



Editorial

Smoke-Free Policies in the Global South

In 2017, exposure to secondhand smoke (SHS) led to 1.2 million deaths and a loss of 36 million disability-adjusted life years globally.¹ Children and pregnant women are particularly vulnerable to SHS-related harms.² In children, SHS exposure increases their risk of acquiring lower respiratory tract infections,³ tuberculosis, and exacerbations of asthma. Children growing up in households with no smoking restrictions are also at risk of taking up smoking.⁴ In pregnancy, the deleterious effects may include premature births,⁵ low-birth-weight babies,⁶ congenital anomalies,⁷ and stillbirths.⁸

In high-income countries, the implementation of comprehensive smoke-free laws has been associated with improved health outcomes among nonsmokers, particularly children.⁹ Smoke-free laws in England led to a 7.6% reduction in neonatal mortality and a 7.8% reduction in stillbirths.¹⁰ Similarly, in Scotland, smoke-free legislation led to positive birth outcomes.⁹ On the other hand, despite 182 countries (90% of the world population) signed up to the WHO Framework Convention to Tobacco Control (FCTC), only 22% of the world population is protected from SHS exposure due to absence and/or poor enforcement of comprehensive smoke-free laws.¹¹ Although robust studies have informed and evaluated smoke-free policies in high-income countries, such evidence has been lacking in low- and middle-income countries.¹² This issue reports four well-conducted studies highlighting the impact of SHS exposure and the importance of contextual evidence in informing smoke-free policies and their implementation in low- and middle-income countries.^{12–15}

In this issue, Bardach et al.¹³ studied the potential health and economic gains of implementing comprehensive smoke-free policies in seven Latin American countries (Argentina, Bolivia, Brazil, Chile, Colombia, Mexico, and Peru). The study highlighted the significant health and economic burden posed by smoking with 345 373 deaths, 2.2 million disease events, and a health care expenditure of USD 25.4 billion. Using a probabilistic Monte Carlo microsimulation model, the study estimated that if comprehensive smoke-free policies were implemented, 180 000 premature deaths and 1.2 million events would be avoided and 13.1 billion USD would be saved over the next 10 years. The economic estimates may be underestimated as the study was conducted from a health care perspective, not taking account of indirect costs or productivity gains. Overall, the study provided robust estimates for the health and economic gains if comprehensive smoke-free policies are implemented when compared with the existing policies for the seven Latin American countries.

The second study by Mamudu et al.¹² examined the level of support for smoke-free policies among adults in four Sub-Saharan

African countries (Cameroon, Kenya, Nigeria, and Uganda). The support for smoke-free policies in eight public places was overwhelmingly high (>90%) except for bars; the support ranged from 65.8% for prohibiting smoking in bars in Nigeria to 99.7% support for places of worship in Cameroon. These findings are crucial for policymakers and advocates, as without evidence of public support, governments often hesitate to impose such policies fearing public backlash and losing authority. The study also found that better knowledge of SHS harms was associated with increased support for banning smoking in bars in three out of four countries. The study was limited to four Sub-Saharan African countries, but it utilized nationally representative data from Global Adult Tobacco Survey and reported public perceptions in previously underresearched populations. The study findings are crucial for the advocacy efforts in strengthening support for smoke-free policies in Sub-Saharan African.

In a survey analysis, Lin et al.¹⁴ explored the effect of smoke-free workplace policies on SHS exposure among 14 195 employees in 79 companies in China. The study confirmed that the policies were associated with reduced SHS exposure, lower smoking prevalence, and fewer numbers of cigarettes smoked per day. The evidence on the impact of smoke-free workplace policies is well established^{16–19}; however, such contextual evidence may still be needed in China where there is a lack of comprehensive smoke-free policies and most of the population is not protected from SHS. The authors reported how they would use the findings to engage with policymakers and organize country-wide training workshops.

This issue also reports a well-conducted systematic review of individual- and household-level interventions for reducing SHS exposure during pregnancy.¹⁵ The review reports limited and mixed evidence with most studies targeting pregnant women with little attention to behavior change of their smoking partners. Although the review provided a global narrative based on nine studies, it used single screening in selecting citations and was limited to a narrative synthesis. The authors recommended that the smoke-free interventions need to involve fathers/partners and include smoking cessation support. In the absence of strong evidence for interventions to reduce SHS exposure during pregnancy, the authors suggested that the policy- and population-level approaches (such as smoke-free policies) and educational interventions delivered in groups may be more effective in protecting pregnant women from SHS exposure than individual-level interventions.

The evidence on the impact of SHS on health and economy is well established. However, given that the vast majority of the global population remains exposed to SHS indicates real barriers in getting smoke-free policies in place. The contextual evidence, such as

provided in the aforementioned studies, is likely to contribute toward the advocacy efforts to implement comprehensive smoke-free policies in the global south. As shown above, smoke-free policies have just as strong effectiveness and public support in the global south as in the north. Moreover, the significant health and economic gains through implementing such policies can help low- and middle-income countries achieve sustainable development goals in health and a range of other domains such as economics, poverty reduction, environment, and education.

Supplementary Material

A Contributorship Form detailing each author's specific involvement with this content, as well as any supplementary data, are available online at <https://academic.oup.com/ntr>.

Mariam A. Khokbar PhD^{*} Kamran Siddiqi PhD
Department of Health Sciences, University of York, Heslington,
York, UK
Corresponding Author: Kamran Siddiqi, PhD, Department of
Health Sciences, Seeborn Rowntree Building, University of
York, Heslington, York YO10 5DD, UK. Telephone: +44 (0)
1904 321335; E-mail: kamran.siddiqi@york.ac.uk

Declaration of Interests

None declared.

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