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SCHOOL OF  
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## Evaluating progress towards a Smoke-free Ghana

*Smoke-free policies offer protection from second-hand smoke. Evaluation of smoke-free policy implementation provides evidence of progress towards a smoke-free society*

Tobacco is a growing cause of death and disease in sub-Saharan Africa (SSA). **77% of global smoking-related deaths** and **89% of secondhand smoke (SHS)** related-deaths occur in low-and-middle-income countries (1).

Reducing exposure to SHS is therefore an important public health challenge for countries like Ghana, where smoke-free legislation can have a significant impact. **Ghana has a partial smoke-free policy (SFP)**, which prohibits smoking in enclosed public areas including hospitality venues but allows for designated smoking areas.

### Box 1: WHO FCTC Article 8 – Smoke Free Environments

- Signatories to the World Health Organisation (WHO) Framework Convention on Tobacco Control (FCTC), or Parties, recognise the importance of evidence-based measures in tackling tobacco-related death, disease, and disability
- Article 8 of the FCTC requires Parties to adopt and implement effective measures providing protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places
- The WHO Afro Region advocates that all countries be compliant with Article 8 guidelines, however SFP's are poorly implemented in several sub-Saharan African countries.

### Box 2: Smoke-free policy in Ghana

- Ghana was one of the first countries to ratify the WHO FCTC in 2004
- The Tobacco Control Act was passed in 2012
- Section 58 of the Act prohibits smoking in indoor workplaces or any other public place except designated areas
- A legislative instrument introduced in 2016 (L.I. 2247) further reiterates the partial SFPs and provides guidelines for designated smoking areas.

A study completed by researchers at the School of Public Health, Kwame Nkrumah University of Science and Technology concludes that **in Ghana**, despite poor knowledge and compliance to the current SFP, **there is strong support for a public smoking ban.**

### Context

Tobacco use is increasing in Africa and almost 90% of people in Africa are unprotected from SHS<sup>1</sup> according to recent studies.

In Ghana, there is currently a **rise in tobacco use**, particularly water pipe, **among young people in Ghana**<sup>2</sup>. The non-smoking population are also exposed to SHS, particularly in hospitality venues (such as

bars, hotels, restaurants, night clubs, and pubs).<sup>3</sup>

The implementation of comprehensive SFPs can provide several benefits for population health including:

- A decline in SHS exposure leading to a substantial decline in heart disease morbidity and respiratory symptoms in the population.
- Reduced cigarette consumption among continuing smokers
- Increased successful cessation
- Reduced tobacco-use including shisha among youth

**Competing health priorities and limited resources** in countries in SSA including Ghana are responsible for the **low levels of implementation and poor compliance with SFPs**.

Ghana's current SFP is a partial policy and allows designated smoking areas. This study assessed the level of compliance to the current SFP using an objective method of air quality measurements and the knowledge, opinions and compliance to the provisions of the tobacco control act in hospitality venues in Ghana.

**Smoking amongst youth** (aged 11 – 17 years) **continues to rise** (up to 7%) and close to 50% of students are unaware of the harmful effect of SHS<sup>4</sup>. A third of the youth is also exposed to SHS in public places<sup>4</sup>.

Given that tobacco use is rising among the youth, and that young people are likely to congregate in hospitality settings, **it is important that SFP is thoroughly implemented in these settings to reduce SHS exposure**, encourage smoking cessation and reduce uptake.

The creation of 100% smoke-free environments is one of the most effective, science-based measures to protect the non-smoking population from the harmful effects of exposure to SHS. This report highlights the **need for a strengthening compliance and enforcement of the current SFP in Ghana**.

## Research Approach

The cross-sectional study presented in this brief was conducted in 152 hospitality venues (hotels, bars, pubs, and restaurants) from June to October 2019 in Kumasi, Accra and Tamale.

Three main data collection methods were used; a structured checklist to collect observational data covertly; air quality measurements using low-cost monitors across 152 randomly selected hospitality venues and face-to-face interviews with 142 staff and owners of hospitality venues on their knowledge, opinions and compliance to the current SFP.

Results from the research are shown in Table 1 below indicating differences in air quality in three different cities, by venue type and venue size.

**Table 1: Indoor PM<sub>2.5</sub> Measurements by city, venue type and size**

	Indoor PM <sub>2.5</sub> (ug/m <sup>3</sup> )			
	Median	Minimum	Maximum	IQR
<b>1. City</b>				
Accra (n=94)	15.8	6.0	23.8	17.2
Kumasi (n=45)	13.0	5.2	23.8	10.7
Tamale (n=13)	12.5	6.5	23.8	6.5
<b>2. Venue type</b>				
Hotels (n=101)	13.3	5.2	23.8	9.7
Bars/Pubs (n=22)	21.9	9.0	23.8	19.9
Restaurants (n=29)	22.0	6.5	23.8	19.9
<b>3. Venue Size*</b>				
Small	12.6	7.0	23.8	13.1
Medium	22.7	6.1	23.8	19.9
Large	13.9	5.2	23.8	10.7

\*Measurement by how many people can sit in this establishment: 1-15 = Small, 16-30 = Medium, >30 = Large. IQR: interquartile range. (WHO 24-hour air quality guidance for PM<sub>2.5</sub> -25 ug/m<sup>3</sup> [red])

**Table 2: Compliance with specific indicators in hotels, bars/pubs and restaurants**

Indicators	Type of Venue		
	Hotels (n=101)	Bars/Pubs (n=22)	Restaurants (n=29)
Presence of No Smoking signage	55 (54.5)	5 (22.7)	15 (51.7)
Presence of DSA's	4 (4.0)	1 (4.5)	5 (17.2)
Absence of smell of smoke	81 (80.2)	18 (81.8)	13 (44.8)
Absence of cigarette butts/ends	98 (97.0)	8 (36.4)	27 (93.1)
Absence of staff/customer smoking	98 (97.0)	8 (36.4)	19 (65.5)
Absence of ashtrays	94 (93.1)	15 (68.2)	22 (75.9)

\*Only one hotel in Kumasi was compliant with all indicators

## Key Findings

### Covert Observation of hospitality venues

Covert observation of hospitality venues reveals a **lack of compliance to current SFP** (table 2). This suggests a **heightened risk to the non-smoking population** in these areas and the associated air pollution drifting into adjacent indoor areas via open windows and doors.

### Air quality measurements

**Air quality was poorer in venues where smoking was observed** compared venues where smoking was not observed (table 1). Despite good progress in air quality as compared to earlier studies, the current public SFP does not fully meet the standards of Article 8 of the WHO FCTC as there is no risk free level of SHS and even brief/minimal exposure can cause harm.

### Survey of hospitality venue owners and staff

Despite a strong support for SFPs, hospitality venue staff lacks knowledge on tobacco control and current SFP. This suggests the need to educate hospitality industry workers as they have been known to have higher levels exposures to SHS.

## Implications for policy

The study highlights the poor compliance to SFP in hospitality venues in Ghana, thus poor protection for SHS exposure. However, in spite of poor knowledge and low compliance levels with current SFP, support for prohibition of smoking in public places by hospitality staff is high.

## Recommendations

1. Civil society and other actors should dedicate **resources to implement targeted media and educational campaigns** to inform the public/hospitality workers about the SFP and the health hazards of SHS to non-smokers.
2. The Food and Drugs Authority and Ministry of Health should **continually**

**monitor compliance and enforcement** of the existing SFP is needed.

3. As part of the government's obligations under the FCTC, a **review of the current SFP** is required to facilitate the adoption of the implementation of the comprehensive SFPs.

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### Full research papers

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