



**Policy Paper**

# **Addressing Inefficiency of Implementing Smoke-Free Environment Policy in Ethiopia**

**Muktar Shekabdulahi Warsame**

## Executive Summary

The implementation of a smoke-free environment policy in Ethiopia aims to promote public health by reducing tobacco use and exposure to secondhand smoke. However, despite the potential benefits, various inefficiencies hindered its implementation effectiveness. This policy paper defined the problem, gathered evidence, analyzed alternatives, and proposed the best alternative for addressing the inefficiency in implementation of a smoke-free environment policy in Ethiopia.

The analysis identified the optimal approach as combining public awareness campaigns with enhanced law enforcement. This dual strategy which is cost effective and engages community for greater support, emphasizes both education and enforcement to achieve a lasting impact on smoking behavior and adherence to smoke-free regulations in Ethiopia.

## Significance and objective of the paper

Exposure to secondhand tobacco smoke (SHS) is a global health threat that causes diseases and kills more than 1.2 million people each year, including 65000 children (Carreras, 2019). The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) urges countries to establish comprehensive smoke-free environments (WHO., 2021).

According to World Health Organization figures, 30% of all cancer deaths, 20% of all coronary heart diseases and strokes and 80% of all chronic obstructive pulmonary disease are caused by cigarette smoking. Environmental Tobacco Smoke (ETS) exposure has also been shown to be associated with disease and premature death in non-smokers. In response to this environmental health issue, several countries have brought about a smoking ban policy in public places and in the workplace (McNabola A, 2009 ).

Smoke-free policies have been an important tobacco control intervention (Andrew Hyland, 2012). Implementing smoke-free environment policies varies significantly across countries, influenced by cultural norms, political will, economic conditions, and public health priorities (WHO, 2009).

The main goal of smoke-free policy is to eliminate secondhand smoke exposure and thus to improve health outcomes. Intermediate measures focus on smoke-free policy compliance, which in turn affects second hand smoking exposure and subsequent health outcomes (Andrew Hyland, 2012)

Ethiopia became a party to the WHO Framework Convention on Tobacco Control on June 23, 2014. Then, in response to concerns about secondhand smoke exposure, the government of Ethiopia passed tobacco control proclamation No 1112/2019, which implements WHO's Framework Convention on Tobacco Control (FCTC) requirements.

This policy was passed for promoting clean and healthy environment. The country has

made strides in establishing a smoke-free environment policy. comprehensive law, which requires 100% smoke-free public places and workplaces, was implemented in February 2019. The regulatory follow-up to this policy was given to Ethiopian food and drug authority (EFDA).

According; Smoking and the use of any tobacco product is prohibited in any part of all indoor public places, workplaces and on all means of public transport. Smoking is also prohibited in outdoor areas of schools and universities, government facilities, youth centers, amusement parks, among other places. In addition, It is prohibited to establish a designated smoking area in any place where smoking is prohibited.

## Evidences on smoke free environment policy implementation inefficiencies

The adoption of smoke-free environment policies represents a significant stride towards public health and the mitigation of secondhand smoke exposure. However, the mere existence of such policies does not guarantee their effective implementation. This discrepancy between policy adoption and practical execution is influenced by various factors including insufficient enforcement mechanisms, societal attitudes, and economic interests. This is the case in Ethiopia where the policy was adopted but was not practically implemented.

Study that was done in 2021 showed, only 12.3% of sites of studies met the requirements of the current smoke-free law. The implementation remains inefficient due to several factors. In one hand there is weak enforcement of the policy where the existing regulations are often poorly enforced, leading to widespread violations in public

spaces. This is coupled by insufficient funding and human resources that impede effective law enforcement and public education initiatives. On the other hand, the public awareness is low, many citizens are unaware of the dangers of tobacco use and the provisions of smoke-free laws. In addition, Smoking is prevalent in various communities, where it is often culturally accepted and seen as normal.

Another observational study conducted in Ethiopia showed that public place and workplace non-compliance level was very high in all sites. approximately 97% of government buildings, 92.5% of educational institutions, 89.8% of bars, restaurants and cafés, 88.4% of food establishments and 84.0% of hotels were non-compliant with the tobacco control law. Overall, only 12.3% of sites met the requirements of the smoke-free law. This calls for more effective implementation of complete smoke-free provisions across all government buildings and institutions in all regions, such as public educational

campaigns about the laws and enforcement action for non-compliance (Mengesha SD, Mar 2024).

To understand more about the inefficiencies, the following evidence has been collected:

**Health Statistics:** The World Health Organization (WHO) reports that tobacco use is responsible for a significant percentage of non-communicable diseases in Ethiopia, contributing to high healthcare costs. A study in Ethiopia hospitals also showed non-compliance level of 10.3% among health care staffs (Tadesse T, 2019). Another study conducted at Addis Abeba on compliance with smoke free environment laws at 154 hospitality venues found that only 23.6% of the venues complied with all smoke-free laws (Hirpa, et al., 2024)

**Surveys and Studies:** Research indicates that a considerable number of citizens continue to smoke in public spaces, suggesting poor compliance with existing laws (Mengesha SD, Mar 2024).

**Enforcement Reports:** Data from local evidences highlight the lack of inspections and penalties imposed on violators of smoke-free policies. There is no clearly defined legal and administrative measure to be taken if the law is not complied (Shona, 2017).

**Public Attitude Surveys:** Many citizens hold negative views towards anti-smoking regulations, indicating a gap in community engagement and education (Guliani, 2019).

By addressing the inefficiencies in implementing smoke-free policies, Ethiopia can significantly enhance public health, promote economic well-being, and foster a healthier environment. This requires a multifaceted approach involving community engagement, policy advocacy, and effective monitoring and enforcement.

## Analyzing Alternative smoke free environment policy implementation options

Several alternatives can be considered to enhance the implementation of smoke-free environment policies:

### **Strengthening Law Enforcement:**

Policies are the most effective action for reducing tobacco use rates, protecting youth from addiction, and achieving more equitable protection from the harms associated with tobacco use. The development and implementation of policy offers the greatest impact on entire populations (Tobacco Control Network, 2022). Enforcing strong tobacco and nicotine use bans in public and private workplaces, both indoors and outdoors, is essential to ensure the health and well-being of workers. (Possenti, 2024) (Pérez, 2024).

**Public Awareness Campaigns:** This aims to educate the public about the harmful effects of tobacco use including smoking and other forms of tobacco

consumption, encouraging the community to adhere to tobacco control laws and report violations and disseminating knowledge about the risks associated with tobacco use (WHO, 2025). With strong contributions from media campaigns, comprehensive cessation programs can be effective. The Effective cessation programs rely on a mix of legislative changes, educational programs, treatment programs, grass-roots activism, media campaigns, and other elements that work synergistically to maximize outcomes (Schar, 2001) (Pénzes, 2024)

**Community Engagement Programs:** Encouraging local communities to take ownership of smoke-free initiatives by involving local leaders and organizations in awareness efforts is crucial. Research shows that community participation programs for smoke-free home may be effective in raising awareness on the

impact of secondhand smoke among family members (Suteerangkul, 2021). Smoke free policy enforcement is most impacted by stakeholders' level of awareness, attitude, beliefs and perceptions towards smoke free policies and the dangers of secondhand smoking as well as social norms within the community and level of stakeholder engagement (Pénzes, 2024).

**Policy Review and Adjustment:** Evaluating existing smoke-free laws and considering amendments to address gaps in enforcement and public compliance is important. policy reviews and adjustments are critical for the ongoing effectiveness and relevance of smoke-free initiatives, ensuring they continue to meet public health objectives and adapt to changing circumstances.

**Partnerships with Non-Government Organizations:** Increasing funding and training for public health officials and law enforcement bodies to monitor and enforce smoke-free regulations is crucial (Shona, 2017). This requires collaboration with non-governmental

organizations to leverage additional resources and expertise in public health advocacy for smoke free environment.

**provision of cessation training and services:** Effective communication programs to educate the community as well as health care workers at all levels regarding the dangers of second-hand smoke exposure and effective measures for protection is effective strategy for creating smoke free environment (Loffredo, 2012)

## Selecting the Best Alternatives

After analyzing the alternatives for addressing smoke free environment policy implementation inefficiencies, the best approach was taken as Public Awareness Campaigns combined with Strengthening Law Enforcement. This dual-strategy focuses on both education and enforcement, creating a sustainable, long-term impact on smoking behavior and compliance with smoke-free policies.

## Rationale for Selected Alternative:

**Comprehensive Approach:** Education informs the public and shifts cultural perceptions, while enforcement ensures compliance with laws.

**Cost-Effectiveness:** Public campaigns can be implemented with relatively low costs by utilizing local media and community meetings, while better enforcement can lead to a healthier population and reduced healthcare expenditures in the long run.

**Increased Community Support:** By engaging the community in education efforts, there is a greater chance of fostering local support for smoke-free policies.

## Expected outcome

**Reduction in Smoking Rates:** Smoke-free policies often lead to decreased smoking prevalence, particularly among youth and young adults.

**Increased Quit Attempts:** Policies can motivate smokers to quit and provide a supportive environment for cessation.

**Improved Air Quality:** Reducing tobacco use and exposure to smoke leads to cleaner air in public spaces, benefiting everyone's health.

**Cultural Shift:** Smoke-free policies can contribute to a societal norm against smoking, particularly in public spaces.

## Conclusion

In conclusion, the adoption of smoke-free environment policies marks an essential step towards enhancing public health; however, it is critical to recognize that such adoption does not equate to effective implementation. The challenges of enforcement, societal attitudes, and economic dynamics necessitate a comprehensive approach to transform policy into practice. For these policies need to realize their full potential in safeguarding

public health, concerted efforts must be made to address these obstacles through robust enforcement strategies and public education campaigns.

Addressing the inefficiencies in implementing smoke-free environment policies in Ethiopia is essential for improving public health outcomes. By prioritizing public awareness and law enforcement, Ethiopia can create a more effective framework for promoting smoke-free environments, ultimately reducing the burden of tobacco-related diseases. Future efforts should focus on continuous evaluation and adaptation of strategies to meet the evolving needs of the population.

### References

- Andrew Hyland, J. B. (2012). Smoke-free air policies: past, present and future. *Tobacco Control*, 21(154e161). doi:10.1136/tobaccocontrol-2011-050389
- Carreras, G. L.-N. (2019). Burden of disease attributable to second-hand smoke exposure: a systematic review. *Preventive M.*
- Guliani, H. G. (2019). Factors affecting tobacco smoking in Ethiopia: evidence from the demographic and health surveys. *BMC Public Health*, 938. doi:10.1186/s12889-019-7200-8

- Hirpa, S., Mdege, N., Argefa, T., Tefera, Y., Kassa, S., Awuor, W., & Deressa, W. (2024). Second-Hand Tobacco Smoke Exposure: Results of Particulate Matter (PM2.5) Measurements at Hospitality Venues in Addis Ababa, Ethiopia. *Int. J. Environ. Res. Public Health*, 21(8). doi:10.3390/ijerph21081011
- Loffredo, C. A.-A. (2012). Implementation, barriers and challenges of smoke-free policies in hospitals in Egypt. *BMC research notes*, 1-9.
- McNabola A, G. L. ( 2009 , Feb 20). The control of environmental tobacco smoke: a policy review. *Int J Environ Res Public Health*, 6(2), 741-758. doi:10.3390/ijerph6020741
- Mengesha SD, S. B. (Mar 2024). Smoke-free law compliance and predictive factors in Ethiopia: observational assessment of public places and workplaces. . *PubMed central*, 19-33. doi:doi: 10.1136/tc-2022-057750.
- Pénzes, M. C.-P.-M. (2024). Barriers and opportunities for the expansion of smoke-and aerosol-free environm.
- Possenti, I. G.-M.-M. (2024). Best practices for secondhand smoke and secondhand aerosol protection and eviden.
- Schar, E. G. (2001). Smoking cessation media campaigns from around the world-recommendations from lessons learned by Elizabeth H. Schar and Karen K. Gutierrez.
- Shona, E. (2017). Banning Smoking in Public Places under Ethiopian Legal Framework: Some Evidences from Hawassa City. *Beijing Law Review. Scientific research*, 8, 526-550. doi:10.4236/blr.2017.84029.
- Suteerangkul, P. L. (2021). The effects of community participation program on smoke-free homes in a suburban community of Thailand. . *Tobacco Induced Diseases*.
- Tadesse T, Z. B. (2019). Non-compliance and associated factors against smoke-free legislation among health care staffs in governmental hospitals in Addis Ababa, Ethiopia: an observational cross-sectional study. *BMC Public Health*, 19(1), 19. doi:10
- Tobacco Control Network. (2022). *Policy Recommendations Guide*.

WHO. (2025, January 13). Retrieved from <https://www.emro.who.int/tfi/news/qatar-warning-about-the-dangers-of-tobacco-mass-media-campaigns.html>

WHO. (2021). addressing new and emerging products. WHO. *WHO report on the global tobacco*. Retrieved March 20 2024, from <https://www.who.int/publicatio>