

Total Ban on Smoking in Indoor and Some Outdoor Public Places Bulgaria

Which 'life stage' for CVDs prevention targets the intervention?

The complete ban on smoking in indoor and some outdoor public places is associated with every person's right to live in a smoke-free environment. The policy is shaped to target every age group from the population (including pregnancy/fetal development; infancy and childhood, adolescence, adulthood and ageing).

Short description of the intervention:

The purpose of the ban on smoking in indoor and some outdoor public places is to protect public health. This ban on one hand protects the health of non-smokers who are exposed to tobacco smoke in indoor and some outdoor public places, and on the other hand protects smokers themselves from excessive use of tobacco and tobacco products. The policy is directed towards the whole population. After many discussions, information campaigns, meetings with various organizations, debates in Parliament, etc., on May 17, 2012 the National Assembly passed amendments to the Law of Health, which introduced a total ban on smoking in indoor and some outdoor public places from June 1, 2012. The ban of smoking includes: adjacent terrain and sidewalks of nurseries, kindergartens, schools, student dormitories and places where social services are provided for children playgrounds, open public spaces, which are organized activities for children and students, sports venues cinemas and theaters summer - at sports and cultural events. The Ministry of Health and its regional structures in the country - 28 Regional health inspectorates - carry out state health control, to limit smoking in indoor and some outdoor public places, on compliance with the requirements of Art. 56 and Art. 56a of the Law of Health. In order to enhance the efficiency and increase the range of public facilities and according to the working hours of dining and entertainment, the checks are carried out during weekdays, weekends and holidays. It also carries out daily checks on extended hours (after 17:00) and night checks (after 22:00). Overtime checks are carried out jointly with the employees of the Ministry of Interior.

Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?

The policy was drawn upon the Framework Convention on Tobacco Control of the World Health Organization and the Recommendation of the Council of the European Union. From February 2010, debates started and the first statement on the complete prohibition was introduced by the Law of Health, which at the beginning had to come into force on 1 June 2010.

Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods?

Yes. Objectives and tasks were scheduled in details as well as targets and management and funding.

To which type of interventions does your example of good practice belong to?

Policy/strategy.

How is this example of good practice funded?

National/regional/local government. On a national level, the policy is funded by the government, but in relation to its associated activities, it is supported by different institutions, NGOs, by the private sector and any other interested stakeholder.

What is/was the level of implementation of your example of good practice?

National.

What are the main aim and the main objectives of your example of good practice?

The main objective of the policy is to provide health protection of the nation by ensuring smoke-free environment in indoor public place, indoor workplaces, public transportation and some outdoor public places. Smoke-free legislation aims to provide ground for positive impact on health.

Please give a description of the problem the good practice example wants to tackle:

On the global scale tobacco smoking is one of the leading preventable causes of morbidity and mortality. Tobacco smoking is a substantiated cause for developing cancer, cardiovascular and respiratory diseases and inflicts more problems than alcohol use, drug use, high blood pressure, high cholesterol and obesity. In order to tackle the associated negative health consequences caused by tobacco smoking and second-hand tobacco smoking, Bulgaria ratified the following: Framework Convention on Tobacco Control WHO; Recommendation of the Council of the European Union. Nevertheless, partial ban on smoking was initially introduced as a more liberal regime in June 2010. Experience of the application of this legislation shows that the partial smoking ban through regulation of certain areas, divided by partitions, ventilation systems or facilities for smokers and non-smokers does not contribute to better health and is an ineffective method for protection from the harmful effects of tobacco smoke. Therefore, the total ban on smoking in indoor and some outdoor public places was introduced in June 1, 2012.

Is your example of good practice embedded in a broader national/regional/ local policy or action plan?

Yes and as a national policy, it is embedded in every regional/local plan. All 28 Regional Health Inspectorates take measures for the performance of continuous and effective public health control in compliance with the ban on smoking.

Implementation of your example of good practice is/was:

Continuous (integrated in the system).

Target group(s):

The policy is a population-based one, involving all age groups and people of different socio-economic status.

During implementation, did specific actions were taken to address the equity dimensions?

The policy is directed towards the whole nation.

Was an effective partnership in place?

Yes, the policy was supported by all governmental structures, NGOs and other public and private, and international organization. Example: In each RHI there is a Consultancy Office for smoking cessation. These offices provide advice by trained experts (doctors, psychologists, etc.) for quitting smoking, for spirometric measurements of carbon monoxide in the exhaled air and the amount of carboxyhemoglobin in the blood of passive and active smokers. With the aim to provide smoking cessation assistance have been introduced: a national telephone line for smoking cessation (0700 10 32); a website (www.aznepusha.bg) which has up-to-date information on the topic;

collaboration between the MoH and scientific associations in the country who support the policy of the Ministry of Health on prevention of smoking-induced health risks and healthy lifestyle.

Was the intervention aligned with a policy plan at the local, national, institutional and international level?

Yes, it was aligned with the Framework Convention on Tobacco Control WHO and the Recommendation of the Council of the EU. Currently, the National Programme for the Prevention of Chronic Non-Communicable Diseases 2014-2020 includes a number of activities related to smoking control to prevent smoking initiation, to reduce health risks of tobacco use and second-hand smoke exposure.

Did the evaluation results achieve the stated goals and objectives?

Yes. Further monitoring established slow positive changes in population's behaviour related to tobacco smoking (about 2% reduction).

Did the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?

Tobacco-induced diseases are monitored through the National Programme for the Prevention of Chronic Non-Communicable Diseases 2014-2020, which first results are to be analysed and published by the end of the year. Tobacco use and SHS are also monitored within the frame of the Global Youth Tobacco Survey (GYTS), conducted in 2002, 2008 and 2015 (in progress), which is designed to enhance the capacity of countries to monitor tobacco use among youth (representative national sample of students between 13-15 years) and to guide the implementation and evaluation of tobacco prevention and control programmes.

Who did the evaluation?

An internal party (representatives of the intervention, own organisation).

Specifically, what has been measured / evaluated?

Process evaluation (respondents, method, and participants' satisfaction): The evaluation of the Total Ban on Smoking includes compliance with the ban; population's opinion on the total ban, reduction of people who smoke; SHS; reduction in the number of tobacco-induced diseases and all negative health consequences associated with tobacco use.

Evaluation of the impacts/effects/outcome: According to a survey conducted after the introduction on the ban by the National Centre for Public Opinion Research, almost 61% of the people supported the complete ban on smoking. More often the total ban was supported by women, people over the age of 59 (76%) - highly educated, with higher socio-economic status, and from rural areas. . Against the total ban were more often men, people aged between 40 and 49 years and residents of smaller towns. High levels of support of the total ban were registered among people who never smoked (86%) and among former smokers - 75%. Two-thirds of smokers opposed the ban, but one third supported it. Additionally, 3% of respondents indicated that they had stopped smoking after the introduction of the smoking ban in enclosed public places.

Health behaviour associated with tobacco use as well as other negative health consequences associated with tobacco use will be analysed till the end of the year. Currently, data analyses from the survey within the National Programme for the Prevention of Chronic Non-Communicable Diseases 2014-2020 is conducted, which will illustrate the impact of the Total Ban on Smoking on the population. Additionally, data analyses from the GYTS (currently processing) will also lead to the evaluation of the impact and effects of the Ban.

What are the main results/conclusions/recommendations from the evaluation (please describe)?

The policy has the potential to build awareness of the harm of smoking and to further support smoke-free legislation in encouraging cessation and discouraging uptake of smoking.

Was there a follow-up (describe how) or is any follow-up evaluation planned in the future?

Yes, the survey within CINDI (Countrywide Integrated Non-communicable Disease Intervention) had four monitoring phases (in 2000, 2002, 2004, and 2007), assessing the process of changing population's behaviour on health, including tobacco use. Now, we expect the results from the survey within the framework of the National Programme for the Prevention of Chronic Non-Communicable Diseases 2014-2020, which includes corresponding information from initial CINDI survey, allowing information for comparative purposes on smoking, SHS and tobacco-induced diseases. Additionally, a follow-up is planned in 5 years. The survey within the framework of GYTS also provides information for monitoring on tobacco use and SHS from 2002 and 2008, which is also comparable with the currently emerging results from the GYTS data analysis.

Who implemented the intervention?

Ministry of Health and its regional structures in the country (28 Regional Health Inspectorates) carry out state health control to ban smoking in indoor and some outdoor public places, on compliance with the requirements of Art. 56 and Art. 56a of the Law of Health. In order to enhance the efficiency and increase the range of public facilities and according to the working hours of dining and entertainment, the checks are carried out during weekdays, weekends and holidays. It also carries out daily checks on extended hours (after 17:00) and night checks (after 22:00). Overtime checks are carried out jointly with the employees of the Ministry of Interior and sometimes with volunteers. The control over the implementation of existing legislation is carried out systematically and consistently without prior notification, and focused - after signals about established violations. Healthcare professionals from the RHIs in the country take all measures for the performance of continuous and effective control to exclude non-compliance provisions of the Law of Health. In carrying out the public health control, state healthcare professionals have the right to issue prescriptions for non-compliance of smoking in facility and establish acts of administrative violations. Signals from citizens and NGOs are received in the Ministry of Health for violating the ban on smoking in public places. Each signal is sent for check to the RHI on the territory the infringement has been established. MoH periodically prepares and sends indicative letters to the RHIs in order to improve the effectiveness of control activities. Regardless of the changing environment (political, public, social, etc.), Ministry of Health, supported by the representatives of NGOs, proposed new texts in the Law of Health to increase penalties for violators of the ban on smoking in public places and for more precise interpretation of existing legislation.

What core activities are/have been implemented

Ministry of Health has implemented a number of joint activities and initiatives with non-governmental organizations, with some of which has signed an Agreement for cooperation in the implementation of existing legislation to restrict tobacco smoking. The purpose of the Agreement is:

- Raising awareness of the citizens for the effective enforcement of prohibitions and restrictions on smoking;
- Participation of trained volunteers in inspections performed by state health inspectors;
- Reception of signals for violations by citizens of the smoking ban and sending the signals to the corresponding RHI.

In 2013 the Council of Ministers adopted National Program for the Prevention of Chronic Non-communicable Diseases 2014-2020. The program includes a number of activities in the restriction of smoking to prevent smoking initiation, reducing health risks of tobacco use and second-hand smoking. MoH and RHIs perform range of activities: conducting national informative campaigns, preparation of information materials - leaflets, audio and video clips

(<http://www.mh.government.bg/ForThePatient.aspx?pageid=462&home=true&categoryid=4368&articleid=4778>), press conferences, seminars, trainings, competitions etc. Annually are held national campaigns linked with May 31st World No Tobacco Day and International No Tobacco Day. Other annual campaigns are:

- the International Children's Drawing Contest "No to smoking" in cooperation with the Italian League for the Fight against Cancer and the National Centre for Public Health and Analysis. The competition is for children aged 5 to 11 years, with the goal is children with their drawings to call on their parents to quit smoking;
- National Competition "The Healthy Former Smoker" for the "European ex-smoker". The aim is to encourage current smokers to overcome tobacco dependence and become ex-smokers.

Was the target population/s defined on the basis of needs assessment including strengths and other characteristics?

Yes, as the total ban on smoking aims to improve the health of the whole population thus, targeting all age groups.

Was the engagement of intermediaries/multipliers used to promote the meaningful participation of the target population?

Yes. The Ban on Smoking has multiple partners across different sectors.

Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?

Yes, the policy is funded by the government and is fully protected by law. Different activities are constantly conducted by the RHIs and different NGOs.

Is there a broad support for the intervention amongst those who implement it?

Overall there is a board support. However, recently one of the opposition parties proposed to Parliament to relax the total ban on indoor smoking in public spaces with a motion submitted to the Health Commission in Parliament. The Health Minister said that neither the Health Ministry, nor the government would support any relaxation to the total ban on indoor smoking. Apart from the political situation, the activities related to the Ban on Smoking are carried out with the support and collaboration of different governmental and non-governmental organizations, both nationally and locally.

Is there a broad support for the intervention amongst the intended target populations?

According to the National Centre for Public Opinion Research, more than 60% of the people support the total ban on smoking.

Were sources of funding specified in regards to stability and commitment?

Yes, the Ban is funded by the governmental budget, guaranteeing the financial stability and commitment.

Were organizational structures clearly defined and described?

Yes. The Ministry of Health together with the National Centre of Public Health and Analyses, other ministries and governmental structures had the assigned responsibilities. The 28 RHIs worked on a regional and local level to ensure the implementation of the tasks. There is strong collaboration between different ministries in the application of the Ban.

Is the potential impact on the population targeted assessed (if scaled up)?

By the end of the year data analyses from the National Programme for the Prevention of Chronic Non-Communicable Diseases 2014-2020 survey and the GYTS will allow to measure the potential impact on the population targeted.

Are there specific knowledge transfer strategies in place (evidence into practice)?

Yes. The Ban is constructed through evidence-based information and further results from the surveys in progress will lead to the formulation of new transfer strategies into practice.

Is there available an analysis of requirements for eventual scaling up such as foreseen barriers and facilitators?

The most important barriers concerning the Ban are associated first with the gaps in the normative texts allowing violations to be dropped too easily and illogically in court and second, the lack of a specific definition of "indoor place", which is used for violating the Ban. There were some difficulties in meeting the requirements for ban on smoking in public places: a lack of motivation and confidence of smokers about the purpose of smoking ban, aimed at preventing health risks of tobacco use and passive smoking. The issue of ban of smoking has been politicized in order to achieve political advantages. In 2013, lawmakers filed to the 42th National Assembly proposals for repeal of the current ban on smoking. Ministry of Health managed to defend its position for health protection and maintaining the ban on smoking, in order to ensure an environment free of tobacco smoke. The proposal was not accepted, the total ban on smoking in public places remains.

What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?

The pre-condition were that Bulgaria ratified the Framework Convention on Tobacco Control of the World Health Organization, which entered into force for the Republic of Bulgaria on February 5, 2006. In 2009 the National Assembly adopted amendments to the Law of Health (SG. 41 of June 2, 2009) which introduced a total ban on smoking in indoor public places, indoor workplaces and public transport. Changes were to take effect from June 1, 2010. Another pre-condition is the Recommendation on smoke-free environments by the Council of the European Union, adopted as a guideline on protection from exposure to tobacco smoke, taken in conjunction with Article 8 of the Framework Convention on Tobacco Control, became an Annex to the Recommendation. These two documents set the start and the pre-condition to the success of the Ban.

What were, in your opinion, the main lessons to be learned?

The main lessons to be learned are related with the potential to build awareness of the harm of smoking and to support smoke-free legislation. Such effects will shape more favourable attitudes and social norms about quitting, which in turn can increase smokers' intention to quit. Moreover, laws regulations and administrative provisions of the country concerning the manufacture, presentation and sale of tobacco products have to be taken in more depth in order to facilitate the upcoming amendments in labelling and packaging, health warnings.

Web page related to the intervention

- <http://webcache.googleusercontent.com/search?q=cache:0Zijr9Y64EoJ:www.mh.government.bg/Articles.aspx%3Fflang%3Dbg-BG%26pageid%3D380%26currentPage%3D3%26categoryid%3D1058+&cd=1&hl=bg&ct=clnk&gl=bg>
- <http://dv.parliament.bg/DVWeb/showMaterialDV.jsp?idMat=64775>

References (with possible links) to the most important articles or reports on the intervention

<http://webcache.googleusercontent.com/search?q=cache:ht8iL-bYOHEJ:www.mh.government.bg/DownloadHandler.ashx%3Fid%3D6244+&cd=1&hl=bg&ct=clnk&gl=bg>

Other relevant documents:

Audio and video materials:

- http://webcache.googleusercontent.com/search?q=cache:IJqLJgN_KcJ:www.mh.government.bg/ForThePacient.aspx%3Fpageid%3D462%26home%3Dtrue%26categoryid%3D4368+&cd=1&hl=bg&ct=clnk&gl=bg
- <http://www.mh.government.bg/bg/informaciya-za-grazhdani/zdravosloven-nachin-na-zhivot/informirani-i-zdravi/nacionalna-kampaniya-sreshu-tyutyunopusheneto/>

Printed materials: <http://www.riokoz-vt.com/NEPUSHACHI.PDF>

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