

Attachment 3. Policy Brief



**AMERICAN UNIVERSITY OF ARMENIA
CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT**

**POLICY RECOMMENDATIONS
BASED ON THE RESULTS OF RESEARCH ON
“ATTITUDES, PRACTICES, AND BELIEFS TOWARD WORKSITE
SMOKING POLICY AMONG PRIVATE AND PUBLIC
ADMINISTRATORS IN ARMENIA”**

(The research was conducted within the framework of the Small Grants Program
administered by the International Development Research Center, Canada)

**Prepared by Narine Movsisyan
Center for Health Services Research and Development
American University of Armenia**

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Through 2004, Armenia made a breakthrough in the area of tobacco control policy, becoming a party to the WHO's international treaty on tobacco control, the Framework Convention on Tobacco Control, and later on, adopting a the Law of Republic of Armenia "Tobacco Realization, Consumption and Usage Limitations".

However, even the best legislation cannot bring the desirable outcome, saved human lives, if not appropriately enforced. The research project, entitled "Attitudes, practices and beliefs toward worksite smoking policy among business owners and public administrators in Armenia" was conducted by the Center for Health Service Research and Development of the American University of Armenia to identify options and obstacles for implementation of non-smoking policies at public and private workplaces in Armenia, with the ultimate aim of supporting FCTC enforcement by providing local evidence and sound policy advice on the issue of smoke-free workplaces. This research project was supported by a grant from Research for International Tobacco Control (RITC), an international secretariat housed at the International Development Research Centre (IDRC) in Ottawa, Canada, and the financial support of the Canadian Tobacco Research Initiative (CTCRI) and the American Cancer Society (ACS).

The survey was conducted among the top managerial staff of the 243 public and private settings in Yerevan, Gyumri and Vanadzor in June-July, 2005. The public institutions in health, education, culture and governance areas and registered business enterprises with at least 15 permanent employees were eligible for the survey. The available utmost comprehensive list of institutions in these strata was obtained from the Yellow Pages Armenia 2005. The worksites were selected at random within each stratum.

The research showed that support for implementation of tobacco-free worksite policy among public administrators and managers is very strong. In particular, 95% of the survey respondents supported smoking ban at health, educational and cultural institutions. Eighty one percent showed support for banning smoking in all state and private worksites. The number of employers who supported banning smoking in all state and private worksites was significantly higher among non-smokers than smokers.

Recommendation:

To use the existing momentum among mid-level administrators and managers to enforce the provisions of the RoA Law on restriction of smoking at worksites

(Article 11, point 1: to ban smoking in educational, culture, health institutions and public transportation,

Article 11, points 2-4: heads of institutions are responsible for establishing smoking areas in worksites (except restaurants, bars or individual businesses).

Based on the provisions of the acting RoA Law on restriction of smoking, we were able to identify three options for worksite policy:

- Smoking is prohibited in all indoor areas
- Smoking is allowed in halls and/or cafeterias
- Smoking is allowed in enclosed smoking rooms and/or separately ventilated enclosed rooms

According to our data, 70% of the respondents supported the prohibition of indoor smoking. About 76% opposed to smoking in cafeterias and halls. At the same time, about 70% of respondents would allow smoking in special smoking rooms and/or separately ventilated rooms.

Thus, it can be concluded that a significant proportion of public administrators misunderstood the term “indoor smoking ban” and favored both banning indoor smoking and smoking in the special and/or ventilated areas.

Recommendation:

Communicate a clear message that smoking ban in health, educational and culture institutions allows only outdoor smoking.

Avoid designating halls and cafeterias as places for smoking at worksites (that are legally allowed to have smoking areas).

Disseminate experience of other countries on smoke-free worksite policies with emphasis on the low cost-effectiveness of separately ventilated smoking areas.

The major finding of the study was that only about 38.0% of managers were aware of the state law that restricts smoking at workplaces.

Recommendation:

Critically evaluate the existing and develop new effective communication mechanisms to inform the public administrators about provisions of the RoA Law on restriction of smoking.

40.0% of managers shared an opinion that employees' demand for clear air will be helpful for the implementation of a non-smoking policy at the worksite. For 35.0% of respondents, health of employees and the state law were equally important reinforcing factors. However, the attitude toward a state regulation of worksite smoking differed significantly among state and private employers. Private entities favoured less state law as an assisting tool compared to state employers (22.2% vs. 47.0%). Liability of the employers and work safety were perceived as less important factors (31.3% and 27.5%, respectively). A public image was of concern in 18.0% of the respondents.

Recommendation:

Develop effective communication mechanisms to inform the business community about provisions of the national law.

Emphasize the liability of employers for health of employees and the work safety issues in communicating a message regarding smoke-free policies to employers.

Each second respondent (51.9%) mentioned mentality/culture of tolerance as an obstacle for implementation of smoke-free policies at worksite. More than half (67.0%) of the respondents agreed or strongly agreed that strong leadership is essential to ban smoking at workplace.

Recommendation:

Emphasize the importance of the compliance with established worksite regulations by senior management of the institutions.

One of five respondents (19.8%) believed that no barriers existed to implement smoke-free policy. The proportion of managers who believed that there are no barriers to implementation of smoke-free policy, was two times higher at [reportedly] smoke-free workplaces.

Lack of enforcement mechanisms, such as fines, and lack of follow up were perceived as obstacles to implementation of the policy by 21.4% and 26.3% of respondents, correspondingly.

Some potential obstacles, such as lack of space, incentives, and cost of implementation were not perceived as important factors.

Recommendation:

No considerable costs are associated with the implementation of worksite smoke-free policy.

The fine system should be established and wisely administrated to promote pro-health-oriented organizational culture at worksites.

External monitoring is needed to ensure the compliance with the law provisions at worksites.

More than half of the worksites (55.6%) had some type of smoking related regulation. Within the subgroups, having smoking related regulation was most often reported by the managers of medical and cultural settings (76.0% and 72.0%, respectively).

Recommendation:

Conduct case studies in institutions that have successfully implemented smoke-free policy to disseminate their positive experience.