels only), and enhances venue reputation and potentially profits (for both).

After we banned it, many customers didn't return. However, the number of customers who return is because our restaurant is non-smoking. Families who don't like smoking come to a restaurant that doesn't smell of cigarettes. That's a huge plus. (P36 – Hanoi restaurant, low tourism)

All **hospital** administrators mentioned prioritizing the health of the patient population as a motivation to prevent smoking inside the hospital. Like restaurants and hotels, hospital administrators also spoke of creating a green environment that is healthy for all and appealing to potential customers. As one manager (P17) of hospital in Nha Trang stated: “...having a clean environment makes them come to use more, they bring us money.”

Follow the law: Several **restaurant** and **hotel** owners/managers mentioned that they implement smoke-free rules because they must follow the law as mandated. The perception that businesses must follow the law broadly did not vary across restaurant/hotel tourism area. However, hotel owners/managers in **high tourism areas** did speak about how following the law ensures equity and fairness to businesses and to guests who can be affected by smoking. Many **hospital** administrators expressed how they follow department of health regulations, including restricting smoking, so that their facility receives a high compliance assessment score from the department, which would translate into a better ranking over other hospitals in the city.

Strategies to manage people who smoke: Most **restaurant** and **hotel** owners/managers across tourism areas discussed using a proactive approach of informing customers of the venue’s smoke-free policy, including where customers are allowed to smoke inside or outside the venue. Restaurant owners/managers rarely mentioned informing customers of the penalties (e.g., fines, damage fees) associated with violating the smoke-free rules, while many hotel owners/managers mentioned the importance of highlighting the penalties if a customer smokes where they are not allowed.

First, during check-in, our staff reminds each guest that their room is non-smoking, and a notice is also placed inside the room. Guests tend to pay attention because they’re aware there’s a fine involved — it’s a common psychological trigger. (P03 – Nha Trang hotel, high tourism)

In cases where smoking occurred in a location not allowed, owners/managers of both restaurants and hotels discussed how staff and management would

react by gently asking the customer to stop smoking and guiding them to another location to smoke. In these cases, owners/managers described utilizing tactics that would prevent any negative customer reaction, including offering a free drink if they move to the identified smoking area. Almost all restaurant and hotel owners/managers mentioned that customers typically comply with a request to stop smoking.

Many **hospital** administrators also discussed using a combination of proactive and reactive approaches to inform and manage patients and family members who smoke. Several hospitals utilized youth union member patrols, security guards, and nursing staff who are instructed to preventively remind patients/visitors that smoking is not allowed, particularly in patient rooms, bathrooms, hallways, and outside gardens. A few hospital administrators expressed empathy for patients and family members who smoke and may be experiencing extra stress due to a patient's illness; instead of penalizing individuals who violate the rules, administrators indicated that staff will ask the patient/family member to put out their cigarette and remind them of the rules, including leaving the hospital grounds to smoke. Most administrators discussed how patients/visitors generally comply with these requests.

Facility features: There were several facility features that supported venue restrictions on smoking. These included creating smoking spaces, air conditioning, ashtrays, cigarette butt disposal equipment, and signs.

Most **restaurant** and **hotel** owners/managers across tourism areas shared how the venue operationalized its smoke-free policy by creating physically separate smoking spaces, which could be either a formal designated smoking area with proper ventilation that followed legal requirements or informal indoor and outdoor smoking areas (pool-side patios, courtyards, ends of hallways, VIP karaoke rooms). All smoking areas were described as meeting customer demands. While not always compliant with the letter of the law, these owners/managers felt that having separate smoking spaces where smoking could take place limited the risk of smoking to people and the venue property, including fire damage. These areas often had

ventilation systems (windows, fans) or sophisticated smoke extraction systems to reduce odor and damage from second-hand smoke.

The third floor is VIP rooms, which are a bit different from the common areas. Most guests who come...often like to smoke cigars. The restaurant has set up these rooms to accommodate that. Smoking is only allowed inside those rooms, not outside...each private room is equipped with [a] smoke extraction system.
(P34 – Hanoi restaurant, high tourism)

Most **hospital** administrators shared that their facility did not have formal or informal smoking areas.

Owners/managers of **restaurants** and **hotels** across tourism areas mentioned that the presence of air conditioning indoors is often a signal that customers cannot smoke in those rooms, particularly given the understanding the smell from smoke can get trapped and linger inside the unit. Although there were violations, owners/managers discussed how the presence of air conditioners in rooms was often enough of a deterrent and led customers to follow the venues' smoke-free policy. As one restaurant manager stated:

I think out of 100 people, maybe 3 to 4 people would smoke. It means people are aware that they shouldn't smoke in air-conditioned rooms. They usually ask me if they can smoke outside. (P02 – Nha Trang restaurant, high tourism)

For **restaurants** and **hotels** across tourism areas, placing ashtrays and cigarette butt disposal equipment in places where the venue allowed smoking was a strategy to visually direct customers who smoke to these locations and reduce smoking around other guests or in places it is not allowed.

For participants across all three venues (**restaurants, hotels, and hospitals**), signs functioned as a similar visual cue to guide customers. Many owners/managers indicated that their placement at strategic locations around the venue helped to clearly inform customers and patients/visitors of the areas where smoking was allowed and was not allowed. However, most participants mentioned that the effectiveness of signs as a visual reminder was limited and verbal reminders were still needed for enforcement.

Monitoring & surveillance: Many **restaurant** and **hotel** owners/managers discussed utilizing staff to monitor smoking violations in the venue and enhance compliance. For restaurants, owners/managers shared how the floor manager will walk around watching for any violation of restaurant policies, including smoking. For hotels, owners/managers identified the housekeeping staff as the main group that monitors for violation. Some restaurants and hotel owners/managers also reported using security camera surveillance to supplement on-the-ground monitoring.

A few **hospital** administrators reported using security guard and youth union patrols to monitor for indoor and outdoor smoking violations, and one hospital administrator shared that cameras were used to scan for smoking indoors. Half of the hospitals included in this study also conducted random internal inspections for violations of hospital policies, including smoking. The administrators shared how internal inspections are tied to department performance assessment to ensure compliance with all hospital standards. All hospitals were concerned with receiving high scores on their compliance assessments, which often translate into better rankings

Fines and damage fees: Most **restaurant** owners/managers across tourism areas did not mention a system to fine customers who violated the venue's smoke-free policy. Instead, they preferred to use diplomacy to stop and reduce smoking inside. Only two restaurants – one in a high tourism area and one in a lower tourism area – discussed the option to fine customers the smallest government set fine amount only if they did not stop smoking or agree to move to another location after being asked. Neither implemented the fine in practice. Many **restaurant** owners/managers across tourism areas also discussed how they implemented a fine system for staff who smoke at the venue, which they felt worked to almost eliminate staff smoking on site.

Most **hotel** owners/managers across tourism areas discussed an internal policy for implementing fines and damage fees to cover the extra staff time and cleaning costs to prepare the room for the next guest or money needed to replace damaged hotel property (e.g., bed sheets). Most hotel

owners/managers discussed preferring to ask customers to stop smoking as a first-line deterrent and only implanting fines or damage fees if the smoke smell or damage were extreme. One hotel manager discussed how this balanced approach seemed fair to the hotel and fair to the customer:

Sometimes they [customers] smoke in bed and slightly burn a bed sheet. We fine them for that, and they're usually fine with it because the bed sheet can't be reused. Fining guests for damage happens quite a lot. For example, we only charge for the value of the damaged bed sheet; we don't add the smoking fine. Our hotel's motto is to provide the best experience for guests, so we try not to be too excessive. (P08 – Da Lat hotel, high tourism)

Several hotel owners/managers also discussed how they utilized housekeeping staff reports and security camera footage to document damage and ensure they had evidence to share with the customer to support charging a fee and mitigate negative reaction or online reviews. With respect to staff, most hotel owners/managers mentioned explicit policies against staff smoking at the venue which, in their opinions, worked to prevent staff smoking violations. However, only two hotel owners/managers in **high tourism areas** discussed implementing a fine system for staff who smoke in the venue.

Most **hospital** administrators shared that it was difficult to fine patients/visitors who violated the smoke-free rules, citing that they felt they lacked authority to fine, the mechanism to collect a fine is unclear, and the hospital possibly risks losing customers. Instead, many discussed how they preferred a diplomatic approach of asking patients/visitors to stop smoking. One hospital manager discussed how choosing to remind but not fine customers is part of a broader cultural norm:

...if you ask them [citizens] not to smoke, they will stop smoking. If you ask them to pay a fine then if they don't come back, you can't fine them anyway... In essence, I haven't seen anyone being fined, meaning not just at the hospital, but they aren't fined anywhere, so in their minds, they don't even think about being fined; they just get reminded by others.” (P06 – Hanoi hospital)

All **hospital** administrators discussed how they had implemented a fine system for staff, which they felt strongly reduced or eliminated the extent to which staff would smoke inside and outside the venue.

Fire safety: Both **restaurant** and **hotel** owners/managers across tourism areas discussed systems in place, such as smoke detectors, alarms, and extinguishers, to prevent fires inside. Some restaurant and hotel owners/managers discussed how open-air areas, like patios, were seen as less prone to fire and customers were often re-directed to these locations to smoke in an effort to prevent fire and other customer exposure to smoking. Hotel owners/managers in **high tourism areas** were more likely to invest in sophisticated fire prevention systems and monitoring for smoking. For both venues, fire prevention, including visible signals like smoke detectors, was a way to normalize that smoking was not allowed and many venues used fire safety as a reason why a customer who was smoking needed to stop.

I just remind them not to smoke in the room because smoking in the room will set off the fire alarm, which blares loudly and affects other rooms.

(P04 – Da Lat hotel, low tourism)

All **hospital** administrators discussed how they enforce stricter no-smoking rules in high-risk areas, such as crowded areas or areas considered flammable zones (e.g., store oxygen tanks). Many administrators discussed how messaging around reducing the risk of fire within the hospital was a way to encourage patient/visitor compliance with not smoking inside the facility.

Training: Many **restaurant** and **hotel** owners/managers across tourism areas discussed sharing information about the venue's smoke-free policy and how to deal with violations during staff onboarding training and/or in the handbook. Several restaurant owners/managers also discussed how they used daily team meetings to remind staff to be vigilant and look for smoking and other violations of restaurant rules. Most **hospital** administrators discussed holding regular staff training on hospital policies, including how to implement smoke-free policies. One hospital administrator in Hanoi discussed conducting

trainings specifically for security guards on how to handle smoking violations. Across venues, participants believed these trainings were an effective tool to manage and prevent smoking in areas where it was not allowed in the venue.

Implementation barriers

Customer accommodation: Many **restaurant** owners/managers across tourism areas, including those with a smoke-free policy, shared how they would sometimes allow customers to smoke indoors, particularly VIP customers which included government officials and those booking private rooms. These accommodations were often justified by wanting to provide the best customer service and not upset or lose clients. One high tourism restaurant manager shared that customers were often allowed to smoke inside for their own comfort if the restaurant was not busy.

Several **high tourism area hotel** owners/managers discussed how they often accommodate smoking among customers, particularly those on business trips who often drink and smoke or those using the hotel conference rooms for business meetings. In these venues, conference rooms were often set up to allow smoking indoors. Two other hotel managers – one in a high tourism area and one in a low tourism area – shared how they had floors of hotel rooms that allowed smoking inside. As one manager explained:

But in reality, if you work in the service industry and don't have those rooms...That's something you have to do for your hotel to attract more guests.
(P31 – Hanoi hotel, low tourism)

For these hotels, the management had knowledge of the law but prioritized their own internal policies to be attractive to customers who smoke.

Although most **hospital** administrators shared that patients/visitors comply with requests not to smoke, there were a few administrators who shared that customers will smoke in secret and they cannot dedicate resources to stop it. As one administrator discussed:

If they smoke secretly, how can we deal with it? They smoke in the garden, and our staff is also stretched thin, so it's hard to monitor that 100%. Plus, our hospital grounds are very large; there's a pine forest nearby, so they can just go outside to smoke, making it difficult for us to manage. (P18 –Da Lat hospital)

One other hospital discussed how government VIPs at the hospital were allowed to smoke, even though patients at this hospital were required to commit to not smoking as part of their treatment. This was an accepted allowance at the hospital, and something that the administrator believed would limit their ability to fully comply with the law.

Profit concerns: Owners/managers of **restaurants** and **hotels** who restricted smoking at their venue generally shared that they did not experience an appreciable loss in profits or customer volume due to this restriction. However, many worried that if they restricted smoking outdoors (for restaurants only), removed formal and informal designated smoking areas (for restaurants and hotels), or implemented severe fines (for both) then they would lose customers. One restaurant expressed the pervasiveness of smoking in their city and how that intersects with their hesitancy to stop customers from smoking after the first reminder for fear of losing business.

...if a restaurant completely bans smoking, firstly, it will lose revenue because most of the local population...out of 10 people, 7 are smokers...if I smoke, and a staff member reminds me, once it is okay, I'll stop. But then I might forget and smoke again. In my subconscious, I'll still smoke if I'm addicted...If staff keep reminding customers 2-3 times, customers definitely won't come back next time. (P12 – Nha Trang restaurant, high tourism)

Only one **hospital** administrator expressed concerns over losing profits if the hospital enforced any severe fines on those found violating the smoke-free rules at the hospital.

Ratings: Several **restaurant** and **hotel** owners/managers across tourism areas expressed concern about how fining customers for violating the smoke-free policy at the venue may upset customers and result in receiving a bad online review or a general drop in ratings.

In short, our investor doesn't want minor issues like that [smoking] to affect business. Because, many times, we really focus on getting good reviews on Google, you know? So, if we get a 1-star or 2-star rating, we really don't want to be negatively reviewed there. (P24 – Nha Trang restaurant, low tourism)

Interestingly, some hotel owners/managers shared that the public often expects higher-rated hotels to be strict about smoking (and even fining those in violation) to enhance the guest's luxury experience, while lower-rated hotels do not have this same expectation and may be more resistant to enforcing smoking restrictions over reputation and rating concern. None of the **hospital** administrators interviewed discussed concern over ratings.

Mechanism to fine customers: Key informants across **restaurants**, **hotels**, and **hospitals** expressed uncertainty and frustration around how to administer customer fines, often stating that a government entity (e.g., police, local ministry of health office) should be charged with enforcing the law and collecting customer-based fines. As one restaurant owner summarized:

Financial penalties, the restaurant can't do that; that requires the police...[to] have enough authority to fine. (P19 – Da Lat restaurant, low tourism)

Importantly, for restaurant and hotel owners/managers across tourism areas, this sentiment was often coupled with a hesitancy to charge a fine (beyond a damage fee for hotels) for fear of losing customers or receiving a bad review. One restaurant manager shared how venues like theirs need to balance following the law and managing what customer expectations of service:

...we can't act like a government department. If we start fining customers, firstly, they won't agree, and secondly, it will negatively affect the restaurant's business. It can only be relatively enforced, not absolutely.

(P11 – Da Lat restaurant, low tourism)

Enforcement visit experience

Some **restaurant** and **hotel** owners/managers across tourism areas shared that their venues were inspected by the fire department or an inter-agency inspection unit, and the frequency of inspections varied from every

month to once a year. Some venues were never inspected. Very few owners/managers mentioned inspections from the department of health on smoke-free law compliance and some indicated that that fire safety inspections were not concerned about the venue's smoke-free policies.

So, when the fire protection and prevention department they come, they only check about the ventilation system...They don't care much about the smoking policy we have at the restaurant. (P01 – Da Lat restaurant, high tourism)

For those who experienced inspections, participants described how inspection agents would check for smoke detectors, proper no smoking sign placement, and, for hotels only, the presence of proper ventilation, filters, and fire safety equipment in designated smoking areas. A handful of restaurant and hotel owners/managers shared how the inspection agency warned the venue about the specific fines for violating the smoking-related and fire safety-related regulations.

Most **hospital** administrators reported that the department of health or fire department inspections occurred on an annual or biannual cycle and often as part of a larger inspection for other hospital-related regulations. They shared how the inspecting agency would check for violations such as whether smoking occurred at the facility, whether no smoking signs were placed in the proper locations, and whether cigarette butt litter was present on the facility grounds. Some hospital administrators shared that the administration received a report from the department of health and a score based on how they performed on various metrics, including smoke-free law implementation.

Recommendations to improve implementation

Restaurant and **hotel** owners/managers across tourism areas and **hospital** administrators provided a range of ideas to improve smoke-free law implementation and enforcement.

- Ban cigarette sales – Several restaurant and hotel owners/managers suggested that banning the sale of cigarettes in Vietnam outright would be the best preventative measure to reduce smoking overall.

- Mass communication campaigns – Participants across venues suggested social and traditional media campaigns to increase law awareness among venue owners and the public. Messaging could discuss where smoking is prohibited and the fines to venues and the public.
- Shifting norms – Similarly, many participants across venues discussed stronger public education about the harms of smoking and how to quit smoking to reduce the number of customers who smoke.
- Official policy documentation – Several hotels and restaurant owners/managers suggested sending an official government policy document to the venue for framed display to help them enforce the law and provide legitimacy to their requests that customers stop smoking.
- Clarify authority to fine – Participants across venues were unsure of whether they had the authority to fine customers. They were also unsure of which government agency could fine the venue if they were found in violation. Participants broadly recommended clarifying the process of who can implement fines on individuals and venues. This included when and how fines are collected from customers or venues, whether and how the venue could collect customers fines, and what legal documents they could reference to support this authority. A few restaurant and hotel owners also suggested that ward police should be more involved in enforcement of customer fines.
- Increase level of fines – Several participants across venues also discussed how the fines for both venues and customers could be higher to serve as a greater deterrent and enhance policy compliance.
- Increase frequency and importance of inspection visits – Many restaurant and hotel owners/managers suggested that smoke-free inspection should be more frequent (e.g., every six months) and the inspection agency should implement venue and customer fines during their visit. Some also shared that smoke-free inspections should be treated with the same seriousness as fire safety inspections.

CONCLUSIONS

These data reflect the point of view of key informants who manage Vietnamese restaurants, hotels, and hospitals in three Vietnamese cities. Findings should be interpreted with caution as they may not reflect the experience of all venues in these cities and venues in other cities; however, they do provide insights on how to improve smoke-free law implementation.

While a handful of venues did not restrict smoking at their venue, most had a smoke-free policy. Knowledge of the law, including the exact requirements related to signs and fines was generally limited, and none of the venues understood or were confident in their ability to collect customer fines. Even among those venues with a smoke-free policy and some awareness of the law, violations took place indicating that the risk of violation was not enough of a deterrent when compared to the fear of losing customers.

There are several recommendations to improve smoke-free law awareness, knowledge, and implementation based on findings and participant recommendations. These include:

- Conduct communication campaigns to inform the public and venue owners of smoke-free laws, including the customer and venue fines;
- In these campaigns, use appeals to protect the health of women and children and protect venues from fires;
- Ensure no smoking signs and an official legal document regarding the smoke-free law are distributed to all venues;
- Consider incorporating extensive smoke-free law education and enforcement (including fines) within fire safety inspections; and
- Legally clarify the process for fining customers/patients/visitors and venues and distribute that process directly to venues through the enforcement agency.

These recommendations have the potential to create an environment in Vietnam that ensures venues and the public are aware of and comply with the

smoke-free laws and venues have proper legal documentation needed to support compliance.

More broadly, as a party to the Framework Convention on Tobacco Control (FCTC), Vietnam could follow the FCTC's Article 8 recommendation to implement a comprehensive, 100% smoke-free law across all public places, which would include not only indoor but outdoor or quasi-outdoor spaces.^{11,12} This would expand Vietnam's current laws to include all public places that are currently excluded (e.g., karaoke lounges) and remove any exemptions for DSAs or outdoor smoking areas (e.g., rooftop bars). Comprehensive, 100% smoke-free laws are known to reduce second-hand smoke exposure and can reduce smoking rates.¹³ Vietnam should implement the recommendations made in this report — recommendations like clarifying the process for fine administration and developing communications strategies to strengthen knowledge of the law and fines — alongside a comprehensive, 100% smoke-free policy. These complementary measures could improve smoke-free policy implementation and optimally protect the public from the harms of second-hand smoke in Vietnam.

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APPENDIX A: KEY INFORMANT INTERVIEW GUIDE

1. Tell me a little about the restaurant/hotel/hospital. How long have you been in business? Who is your average customer/patient? How would you describe them?
 - a. Can you describe the layout/different areas of your restaurant/hotel/hospital? Are there both indoor and outdoor areas?
2. Our study is being done to understand smoking in public places, including restaurants, hotels, and hospitals. To what extent do you think customers/patients and their families smoking inside your restaurant/hotel/hospital is an issue? Why or why not? How about staff smoking inside the restaurant/hotel/hospital? Why or why not?
3. What can you tell me about the existing rules or policies on smoking indoors inside at restaurants/hotels/hospitals?

Follow-up for the following specific rules for each venue if they are not mentioned:

- **Restaurants:** What about smoking in outdoor patios that are part of the restaurant?
 - **Hotels:** What about designated smoking areas inside hotels? Is this allowed? How does a hotel create a designated smoking area?
 - **Hospitals:** How about rules regarding smoking outside the hospital building but within the boundary of the facility?
4. **If business owner/manager expresses some knowledge about the rules:**
 - a. To what extent does your restaurant/hotel/hospital follow **all** the rules or policies?

Follow-up based on response. [For all scenarios, probe for motivations including fines/punishment, customers want this, economic concerns/concerns about loss of business, health concerns.]

- **Business follows all rules:** What are some of the main reasons that you follow the rules?

- **Business follows some rules:** Which rules do you not follow or find it harder to follow? Why?
- **Business does not follow any rules:** What are some of the reasons that you don't follow any of the rules?

If business owner/manager does not know about the rules

- What may be some of the main reasons why you are not aware of rules like the one that prevents smoking indoors (for restaurants/hotels)/prevents smoking indoors and outdoors within the boundaries of the hospitals (for hospitals)? [*Probe for communication issues, disinterest in government policies, competing interests etc.*]

5. If business follows rule:

- What different steps have you taken to organize, inspect, and urge the proper implementation of regulations that restrict smoking at your facility?

Follow-up question:

- To what extent are the steps that you took required by law? Is there anything extra that goes beyond the legal requirements that your business has done to make sure that people don't smoke indoors (for restaurants/hotels)/don't smoke indoors and outdoors within the boundaries of the hospitals (for hospitals)?
- How do you ensure that your staff are aware of rules against smoking at your facility and the steps the restaurant/hotel/hospital has taken to follow the law? [*Probe for whether formal training is delivered, staff must read handbook/guidelines, other forms of communication.*]
 - Are there places where smoking is still allowed? How do you make sure smoking only takes place in those areas?
 - Who is responsible for making sure that staff and customers/patients and their families don't smoke indoors (for

- restaurants)/don't smoke indoors or only smoke in designated smoking areas (for hotels)/don't smoke indoors or outdoors within the boundary of the hospitals (for hospitals)?
- e. What happens if someone is not following the rules? Walk me through a typical scenario.
 - f. Can you think of a time when it was challenging or difficult to make sure you were following the rules around smoking at the restaurant/hotel/hospital. What made it challenging or difficult? What helped you overcome the challenge?
 - g. How do customers/patients and their families typically react to not being allowed to smoke inside the restaurant/inside the hotel and/or only in designated smoking areas/inside and outside of the hospital? How about the staff?
 - h. How has following the rules regarding indoor smoking (for restaurants/hotels)/indoor and outdoor smoking (for hospitals) affected your business and profits?

If business does not know the rule or follow rule:

- i. What would be the biggest challenge if your business was to prohibit smoking indoors (for restaurant/hotels)/indoors and outdoors (for hospitals)? Why?
 - j. Can you think of a scenario where it would be easy for you to prohibit smoking indoors at your business? What would that look like? [*Probe for what resources or support from the business and or government agencies they would need.*]
6. Has your facility even been inspected to see if you have implemented the regulations that restrict smoking at your facility?
- a. If yes, who conducted the inspection?
 - b. If yes, what was the result of the inspection and what fines, if any, were imposed?
7. How do government agencies share information about rules that you need to follow to operate your business? What about specific rules related to

smoking and tobacco use? [*Probe for frequency of communication and mode of communication.*]

8. To what extent do you feel that you understand the government rules that you need to follow based on these communications? Why or why not?
9. What do you recommend that the government or leader of your locality do better to support businesses who are trying to follow the rules and prohibit smoking? [*Probe for improvements around communication, in-person visits, fines/penalties.*]
10. Is there anything that we did not talk about yet today that you would like to share?

APPENDIX B: CODEBOOK

Code Name	Description	How to Use
COMPLIANCE PERCEPTIONS– Please use to mark the transcript in terms of perceived compliance and how this fits within their beliefs about what is normal in terms of consumer behavior and business practices		
Perceived compliance	Discussion of whether the venue owner/manager <i>believes</i> OR does not believe that they follow the law or have put in place the right/correct measures to prevent/limit smoking inside.	Apply only to discussion of venue owner/manager beliefs that their venue is following or not following rules when asked by the interviewer, as defined by themselves or as defined by the law, to prevent smoking inside their venue. Only apply when the participant is asked by the interviewer to what extent they follow the law.
Perceived severity	Discussion of how much the venue owner/manager <i>believes</i> OR does not believe that smoking inside the venue is a problem.	Apply only to discussion of venue owner/manager beliefs about the extent to which smoking indoors at the venue is an issue.
Business norms	Discussion of what the venue owner/manager believes other businesses are doing in relation to smoking indoors.	Apply only to discussion of venue owner/manager beliefs about how other businesses are behaving or not behaving with respect to smoke-free rules.
Smoking norms	Discussion of what the venue owner/manager believes about smoking, including smoking inside venues, in the country or among certain groups.	Apply only to discussion of venue owner/manager beliefs about smoking, including smoking inside at a community norm level in Vietnam or among groups who live in or visit Vietnam.
CUSTOMER PROFILE – Apply to discussion of customers that frequent the venue		
Tourists	Discussion of customers from other countries that frequent the venue, including for personal or professional reasons	Apply only to discussion of tourists from other countries outside of Vietnam (e.g., China, Korea, Russia, etc.).
Local	Discussion of customers from within Vietnam that frequent the venue, including for personal or professional reasons.	Apply only to discussion of local Vietnamese customers, including from the neighborhood or from other areas of Vietnam.

Vulnerable groups	Discussion of customers that may be most vulnerable to the harms of second-hand smoke exposure that frequent the venue, including for personal or professional reasons. Groups can include children, women, pregnant women, people with chronic diseases (e.g., COPD), and the elderly.	Apply only to discussion of vulnerable groups. Can be from other countries or Vietnam.
VIPs	Discussion of customers that are considered VIP status (e.g., government officials, richer clientele).	Apply only to discussion of VIPs. Can be from other countries or Vietnam.
Venue policies - Apply to venue's policies on customer and staff smoking at the venue		
Customer policies	Discussion of the venue's policies and structures (e.g., internal committee) related to customer smoking at the venue, including smoking indoors.	Apply to discussion of policies related to customer smoking at the venue. Apply only when a participant was directly asked about their customer policy by the interviewer and is providing a response. Do not apply to situational circumstances or examples provided – use other Internal Factors codes.
Staff policies	Discussion of the venue's policies related to staff smoking at the venue, including smoking indoors.	Apply to discussion of policies related to staff smoking behavior at the venue. Apply only when a participant was directly asked about their staff policy by the interviewer and is providing a response.
KNOWLEDGE – Apply to discussion of venue owner/manager's knowledge of laws related to smoking indoors and the source of their information		
Knowledge level	Discussion of the level of knowledge of the venue owner/manager about the smoke-free air laws at the venue.	Apply only to any discussion of the smoke-free law at their venue, which can include a lack of knowledge or denial of the law's existence.
Knowledge source	Discussion of their source of knowledge.	Apply to discussion of any source of information about the law including, internet and social media, fire department, government agency, and tobacco control or health agency.

FACILITY FEATURES – Apply to features of the facility that directly relate to how smoke-free laws would or would not be implemented		
Smoking areas	Discussion of presence of designated smoking areas for customers or staff either inside or outside of the venue (or both).	Apply only to discussion of specific areas of the venue that are formally designated for use for smoking, including patios, entryways, conference rooms, hotel rooms/hotel floors, regardless of whether it complies or does not comply with the law (i.e., venue defined). Can also include areas that are used for smoking by customers or staff without a direct designation of as a smoking area (e.g., balconies, inside a restaurant when business is slow).
Air conditioning	Discussion of the presence/absence of air conditioning inside the venue.	Apply only to discussion of air conditioning units inside of the venue.
Butt disposal	Discussion of different butt disposal processes or butt disposal areas that consumers use to discard cigarette butts.	Apply to discussion of any butt disposal processes, including trash removal, formal butt disposal containers (e.g., trash bins, ashtrays) or informal containers (e.g., flowerpots).
Smoke extraction systems	Discussion of ventilation systems or strategies for ventilation (e.g., smoke into toilet) that the venue uses to extract smoke from the venue.	Apply only to discussion of smoke extraction systems. Can include official, installed system or more informal strategies (e.g., fans in the bathroom, smoke in toilets).
Smell mitigation	Discussion of facility features and strategies to use facility features to reduce the smell of smoke indoors.	Apply only to discussion of specific features (e.g., essential oil diffuser) or strategies to use facility features (e.g., open the windows, open doors for ventilation, turn AC off, contain smoking to a room/floor or set of rooms/floors in a venue) to reduce the smell of smoke when smoking is allowed to happen occasionally or frequently inside.
Layout	Discussion of how the facility layout or size is related to how smoke-free laws are or are not implemented.	Apply only to discussion of how the size (e.g., small area to monitor) or layout (e.g., flow of the space, order of floors, location of tables) relates to ability to follow smoke-free rules.

Signage	Discussion of signs and/or videos that identify spaces as places where smoking is or is not allowed.	Apply only to discussion of signs/videos that identify where smoking takes place (e.g., ‘no smoking’ ‘designated smoking area’)
Ash trays	Discussion of ash trays and their availability in the venue.	Apply only to discussions of presence/absence of ashtrays in the venue, including a process to request ashtrays
Fire safety	Discussion of fire safety practices or fire safety equipment at the venue.	Apply only to discussion of fire safety related practices, protocol, or specific equipment installed to mitigate fires.
INTERNAL FACTORS – Apply to different venue management actions, strategies, or concerns relate to smoking indoors		
Inform customers	Discussion of practice/protocols related to informing customers of the rules on smoking at the venue, including in cases where customers are smoking to remind them of the rule and ask them to stop.	Apply to discussion of if and how the venue informs customers about the rules related to smoking. This can specifically include when the customer first enters the facility or cases when the customer is smoking and needs to be reminded.
Customer accommodation	Discussion of practices to accommodate customer needs and demands. This is how the venue is behaving or responding.	Apply to discussion of if and how the venue accommodates customer needs and requests, including general needs of customers related to smoking or a specific case of accommodating a customer or certain type of customer (e.g. VIPs). Can include putting customer needs first or being calm. Also applies to the customers' ability to do what they want because they are a paying customer.
Request to move to another location	Discussion of whether or not the venue requests that customers or staff move to another acceptable location to smoke.	Apply to discussion of venue’s approach (or lack thereof) to directly ask customers or staff who smoke to move to another location to smoke, which can include a formal designated smoking area or an informal location (e.g., room balcony).

Hesitation to escalate/enforce	Discussion of venue owner/managers hesitation, disbelief they have the authority, or unwillingness to escalate and enforce smoke-free law.	Apply to discussion of if and how venue personnel may be unwilling to fine customers or continue to ask them to move or stop smoking, Can also apply to scenarios where a foreign tour group may be smoking and venue is unwilling to ask the individuals to stop and may only speak to local tour guide.
Investigate, monitor, report	Discussion of whether or not the venue uses tools to investigate and gather evidence to report on who is smoking, and where.	Apply to discussion of venue's approach (or lack thereof) to using in-person or camera surveillance/patrolling to assess and report smoking in certain places in the venue.
Fine	Discussion of fines on customers, staff and/or venue itself who violate the rules against smoking indoors.	Apply to discussion of venue's approach (or lack thereof) to imposing venue-derived and/or government-derived fines. Can also include opinions on fines or fines imposed onto venues by government for noncompliance.
Damage fee	Discussion of damage fees on customers and/or staff who damage facility features due to smoking.	Apply to discussion of venue's approach (or lack thereof) to imposing damage fees. Includes fines to cover additional cleaning or replacement of curtains, tablecloth, or other facility features.
Training/communication	Discussion of whether or not the venue trains staff and/or communicates to staff on the venue's policy to restrict smoking indoors.	Apply to discussion of venue's own training program or policy communication strategy and not official government training. Can include lack of clear communication.
Rating/brand reputation	Discussion of the venue rating and/or brand image/ reputation in relation to smoking indoors	Apply to discussion of venue's rating and/or the venue's brand reputation in relation to smoke-free rules.
Profits	Discussion of venue profits in relation to allowing or not allowing smoking indoors.	Apply to discussion of real or perceived changes (or lack thereof) in customer volume, product sales (including cigarette sales), and/or overall profits in relation to smoke-free rules.

EXTERNAL FACTORS – Apply to different external factors that may influence the extent to which smoking takes place indoors		
Customer actions	Discussion of customer actions, behaviors, and/or responses in relation to whether or not smoking indoors happens at the venue. This is how the customer is acting.	Apply to discussions of how customer actions may impact whether smoking indoors occurs. Can include positive customer actions: customer awareness of rules, which includes signing a document that says they have been informed of rules; customer’s alerting staff of smoking indoors or asking others to stop smoking is a facilitator of implementation; discussion of how customers self-regulate and do not smoke in certain areas or in front of certain groups or only smoke near ashtrays. Can also include negative customer actions: disbelief about rules, demand for smoking areas or perceived addiction to smoking or smoking as a right or ignoring signs/rules.
Staff behavior	Discussion of staff behavior in response to smoke-free rules.	Apply to discussion of how staff behavior related to smoking indoors at the venue. Can including allowances for some staff to smoke indoors or perceived staff addiction to smoking and not being able to go without. Can also include how well staff comply with the policies.
Fine-related bureaucracy	Discussion of the bureaucratic processes related to implementing fines related to smoking indoors.	Apply to discussion of the bureaucracy surrounding fine administration, including lack of authority to fine or the paperwork surrounding fines.
Values – These are internal, values-based factors that drive management decisions related to smoking indoors		
Freedom of choice	Discussion of the freedom of the venue to make their own choices as it relates to smoke-free rules.	Apply to discussion of business choice to do what they want drives decisions related to smoke-free rules.

Health	Discussion of how protecting the health of other is a motivating factor to reduce smoking indoors.	Apply to discussion of how concern over the health of oneself and others, particularly vulnerable groups, is motivating to stop or reduce smoking indoors.
Apathy/numbness	Discussion on how venue owner/manager's apathy toward stopping smoking at the venue is a barrier to implementation.	Apply to discussion of how venue owner/manager has low interest or concern toward implementing smoke-free rules is a barrier to implementation. Can apply to discussion of generally not caring about smoking indoors, having other business issues/priorities to focus on that take precedence, believing it is too big a problem for one venue to solve (why does it matter what I as one business do).
Follow law	Discussion of how it is proper to follow the law restricting smoking indoors.	Apply to discussion of how venues should follow the law is a motivating factor to comply and reduce smoking indoors.
INSPECTION EXPERIENCE – Apply to any discussion of being inspected for smoking-related compliance by a government agency or internally		
No visits	Discussion of a lack of inspection visits from any government agency about smoke-free law.	Apply to discussion of no visits from government agencies to inspect for smoke-free rules.
Government visits	Discussion of any visit from a government agency about smoke-free laws.	Apply to discussion of inspection visits from any government agency that discussed smoke-free rules, including fire department; food safety; tobacco control.
Frequency of visits	Discussion of the frequency of visits from a government agency.	Apply to discussion of the frequency of visits from any government agency, regardless of whether it is about smoke-free laws.
Internal inspections	Discussion of any process for venue to conduct their own internal inspection on compliance.	Apply to discussion of protocol or practices that the venue uses to patrol and look for violations of the smoke-free rules

RECOMMENDATIONS – Apply to recommendations offered by venue owner/manager on how to improve government’s smoke-free implementation process

Fines	Discussion of how improving the fine system could improve venue compliance with smoke-free rules.	Apply to discussion of improvements to the current fine system, which can include clearer rules on fines, allowing venues to collect fines, and increasing the amount of fine
Communication	Discussion of how to improve communication from the government to venue.	Apply to discussion of how to improve communication systems around the smoke-free laws to venue
Community behavior	Discussion of how to educate and shape community behaviors around smoking and/or smoking in public places through larger messaging or other policy strategies.	Apply to discussion around educating community members on the harms of smoking or creating an environment where smoking and/or smoking in public places is harder to do or not allowed. This can include enforcing rules against smoking in all public places, having mass communication campaigns around harms of tobacco use (including signs at airport), communication campaigns to shift norms, or other policies to support quitting (e.g., tax increases, cessation services, etc.).
Signage/documentation	Discussion of how new or different signs can improve compliance	Apply to discussion of better signage on smoke-free rules, including signs in different languages, larger signs, and the sending venues official documents on the law to show to customers.
Inspection visits	Discussion of how to improve the inspection visits as a way to improve compliance with the smoke-free laws.	Apply to discussion of how to structure and conduct inspection visits.
Ban sales	Discussion of a ban on all tobacco sales in the region or country.	Apply to discussion of how banning the sale of tobacco would help to reduce smoking and facilitate implementation of smoke-free laws.