Key Indicators of Success

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Smoke-free: What does success look like?

Indicators of a smoke-free jurisdiction

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

Achieving a Smoke-free Jurisdiction

Purpose

This brochure summarizes the literature on indicators of successfully implementing a smoke-free policy, and proposes a simple, cost effective, and rigorous approach that can be utilized by tobacco control stakeholders in low- and middle-income countries to help determine the smoke-free status of a jurisdiction.

What is a "smoke-free jurisdiction"?

Protection from exposure to secondhand smoke is addressed in Article 8 of World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC) and the associated guidelines adopted by the Parties to the Convention, "Parties to the treaty agree to … adopt and implement effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and indoor public places and, as appropriate, other public places."[1,2] The associated implementation guideline emphasizes that there is no safe level of exposure to secondhand tobacco smoke and that these social settings should be 100 percent smoke-free.

What indicators of a smoke-free jurisdiction have been suggested?

One of the most prominent sources for determining "smoke-free" success is a 2005 publication by the United States Centers for Disease Control and Prevention.[3] In this CDC publication, a multinational panel of experts collaborated to create a comprehensive guide for measuring tobacco control advancements, including smoke-free progress. The document includes a logic model that depicts causal pathways that link expected outcomes of smoke-free legislation and key outcome indicators of successful implementation. This logic model includes eight short-, intermediate-, and long-term outcomes and over 30 indicators. For example number of compliance checks conducted by enforcement agencies, perceived compliance with tobacco-free policies in indoor and outdoor public places and proportion of the population reporting exposure to secondhand smoke in the workplace. A 2006 report published by the Canadian Tobacco Control Research Initiative described six key outcomes related to protection from secondhand smoke and over 20 indicators, including proportion of jurisdictions with 100 percent smoke-free restaurant and bar policies, perceived compliance with smoke-free policies, and the proportion of the population who believe that secondhand smoke is harmful.[4]

The WHO Report on the Global Tobacco Epidemic gives its strongest rating on smoke-free policies if the following public places are completely smoke-free, or at least 90 percent of the population is covered by complete subnational smoke-free legislation, in the following places: health care, educational and government facilities; indoor offices and workplaces; restaurants, pubs and bars; and public transport. The Tobacco Atlas uses the same definition of strength of smoke-free legislation.[6]

These measures of strength of smoke-free laws are based on the content of the legislation and not on whether these locations are smoke-free in practice. However, the WHO Report does also provide an overall measure of compliance with smoke-free and tobacco advertising, promotion and sponsorship legislation, based on ratings provided by five national experts.

While these reports are very useful for understanding the relative strength of countries' smoke-free initiatives, they do not provide guidance as to whether a country's progress is sufficient.

Indicators for Smoke-free Success

The recommendations that follow were influenced by the key reports cited above. In addition, we focused on simple and cost-effective (i.e., funds, time, and effort) indicators that can be applied to the evaluation of smoke-free policies in low- and middle-income countries, where cost sensitive approaches are essential when there are limited surveillance resources.

We propose that in order for a jurisdiction to be categorized as "smoke-free," it should demonstrate achievement of two outcome indicators. The first indicator is based on the laws and regulations as adopted by a rule-making body.

Indicator 1

There exists written 100 percent smoke-free policies and regulations covering the public places outlined in the WHO FCTC and its guidelines and the associated WHO MPOWER package of measures to reduce the demand for tobacco. These include health care facilities, educational facilities including universities, government facilities, indoor offices, restaurants, pubs and bars, all other indoor workplaces and public transport.

While it is necessary for strong smoke-free laws to be enacted, having strong laws passed is not sufficient to ensure smoke-free areas. In this context, compliance is defined as the degree to which a smoke-free law is being followed. Although it is critical that enforcement mechanisms be in place and functioning appropriately, a high level of enforcement does not necessarily translate into complete compliance with the legislation. In 2011, the Campaign for Tobacco-Free Kids (CTFK), the Johns Hopkins Bloomberg School of Public Health (JHSPH) and the International Union against Tuberculosis and Lung Disease (IUATLD) collaborated in the publication of a how-to guide for conducting compliance studies, Assessing Compliance with Smoke-free Laws.[7] The guide presents step-by-step information on how to develop and implement studies to assess compliance with smoke-free laws.

Among other things, the guide provides information on developing a compliance study timeline and associated checklists and procedures; choosing locations to visit and conducting compliance observations; and analyzing and using compliance study results. It does not, however, include any guidance as to the level of compliance that needs to be attained in order to classify a jurisdiction as "smoke-free."

A panel of leading experts in the area of smoke-free policy were surveyed and asked what level of compliance (0 percent-100percent) they would consider to be necessary in order to recognize a jurisdiction as "smoke-free." While responses varied, 20 out of 25 (80 percent) of the experts indicated that a level of 90 percent compliance or higher is necessary.

Indicators for Smoke-free Success

In this regard, the second proposed indicator for determining whether a jurisdiction can be classified as "smoke-free" is:

Indicator 2

Confirmed compliance of at least 90 percent with tobacco-free policies in public places as defined in the WHO FCTC. This level of compliance should be achieved in each category of venue type outlined in Indicator 1.

This indicator can be measured through a simple, low-cost observational study, as described in Assessing Compliance with Smoke-free Laws. There should be no observed smoking in these areas.

Whereas some countries are working hard to implement smoke-free policies in healthcare facilities, other countries are extending their smoke-free areas to outdoor public places such as beaches, parks and playgrounds. It is important to note that the Framework Convention on Tobacco Control is considered a floor, and all signatories need to adhere to the requirements of the treaty. Some countries have already gone further than the basic requirements; in the future, given the continual evolution of what is accepted as "best practice," we expect that the proposed indicators will require updating.

Things to remember

- In the context of the FCTC, "smoke-free" means 100 percent smoke-free.
- There is a significant body of literature that discusses a wide range of short- and long-term indicators of success in becoming a smoke-free jurisdiction.
- A recently published "how-to" guide for conducting compliance studies, Assessing Compliance with Smoke-Free Laws, presents step-by-step information on how to develop and implement studies to assess compliance with smoke-free laws.
- We propose that a jurisdiction can be classified as smoke-free if it meets both of the following two indicators:
    - There exists written 100 percent smoke-free policies and regulations covering the public places outlined in the WHO FCTC and its guidelines and the associated WHO MPOWER package of measures to reduce the demand for tobacco. These include health care facilities, educational facilities including universities, government facilities, indoor offices, restaurants, pubs and bars, all other indoor workplaces, and public transport.
    - Confirmed compliance of at least 90 percent with tobacco-free policies in public places as defined in the WHO FCTC.

For more information please contact us at:
igtc@jhsph.edu

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