Smokefree City Case Studies
A tobacco-free futures action guide
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1. PURPOSE OF THE GUIDE

1.1 This document sets out guidance for conducting comprehensive but concise case studies of smokefree cities that document achievements, provide insight into how cities have taken forward their smokefree agendas, highlight good practice, and draw out key lessons.

1.2 It highlights:

• The main themes that a smokefree city case study should explore.
• The research methodology and focus for compiling evidence and drafting the study.
• The key informants who should be involved in contributing to the study.
• Key documentary evidence that should be obtained.

2. CASE STUDY THEMES AND CONTENT

2.1 Main issues

2.1.1 Whilst the emphasis of case studies is likely to vary from place to place, it is possible to identify a series of themes that should be explored during the research phase. These relate to:

• The tobacco control health and policy context.
• The development of legislation and its content.
• Research studies that have supported the smokefree agenda and that have assessed its impact.
• The role of campaigns, leadership and partnerships in driving agendas forward.
• The implementation of smokefree legislation and its enforcement.
• Complementary tobacco control initiatives.
• Identifying key lessons.

2.1.2 For each of these themes, this section flags up the types of issues and topics that should be explored and the key questions that should be pursued. Whilst the specific circumstances and approaches taken in different places will inevitably mean that the weight given to different topics will vary, this section provides a “check-list” of items to consider. The gathering of evidence is most likely to take the form of conducting semi-structured interviews with key informants (see section 3) and the gathering of available data, reports and other relevant documentation (see section 4).

2.2 The smoking and health context

2.2.1 Focus

Developing a profile of smoking behaviour and smoking-related health in the case study city contributes to an understanding of the smoking and health context in which smokefree laws have been introduced. Data from routine and specially commissioned research should be gathered.

2.2.2 Key topics and questions

A profile of smoking-related health in the city should incorporate:

• Smoking prevalence and trends over time: if possible, or relevant, with data disaggregated by socio-economic class, gender, age and ethnicity.
• The incidence of and trends in tobacco-related disease.
• Comparisons with wider regional and national data.

2.3 The tobacco control policy context

2.3.1 Focus

Developing an understanding of the strategic and policy approach to tobacco control within the city and at the regional and/or national level is important for understanding how smokefree laws and initiatives fit within and contribute to wider tobacco control agendas. Where available, key documents setting out formal strategies and action plans should be gathered.

2.3.2 Key topics and questions

Research for establishing the wider tobacco control policy context should include examining:

• If there is a tobacco control strategy for the city – if so, what are its main objectives and priorities and is smokefree legislation an integral part of it.
• Whether there are national and/or sub-national tobacco control strategies and policies and, if so, what they are and how they are implemented within the city.

2.4 Legislation

2.4.1 Focus

The smokefree law for the city will be at the heart of the case study. Identifying the key statutes within the law – together with the content of any accompanying regulations - is essential. Equally, mapping out the legislative process that led to the smokefree law coming into effect will contribute to understanding how it came about. To provide historical context for the legislation, the case study should also highlight the existence and content of earlier laws that have established smokefree environments – even though the scope of these is likely to be more limited.

2.4.2 Key topics and questions

2.4.2.1 Pre-existing laws

Research to develop an understanding of the pre-existing legislative context for the smokefree law should take account of national and local legislation or other legal instruments used to restrict smoking. In addition to gathering copies of legal texts, key lines of inquiry should include information on:

• The smokefree laws or regulations already in place to restrict smoking
• When the laws were introduced
• Whether the laws were enforced effectively
• Whether the existence of previous legislation was important for the enactment of comprehensive smokefree laws

2.4.2.2 Description of the law

Setting out the details of the smokefree law should embrace:

• The extent that the law requires smokefree environments.
• Exemptions to the law – and the rationale for these exemptions.
• Specific requirements of complying with the law, such as workplaces having written policies, signage, absence of ashtrays, etc.
• Consequences of breaches of the law – including clarifying where liability lies, the process for dealing with law-breaking and the level of fines or other penalties.
• Who is charged with responsibility for enforcing the law.

2.4.2.3 How the law came into effect

Mapping the legislative process and issues that emerged during the process should incorporate:

• Defining the legislative process and the key stages leading to implementation – for example, hearings, debates, municipality votes, assent etc.
• Exploring the process of drafting of the law, including examining issues that emerged and how these were resolved – for example, legal definitions, “loop-holes”, political “trade-offs”.

2.5 Research studies

2.5.1 Focus

Academic and policy-driven research can play a key role in supporting the rationale for and campaigns for bringing about smokefree legislation. Equally, research is vital for assessments of the impact of smokefree laws. The case study should present the scope and scale of appropriate research carried out before and after the smokefree law came into effect.

2.5.2 Key topics and questions

Key issues to address in relation to research linked to smokefree laws include:

• Compiling and presenting the evidence of the existence of research studies linked to the smokefree agenda – including who conducted them, how they were funded, and the methodologies deployed.
• Exploring how research studies and their findings have been used to support the smokefree agenda and to assess its impact.
• Understanding the timing of research, in relation to the implementation of smokefree legislation.
• Identifying perceptions of where further research might have benefited the development and implementation of the smokefree agenda.
• Identifying future research intentions and proposals.
In this context, and taking account of the range of studies commonly carried out in relation to smokefree agendas, specific studies to explore may include:

- Surveys or other assessments of smoking prevalence.
- Surveys or other assessments of awareness of smokefree issues and levels of support for a smokefree law.
- Assessments of economic and health impacts in relation to smoking, exposure to secondhand smoke and smokefree laws.
- Air quality monitoring.

2.6 Leadership, partnership and campaigns

2.6.1 Focus

The role of local champions, smokefree coalitions and partnership working is often instrumental in the achievement of smokefree legislation. Identifying leadership and the activities of an array of partners is central to understanding a city’s story in bringing smokefree laws into effect. Key elements of this include identifying and understanding (a) the roles of key players, (b) the strategic approach taken to secure a comprehensive smokefree law (c) the nature of opposition to the law and (d) the range of tactics and interventions pursued by proponents of the law.

2.6.2 Key topics and questions

2.6.2.1 Key players

Identifying and understanding the role of the key players involved in bringing the law into effect involves determining:

- Who the key proponents of the smokefree law are - for instance, health campaigners, political representatives, health service partners, the hospitality sector and Trade Unions.
- If formal or semi-formal partnership arrangements were established.
- If activities were coordinated and, if so, how.
- Who did what.

2.6.2.2 Strategic approach

Mapping out the strategic approach taken to secure a comprehensive smokefree law should include:

- Whether there was a clear and shared view of the emphasis and rationale for the law.
- Whether messages to the public, policy makers and opponents to the law were consistent – for example arguing the case in terms of: protecting workers from exposure to secondhand smoke or having a “level-playing field” for the hospitality sector.
- Whether the “language” used was seen as important and was consistently applied.

2.6.2.3 Opposition to the law

Smokefree laws consistently encounter opposition from a range of organisations and individuals. Typically these include restaurant and bar owners, smokers and the tobacco industry. Understanding where opposition came from, the arguments of opponents to the law and the tactics that they adopt is likely to be a critical part of a smokefree city case study. Moreover, many groups do not respond in a homogenous way to smokefree proposals and initial opponents often shift their stance as agendas progress. For instance, once there is a realisation that smoking restrictions will become law, restaurant and bar owners have moved to limit exemptions to legislation because of fears of creating uneven “playing fields” for hospitality sector businesses.

Key issues to explore should include:

- Which organisations or individuals were opposing the law? Was opposition co-ordinated in any way?
- What were the grounds for opposition?
- What tactics did opponents utilise?
- Did their position shift during the development of the law?
- What are their views of the law following its implementation and some experience of its effects?
2.6.2.4 Tactics of proponents of the smokefree law

Developing an understanding of the range of tactics and interventions pursued by proponents of the smokefree law should include a focus on what was done, when and by whom to:

• Respond to and counter opposition and objections.
• Respond to and counter misinformation and fears.
• Promote positive messages and raise awareness.
• Market and promote smokefree ambitions.
• Ensure effective lobbying and advocacy work with politicians and the business sector.
• Engage grassroots communities in campaigns.
• Secure and deploy budgets for activities.

2.7 Compliance with and enforcement of smokefree law

2.7.1 Focus

The measures put into place to ensure compliance with and enforcement of smokefree laws and how these are applied can be critical to the effectiveness of legislation to protect people from exposure to second-hand smoke. This is an important dimension of the case study and it should examine the effectiveness of the law’s implementation, compliance with the law, and the use of enforcement powers and agencies.

2.7.2 Key topics and questions

Reviewing measures to ensure compliance, approaches to enforcement and levels of compliance includes examining:

• Responsibility for enforcement: Who is responsible? What human and financial resources do they have?
• How the law is enforced – what are enforcement measures e.g. is there a public reporting line; are inspections made (if so, how and when)?
• What activities have been undertaken to raise awareness and knowledge of the law?
• How is compliance monitored?
• What are compliance rates or performance? Were assessments made of the initial compliance with the legislation and subsequently?
• Are there particular areas (e.g. geographical areas or type of business) where compliance is a particular problem?
• If so, why is this? What is being done to address it? Have actions been effective? If not, what next?

2.8 Complementary tobacco control initiatives

2.8.1 Focus

Although the focus of the case studies is firmly placed on smokefree laws, there is merit in touching upon wider tobacco control activities within the city. This guidance has already mentioned the inclusion of information about wider tobacco control strategies within the case study – to place the smokefree agenda in its strategic context. Equally, highlighting how other tobacco control interventions complement smokefree law activities can add value to the case study.

2.8.2 Key topics and questions

Developing an understanding of the way in which other tobacco control services or interventions are supporting smokefree objectives should include a focus on contemporary and complementary tobacco control interventions. In particular, this may often include efforts to enhance stop smoking services to meet the potential of increased demand? Key issues to explore in this context include:

• The level, type and scale of complementary tobacco control services and activities.
• Changes to the tobacco control agenda that have been introduced in support of smokefree laws and their anticipated consequences.

2.9 Impact and key lessons

2.9.1 Focus

The extent that the impact of smokefree legislation within the case study city can be discussed depends on the timing of the study itself and whether tools to assess impact have been put in place. However, although the existence and reliability of quantitative impact measures may vary between places, interviews for case studies should enable a series of qualitative conclusions to be made about key process dimensions. Assessments of outcomes and the effectiveness of the process adopted will provide important messages for other cities looking to pursue smokefree laws and will add to the growing body of evidence that can inform good practice.
2.9.2 Key topics and questions

To complete the story it is useful to consider the impact of the law, whether there are outstanding aspects that still need resolving and key lessons from the city’s smokefree experience. Important conclusions can be drawn from addressing:

- What has been the impact of the law?
- What remaining challenges are there related to the law?
- What worked well?
- What worked less well?
- What might have been done differently?
- What were the key success factors?

3. KEY INTERVIEWEES

3.1 The precise range of key informants for the case study research, the types of role they play and the organisations that they represent will inevitably vary from place to place. Equally, the focus and emphasis of interviews should be adapted to take account of individual’s role, remit, expertise and knowledge of the smokefree process and experience.

3.2 The following list provides an indication of the categories of interviewees that it is appropriate to consider including in the evidence gathering process. They include:

- Local politicians with a leadership role.
- Public health and tobacco control policy leads.
- Campaign organisation leads – including civil society/NGO representatives.
- Partners in smokefree coalitions.
- Smokefree and wider tobacco control researchers and evaluators.
- Enforcement leads and organisations.
- PR and media agencies.
- Professional lobbying agents.
- Political advisors.
- Tobacco control service providers – such as stop smoking service leads.
- The hospitality sector – restaurant and bar owners.
- Trade Unions.
- Local community/grassroots representatives.

4. KEY DOCUMENTARY EVIDENCE

4.1 The type, scope and quality of documentary evidence available will also vary between cities and countries. Some evidence will be able to be drawn from routinely collected data. In other cases, data availability will depend on whether specific studies have been specially commissioned. Differing traditions of strategic planning and evaluation will also influence the written evidence that can be collated. Key data and documentation to seek out should include:

- Tobacco control strategy documents.
- Draft and final smokefree legislation.
- Data and reports related to smoking prevalence, tobacco consumption and smoking-related disease.
- Relevant research reports and findings – including polling research and air quality monitoring studies.
- Evaluation and impact reports.
- Promotional and campaign materials.
- Smokefree agenda action plans.
- Minutes of key meetings.
- Copies of presentations about the smokefree agenda made by key informants.
- Materials linked to smokefree laws – such as signage formats and advisory notices.