

**SAFE policies: Barriers  
and opportunities for the  
expansion and improvement  
of compliance/enforcement**

JATC2–WP8 Smoke and Aerosol-Free  
Environment (SAFE) policies  
Contributes to Deliverable 8.1



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## Introduction

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The European Joint Action on Tobacco Control 2 -JATC2 was created to strengthen cooperation for tobacco control between Member States and the European Commission. Within this project, several institutions lead activities to achieve this goal.

As part of Work Package 8 (WP8) of JATC2, the Tobacco Control Unit of the Catalan Institute of Oncology (ICO) launched an experts' consultation with the overall goal to gather evidence that will allow Member of States to protect their population from exposure to second-hand tobacco smoke and aerosols produced by electronic cigarettes and other novel tobacco products.

The consultation was conducted via an online questionnaire with two sections. The section 1 of the survey explored barriers and opportunities for the expansion, compliance / enforcement of SAFE policies. The section 2 asked about best practices to expand SAFE policies. In this report we present the results of the analysis of Section 1 that was done by the WP8-partner, National Koranyi Institute of TB and Pulmonology, OKPI, Hungary.

## Methods

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In the first part of the questionnaire, questions assessing barriers and opportunities for the expansion, barriers and opportunities to the compliance with (enforcement of) SAFE policies, and tobacco or nicotine industries (and their allies) interference with SAFE policies (Qs A4–A5bis, A8–A9bis) were analyzed which included both quantitative and qualitative (open-ended) questions. For open-ended questions, a series of thematic analyses were conducted using subjective coding systems by three members of WP8. Responses were first categorized thematically, however, this classification resulted in a high number of categories (n=11-15) which were difficult to overview. Therefore, as a second step, we collapsed these into broader thematic categories (n=5-6)

Frequencies of thematic responses for open-ended questions were calculated considering both the total sample and samples of those who identified barriers of/opportunities for expansion of/ compliance with or enforcement of SAFE policies.

Tobacco industry interference with the expansion and enforcement of SAFE policies were assessed by two questions (Qs A6, A7) with response options no/small/moderate/large/very large interference. Frequencies for the extent of interferences with expansion and enforcement of SAFE policies were calculated.

In the second part of the questionnaire, questions assessing barriers and facilitators of implementing best practices about SAFE were analyzed (B1, Q2, Q3, and Q3bis). Responses for 'other' categories were analyzed thematically. Best practices were also categorized thematically into 7 broader types of SAFE policies. Descriptive statistical analyses were conducted to explore the distribution of best practice topics. Cross tabulation analyses explored the associations of barriers/perceived barriers and facilitators/perceived facilitators for the implementation of best practices about SAFE with topics of the best practice. That is, we explored respondents' perceptions about the nature of barriers and facilitators for the implementation of each thematic type best practices.

## Results

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Overall, out of the 110 invited experts, 63 experts from 29 countries responded to questions assessing barriers and opportunities for the expansion and improvement of compliance with SAFE policies (response rate: 57%).

## Expansion of SAFE policies

The majority of **identified barriers for the expansion of SAFE policies** were related to lobbying and funding activities of the tobacco industry (Table 1), including lobbying towards parliamentarians, public servants, health professionals or members of small business, and funding 'smoke-free' and 'harm reduction' campaigns, e.g., in social media as well as funding events promoting HTPs' social acceptability in enclosed places. Besides, they mentioned reluctance and low commitment of the government and authorities for the expansion of SAFE policies. This categories included opinions complaining about missing legislation for SAFE outdoor places, lack of prevention, monitoring, and strict sales regulation, and reporting government's perception that 'smoking has been solved'. Claims of specific settings against the expansion were reported as a barrier in similar proportion of the previous category. Specific settings included the hospitality and tourism sector, the small business sector, and private homes where expanded SAFE policies could be contrary to human rights. About one-tenth of responding experts mentioned misinformation about nicotine and tobacco products as a barrier for the expansion. That is, they perceived that the public as well as health professionals are misinformed or lack information about non-combustible nicotine and tobacco products, and believe the absence of evidence on the harmful health effects of nicotine and tobacco products. Lack of capacity and public or professional support for enforcing SAFE policies and some other barriers like not stigmatizing smokers were also mentioned.

Table 1. Barriers for the expansion of SAFE policies, n=63

Response categories	n	% n=63
Tobacco industry lobby and funding activities	15	23.8
Reluctance and low commitment of government and competent authorities for the expansion	13	20.6
Claims of specific settings against the expansion	13	20.6
Misinformation about current nicotine and tobacco products	7	11.1
Lack of capacity and public or professional support for enforcing	6	9.5
Other	4	6.3
No barrier	5	8.1

Despite these barriers, there were 47 respondents (74.6%) that identified **opportunities for the expansion of SAFE policies** (Table 2). More than one-quarter of experts believed that there would be opportunities for expanding SAFE policies to certain outdoor places such as beaches, parks, crowded places, places where children are present, hospitality venues, balconies of private homes, and cars. Improving supporting attitudes towards SAFE policies by citizens, politicians, governmental organizations, and NGOs could also serve as an opportunity. Some experts mentioned as an opportunity ongoing or recently started national 'smoke-free' or 'smoke-free generation' strategies as well as local campaigns and education for the general population to understand SAFE policies. Respondents also indicated a broad range of other opportunities including transparency of industrial financial operations, funding for smoking cessation services or for enforcing SAFE policies, and imposing a significant fine to deter. Although some experts argued the extension of SAFE legislation for nicotine and tobacco products, a few experts were opposed to expand smoke-free policies to these products.

Table 2. Opportunities for the expansion of SAFE policies, n=63

Response categories	n	% n=63
Expanding SAFE policies to certain outdoor places	17	27.0
Supporting attitude of citizens/politicians/governmental organizations /NGOs towards SAFE policies	8	12.7
Other	8	12.7
National 'smoke-free' or 'smoke-free generation' strategy	6	9.5
Local campaigns and education for understanding SAFE policies	5	7.9
Extension of SAFE legislation for nicotine and tobacco products	3	4.8
No opportunity	16	25.4

### Compliance with or enforcement of SAFE policies

There were 51 respondents (81%) that identified some barriers to the compliance with or enforcement of SAFE policies (Table 3). Almost one-third of respondents reported that the major barriers are the lack of human and financial resources and capacities to effectively control the compliance with SAFE policies and applying sanctions if necessary. Besides, the reluctance and low commitment of government and authorities to the improvement of compliance with or enforcement of SAFE policies were also often reported such as lack of comprehensive and clear legislations for SAFE as well as lack of institutional internal policies or legal frameworks for the enforcement of SAFE policies. Further identified barriers to the compliance with SAFE policies were lack of training for competent authorities' staff to communicate the importance of SAFE policies and lack of education about the health harms of outdoor SHS/SHA exposure and possibilities for behavior change strategies. Tobacco industry lobby towards parliamentarians, public servants, small business, and health professionals could also result in poorer compliance with SAFE policies. Some other barriers were mentioned sporadically, like low public support, lack of bonus/malus system in health insurance for smokers, or difficulty to expand SAFE policies in private homes.

Table 3. Barriers to the compliance with or enforcement of SAFE policies, n=63

Response categories	n	% n=63
Lack of human/financial capacity for supervision/enforcement	20	31.7
Reluctance and low commitment of government and authorities to the improvement of compliance with or enforcement of SAFE policies	11	17.5
Lack of training/education for authorities and/or the public	9	14.3
Other	7	11.1
Tobacco industry lobby and funding	4	6.3
No barrier	12	19

Less respondents identified **opportunities for the compliance with or enforcement of SAFE policies** (n=43, 68.3%) than barriers to it (Table 4). The majority of them recommended that competent authorities must have increased capacities to more powerfully enforce SAFE policies. Authorities should require and accept recommendations from tobacco control NGOs. Public education, awareness raising campaigns and regular communications about the importance of SAFEs were also consistently mentioned by the respondents. Besides implementing such public campaigns, funding opportunities would also be necessary for nicotine and tobacco use prevention and for continuous monitoring. Some experts highlighted as an opportunity to expand comprehensive SAFE

policies for additional indoor and outdoor areas. Several other possible opportunities were identified, such as applying tax and TAPS measures on HTPs and e-cigs, resolving conflicting stances of health and financial ministries, promoting cultural changes towards SAFE, and controlling tobacco industry interference, especially related to heated tobacco products.

Table 4. Opportunities for the compliance with or enforcement of SAFE policies, n=63

Response categories	n	% n=63
More powerful enforcement authorities with increased capacities	13	20.6
Public education, awareness raising/communication campaign	10	15.9
Other	10	15.9
Comprehensive SAFE policies should be expanded for other indoor/outdoor areas	5	7.9
Funding for prevention/communication campaigns, and monitoring	5	7.9
No opportunity	20	31.7

### Tobacco or nicotine industries interference with SAFE policies

Out of 63 respondents, 49 (77.8%) indicated the extent of tobacco or nicotine industries (TNI, and their allies) interference with the expansion or enforcement of SAFE policies in their countries. Near half of respondents believed that tobacco or nicotine industries largely or very largely interfere with the expansion of SAFE policies. In contrast, more than half of respondents perceived that there is no interference -or just in small extent- with the enforcement. These results are in concordance with the findings of the previously presented qualitative questions.

Table 5. The extent of tobacco or nicotine industries (and their allies) interference in respondents' countries, n=49

Interference with...	Extent of interference, n (%)				
	No	Small	Moderate	Large	Very Large
the expansion of SAFE policies	1 (2.0)	11 (22.4)	15 (30.6)	14 (28.6)	8 (16.3)
the enforcement of SAFE policies	9 (18.4)	19 (38.8)	13 (26.5)	2 (4.1)	6 (12.2)

Supplementary table 1. Barriers for the expansion of SAFE policies by countries

Countries	Tobacco industry lobby and funding activities	Reluctance and low commitment of government and competent authorities for the expansion	Claims of specific settings against the expansion	Misinformation about novel nicotine and tobacco products	Lack of capacity and public or professional support for enforcing	Other
Austria	2			1		
Belgium		1				1
Croatia	-	-	-	-	-	-
Cyprus		1			1	
Czechia	2	1				
Denmark		1	2	1		
Estonia	1					
Finland		1	1			
France	1			1		1
Germany	1	1			1	

Countries	Tobacco industry lobby and funding activities	Reluctance and low commitment of government and competent authorities for the expansion	Claims of specific settings against the expansion	Misinformation about novel nicotine and tobacco products	Lack of capacity and public or professional support for enforcing	Other
Greece						1
Hungary	–	–	–	–	–	–
Ireland	1			1		
Italy	1					
Latvia	1	1				
Lithuania		1				
Luxemburg			1			
Malta		1		1		
Netherlands		2	1	1	1	
Norway			1		1	1
Poland					1	
Portugal	1					
Serbia	–	–	–	–	–	–
Romania	1			1		
Slovakia	–	–	–	–	–	–
Slovenia	2	1	3		1	
Spain	1		1			
Sweden			1			
UK		1	2			

In red: countries where none of the experts reported barriers/opportunities.

Supplementary table 2. Opportunities for the expansion of SAFE policies by countries

Countries	Expanding SAFE policies to certain outdoor places	Supporting attitude of citizens / politicians/ governmental organizations / NGOs towards SAFE policies	National 'smoke-free' or 'smoke-free generation' strategy	Local campaigns and education for understanding SAFE policies	Extension of SAFE legislation for novel nicotine and tobacco products	Other
Austria	1				1	
Belgium	1		1			
Croatia	–	–	–	–	–	–
Cyprus	–	–	–	–	–	–
Czechia	1					1
Denmark	2	1				
Estonia	1					1
Finland		1				
France		1	1	1		
Germany			1	1		
Greece	1					
Hungary	–	–	–	–	–	–
Ireland	1			1		1
Italy	1			1	1	
Latvia	–	–	–	–	–	–

Countries	Expanding SAFE policies to certain outdoor places	Supporting attitude of citizens / politicians/ governmental organizations / NGOs towards SAFE policies	National 'smoke-free' or 'smoke-free generation' strategy	Local campaigns and education for understanding SAFE policies	Extension of SAFE legislation for novel nicotine and tobacco products	Other
Lithuania						1
Luxemburg	1					
Malta						1
Netherlands	2					1
Norway	1	2				
Poland	1					
Portugal	-	-	-	-	-	-
Serbia	-	-	-	-	-	-
Romania					1	
Slovakia	-	-	-	-	-	-
Slovenia		2	3	1		
Spain	1					
Sweden		1				1
UK	2					

Supplementary table 3. Barriers to the compliance with or enforcement of SAFE policies by countries, n=63

Countries	Lack of human/ financial capacity for supervision / enforcement	Reluctance and low commitment of government and authorities to the improvement of compliance with or enforcement of SAFE policies	Lack of training / education for authorities and/ or the public	Tobacco industry lobby and funding	Other
Austria	1	1			
Belgium	1		1		1
Croatia	-	-	-	-	-
Cyprus		1			
Czechia		1	1		1
Denmark	-	-	-	-	-
Estonia					1
Finland					1
France	2	1	1	1	
Germany	1				1
Greece	-	-	-	-	-
Hungary	-	-	-	-	-
Ireland	1		1		
Italy	1		1	1	
Latvia	-	-	-	-	-
Lithuania	1		1	1	
Luxemburg		1			
Malta	1				



Countries	Lack of human/ financial capacity for supervision / enforcement	Reluctance and low commitment of government and authorities to the improvement of compliance with or enforcement of SAFE policies	Lack of training / education for authorities and/ or the public	Tobacco industry lobby and funding	Other
Netherlands	2	1			
Norway	1		1		
Poland			1		
Portugal	1				
Serbia	–	–	–	–	–
Romania	1	1	1		
Slovakia	–	–	–	–	–
Slovenia	3	2		1	
Spain	1	1			
Sweden	1	1			
UK	1				

Supplementary table 4. Opportunities for the compliance with or enforcement of SAFE policies by countries, n=63

Countries	More powerful enforcement authorities with increased capacities	Public education, awareness raising / communication campaign	Comprehensive SAFE policies should be expanded for other indoor / outdoor areas	Funding for prevention / communication campaigns, and monitoring	Other
Austria	2	1	1		
Belgium		1			
Croatia	–	–	–	–	–
Cyprus	–	–	–	–	–
Czechia			1		
Denmark			1		
Estonia		1			
Finland	–	–	–	–	–
France	1				
Germany	2				
Greece			1		
Hungary		1		3	
Ireland	1		1		
Italy	–	–	–	–	–
Latvia	–	–	–	–	–
Lithuania	1			1	
Luxemburg	–	–	–	–	–
Malta		1			
Netherlands	2	1			
Norway	1				
Poland		1			
Portugal	–	–	–	–	–

Countries	More powerful enforcement authorities with increased capacities	Public education, awareness raising / communication campaign	Comprehensive SAFE policies should be expanded for other indoor / outdoor areas	Funding for prevention / communication campaigns, and monitoring	Other
Serbia	–	–	–	–	–
Romania		1		1	
Slovakia	–	–	–	–	–
Slovenia	2	1			
Spain	–	–	–	–	–
Sweden	–	–	–	–	–
UK	1	1			

## SECTION1: DESCRIPTION OF BARRIERS AND OPPORTUNITIES for SAFE

Supplementary table 5. Description of barriers and how are they preventing the expansion of smoke and aerosol-free environments.

Country	Description of barriers and how are they preventing the expansion of smoke and aerosol-free environments.
Austria	Since November 1, 2019, there has been a general smoking ban in the hospitality sector in Austria. Initially, the general smoking ban in the hospitality sector was already approved by parliament. However, after the general elections the new government withdrew this ban in March 2018 before it could have entered into force. Only after the end of that governmental period, parliament was able to agree on the existing smoking ban in 2019.
Austria	The influence of the tobacco industry is a barrier. A strategy seems to be to support semi-official people such as professors of universities or representatives of official health related organisations which are perceived as „neutral“. Those few people are defending electronic cigarettes and HTP as reduced risk products. They are not many, but get a lot of attention. Their approach to nicotine products appears much more professional and of higher quality than those to other topics. They are perceived as „neutral“ by the general population and are not officially connected to the tobacco industry.
Belgium	Our current Belgian legislation allows separated and ventilated smoking rooms in work offices and in bars and restaurants. Once employers or bar/restaurant owners have made those investments, it is hard to turn back. Another exception in our law: private rooms (in prisons, in elderly care, ...). Also hard to turn back.
Belgium	Some political parties seem to be ‚allergic‘ to smoking bans.
Cyprus	Political interest in expanding the Tobacco law to include them. Also the law as written does not provide any implementation power and as such the law cannot be enforced in any capacity
Czechia	Lobbism of tobacco industry, no willingness to tobacco free environment and to implement health recommendation to change the policies. Low health literacy of policy and decisions makers.
Czechia	Mainly tobacco industry's marketing of heated tobacco (not EC)
Denmark	The barriers depend on the type of location. For instance in small bars there is a perception, that the elderly bar guests should be allowed to smoke and drink as it is their only pleasures left. Outdoors there might be a lack of understanding of the exposure and health risks associated with outdoor smoke and a caution of too much regulation and prohibitions especially in private homes and cars.
Denmark	The barriers concerns : non-existent or unclear legislation when it comes to smoke and aerosol free public places, fx beaches, park-areas and other outdoor facilities, cafés (outdoor serving, outdoor festivals for young people, playgrounds, platforms for trains, buses, etc.- and also small bars (smoking indoor) General perception among people that smokers are free to smoke anywhere out-door
Estonia	For example, in apartment buildings, there is a problem with neighbours smoking. Our Tobacco Act does not regulate anything concerning private owned/property as the apartment itself is. It regulates only the parts of the apartment building that are for everyone to use, like the corridors. The barrier seems to be in the extent to wich government can interfier in regards to private property. In reality, when someone smokes in their apartment, the smoking smell goes through ventilation or construction cracks, windows and terrasses to the neighbour apartments and that is very disturbing for the people who are healthy and not smokers.

Country	Description of barriers and how are they preventing the expansion of smoke and aerosol-free environments.
Estonia	smokers themselves and distributors of electronic cigarettes
Finland	There are some actors who do not want total smoking ban for example in workplaces or restaurants. Therefore smoking rooms are still allowed (however, smoking rooms are not very common).
France	The obstacles are mainly the following: - on the one hand, a very structured opposition from the tobacco lobby led by the tobacconists. They are established everywhere in France and have developed a close network of relations, in particular with elected officials. They also have a status of official representative of the administration (préposés de l'administration) and put direct pressure on the government – especially the budget ministry due to contract with customs - by this means. - on the other hand, the prevalence of smoking in France remains high despite a decrease in recent years. This high prevalence means that the process of tobacco denormalization is not yet complete. These are „structural” obstacles. In addition, there are the consequences of the COVID 19 crisis, which was marked by the adoption of restrictions. Today, public authorities are to some extent reluctant to adopt restrictive and binding measures for fear of inconveniencing the population, despite the fact that the majority of the population would be in favor of such measures, including smokers.
France	The ban on vaping in indoor places has been submitted for the advice of the High administrative Curt. The Conseil d'Etat considered that in the absence of evidence proving the deleterious effects on health of the electronic cigarettes, a generalized ban such as that of tobacco could not be justified. the Curt accepted the principe of a ban in the places occupied by childs and minors, for reasons of protection of young people and in places of transport for reasons of public order.
Germany	There are 16 Federal states and smoke-free laws and regulations are national law - except for workplaces and public organisations. Some states are improving their laws to include new nicotine and tobacco products. Actually two of 16 have done so.
Germany	Heavy lobbying of tobacco and e-cigarette industry are hindering the inclusion of e-cigarettes into existing smokefree legislation. Low interest and committment of politics to change existing smokefree legislation.
Greece	use of movable walls to turn outside areas into indoor areas (especially due to the good Mediterranean weather all year round)
Ireland	Vaping industry lobbyists advocating for a harm reduction approach and successful quitters who have quit tobacco but switched partially or completely to E cigarettes rowing in on any debate online or in other fora about how helpful they have been in helping them quit tobacco
Italy	Tobacco related stakeholders hinder any expansion of smoke and aerosol-free environments. The Italian Union of Tobacconists (Unione Italiana Tabaccai - UIT), but also the Italian Ministry of Agriculture and Economic Development and the Italian Ministry of Finance, strongly oppose smoke free policies. These ministries believe that tobacco farming and the industrial production of tobacco products are employment and wealth. Moreover, many political parties (regardless of political orientation) received funds from the tobacco industry.
Latvia	Lack of support from politicians, lobby
Lithuania	political will and resources for enforcement
Luxemburg	the organization that represents the restaurants, bars, cafeterias and pubs in Luxembourg has always strongly opposed to smoke free policies and is opposed strongly to the ban in outdoor terraces of bars and restaurants.
Malta	Political will; lack of knowledge by general public of emissions from non-conventional tp
Netherlands	In the Netherlands, there is a strong bottom-up movement of environments (e.g. outdoor hospitality venues, sports clubs, playgrounds et cetera) that become smoke-free on a voluntary basis. This is great, but also leads to the perception that legislation is not necessary to expand smoke and aerosol-free environments. Another barrier with regard to outdoor hospitality venues is that Koninklijke Horeca Nederland (the representative association for the hospitality sector) is against legislation as a means to create more smoke-free outdoor hospitality venues (indoor hospitality venues are already smoke-free by law). KHN does endorse the bottom-up movement of smoke-free hospitality venues.
Netherlands	- a ban must be enforceable -constitution (control over what to do at home) takes precedence over protection of the employee in a home situation -government reluctance to introduce bans in general
Netherlands	Public support for more restrictions in personal and outdoor public spaces, as the percieved harm for others is low.

Country	Description of barriers and how are they preventing the expansion of smoke and aerosol-free environments.
Norway	Although there is support for an expansion in the population (according to annual polls commissioned by the Norwegian Cancer Society) some political parties and/or politicians oppose an expansion claiming the policy will „stigmatise” smokers. “Stop bothering smokers” is their message. Some even characterise the proposed smoking bans/policies as a witch hunt on smokers, „health taliban” etc.
Norway	A lot of discussion around expanding the smoking bans to private homes. The Ministry receives a lot of complaints from people who are experiencing passive smoking from neighbours as the smoke enters their homes through balconies, windows or the walls or ventilation system. The barrier is arguments that smoking bans in private homes is contrary to human rights and right of privacy for the smoker, and that a smoking ban (even in extreme cases) would be going too far. Other proposed expansions that we are currently in the process of implementing (i.e. private cars with minors, outdoor playgrounds, outdoor sporting facilities and outdoor transport areas) have not received any negative push-back.
Poland	There are two major areas, where the ban can be extended: - private cars with children (no rules; public debate and high support) - ban on balconies in block of flats (public debate, moderate support) Moreover, there is a fine for smoking in public places, but no one respect this rule. Even the police do not respect this law (limited number of fines).
Portugal	The barriers are related to the industry interference and also some politicians and members of the Portuguese Parliament are trying to ammend the smoke-free law in order to consider breaches to vaping and heated tobacco products based on harm reduction unproved claims.
Romania	- the lobby done by the tobacco industry to influence the decision makers (e.g. parliamentarians, public servants) in order to reject any legislative initiative regarding regulation of HTPs’ and e-cigarettes’ use - social media promotes intensively and target-adapted (for young adults and teens) the „smokefree” and „less dangerous” products (namely HTPs and e-cigarettes) - through campaigns funded by the industry - many events are promoting HTPs as „social acceptable” including their use in enclosed spaces (even in workplaces). Such events are sponsored by the industry - the health community is misinformed or is missing the information about the HTPs and e-cigarettes and thus, sometimes, are even encouraging the use of HTPs and e-cigarettes as „less dangerous then cigarettes” and as an option for those who can’t quit . Some doctors are smoking HTPs even in their offices, in hospitals. - this subject is still perceived as „controversial/ debated/ disputed” even by some tobacco control advocates or health professionals as the evidences look to be uncertain/ of poor quality. Thus, it is difficult to find support from professionals, for changing the regulations.
Slovenia	The influence of the tobacco industry. There is too little emphasis on prevention. There is no regulation of the purchase of tobacco products and tobacco related products over the internet. Tobacco and tobacco related products are easily available and the prices are low. There is insufficient monitoring. There is insufficient awareness and information about the harmfulness of these products in primary and secondary schools.
Slovenia	TOURISM AND HOSPITALITY CHAMBER OF SLOVENIA and The Chamber of Craft and Small Business of Slovenia could oppose and also involve political allies.
Slovenia	Expansion of smoke-free places is planned in the current strategy and as in the past certain organizations would oppose expansion of smoke-free places, such as Tourism and Hospitality Chamber and Chamber of Craft and Small Business as they would claim that the expansion would hurt their respective businesses. They would activate political allies, be very active in media. The industry would also be supporting this opposition.
Slovenia	In 2007 Slovenia has baned smoking on restaurants and bar terraces if they are closed space. By our law : ‘A closed space is a space that is covered by a roof and has more than half of the area of the associated walls or sides closed, regardless of the type of material used for the roof, walls, sides and regardless of whether the building is permanent or temporary. Windows and doors count as part of the enclosed area. If the area of the roof is greater than half of the area of the space defined by the associated walls, and more than half of the area of these walls is completely closed, it is a closed public space.’ The compliance level is high. But the expansion of the ban of smoking in outdoor restaurants and bars terraces and outdoor public places as sports areas, parks, amusement parks, public children’s playgrounds, beaches... nationwide is by knowledge not having enough suport, by citizens, politicians and diferent Chambers of Commerce.
Sweden	According law, there is no smoking ban in private environments such as in your home or other premises for residents that are not temporary. Based on this, it is not prohibited to smoke in flats and appurtenant patios or balconys in apartment buildings. This may cause great inconveniences for the neighbours.
UK	Homes are considered as private space as therefore smoke free homes are unlikely to be legislated

Country	Description of barriers and how are they preventing the expansion of smoke and aerosol-free environments.
UK	A feeling in the public health community that ,smoking has been solved' and no further measures are required. Also the feeling that measures stigmatise smokers and that we should ensure that such stigmatisation does not take place.

Supplementary table 6. Description of barriers and how are they preventing the improvement of compliance / enforcement of smoke and aerosol-free environments.

Country	Description of barriers and how are they preventing the improvement of compliance / enforcement of smoke and aerosol-free environments.
Austria	The first barrier is the surveillance of the smoking ban in hospitality. The inspections only take place on weekdays and during the day. Everyone knows that. Official inspections should be extended to evenings and weekends. The second barrier are the strict regulations, which are generally to be endorsed, but overshoot the target at some place. In some settings (e.g. schools), strict bans lead to ignorance as it is unrealistic to follow them all the way, because you can't simply ignore the smokers' needs. Since they are not allowed to smoke anywhere (not even in open spaces outdoor), „illegal” smoking zones sometimes form. But overall, smoke-free policies are well accepted and respected.
Belgium	We do not have budget for communication campaigns that explain the (reasons) for smokefree environments. We do not have budget for more enforcement.
Belgium	This is not a main priority.
Cyprus	Lack of legal framework for enforcing any law aspects
Czechia	Relying more on evidence-based data and scientific findings
Czechia	Low health literacy of public, low price of the tobacco products, influence of social networking, nicotine addiction, no existence of bonuses and maluses regarding to health insurance for smoke users.
Czechia	Hardly, because there are no global restrictions - just each facility can do it. And if they choose this ban, than it works.
Estonia	smokers themselves and distributors of cigarettes - against the e-legislation
Finland	It is difficult to find good solutions to enforce smoking ban in private balconies/homes if smoke disturbs neighbours.
France	Obstacles to the enforcement of smoking bans are mainly the result of the lack of controls and the development of certain circumventions of the ban. This is particularly the case for terraces. The absence of controls leads to the absence of sanctions in case of infringements and therefore to a permanent risk of slackening. Moreover, certain bans have been adopted, such as the ban on smoking in cars in the presence of minors, but no information or communication campaign has been deployed and the measure remains unknown and therefore not applied. In addition, exposure to second-hand smoke is often perceived as a mere nuisance and not as a health risk. Even if the situation has evolved favorably with the adoption of smoking bans, information on this risk should be disseminated more regularly, because in the end, the effectiveness of the measures depends essentially on their appropriation by the population and on its support for the bans. There are some differences in the smoking and vaping legislation. The lobby in favor of electronic cigarettes is also strong and the health community is divided in France on the measures to adopt.
France	the main barriers relate to the definition of the indoor-outdoor places: for example the terraces of the Hospitality services, or the zone between the public way and the access of the public buildings. Also, we do not have public servants with competence to enforce the law.
Germany	Smoke-free products are promoted as „safer products. Advertisement for e-cigarettes is still allowed until 2024.
Germany	Not enough controls and not enough personnel to control the policies, especially in the hospitality sector.

Country	Description of barriers and how are they preventing the improvement of compliance / enforcement of smoke and aerosol-free environments.
Ireland	Our inability to use fines to help enforce smoking bans in outdoor spaces on health care grounds particularly. The HSE tobacco free policy is currently under review and legal advice was sought on this measure. Currently this is not possible and if implemented would be subject to legal challenge as well as administratively burdensome. Busy and challenged staff (crowded ERs, Covid, understaffing and staff retention challenges etc) all leave little space and appetite among managers to enforce the policy among staff. Lack of training for staff in communicating the policy. Fear of instigating potential incidents of violence or aggression if staff communicate the policy to visitors or clients. A lack of understanding of best practice in the treatment of tobacco dependence among staff and an apparent empathetic approach to policy breaches by facilitating smoking on site or ignoring breaches to the policy.
Italy	Political interest in supporting tobacco industry is one of the main barriers. Tobacco industry advocacy are very powerful in creating the idea that supporting tobacco, from production to sale, means creating and maintaining jobs and wealth. Surveillance and sanction are scarce especially in the health sectors, where for example in hospitals, everyone knows everyone, and it is difficult for an officer to report a violation by a superior or friend. Moreover, outdoor smoking/vaping is considered safe by many people.
Lithuania	resources for enforcement, limited quit services, industry activity and corruption
Luxemburg	The main barrier is a political disinterest in enforcing tobacco control laws. And when it is a citizen who reports a breach of the law, answering these complaint calls is at the bottom of local police.
Malta	lack of human resources
Netherlands	Not all educational facilities seem to be able to get their students to comply with smoke-free legislation for their outdoor premises. The Dutch enforcement authority (de Nederlandse Voedsel- en Warenautoriteit, NVWA) does not seem to have enough capacity to do checks at school premises and enforce the outdoor smoking ban for educational facilities adequately.
Netherlands	First: what exactly do you mean with compliance? E.g. at schools: compliance by students? by staff? by official control agencies? Barriers include: -population support not complete -lack of strong control institution
Norway	1. Lack of resources for supervision and enforcement is one explanation. 2. There is high compliance when it comes to indoor bans. These are well established and accepted also among smokers and primarily self-regulated. But people/smokers/politicians probably do not yet fully understand or accept the arguments for, or the importance of outdoor smoking bans justified in terms of health and protection of vulnerable groups as well as being a major tobacco control (prevention) measure. Better data on (possible) outdoor offenses / lack of compliance would help as well as more data on the health consequences of passive smoking outdoors.
Poland	It has limited public awareness of the health effects of SHS exposure. There is a relatively high public acceptance of smoking in bus stops/train stops and outdoor (e.g. when walking).
Portugal	There is low or no enforcement since the policy institutional force responsible for this claims not having resources allocated to this task. Also, it is very difficult to apply sanctions because the PT law is very bureaucratic and ineffective; nevertheless, the compliance is high and PT people are very supportive of smoke-free places.
Romania	- the lack of internal policies for compliance and for enforcement in hospitals and governmental institutions is the main barrier. Both controls (more rigorous) and pro-active attitude from the responsible institutions (e.g. Ministry of Health, other ministries ) could help improve the compliance - the control authority (the Ministry of Internal Affairs) is sometimes „to shy” to enter and to control if people is smoking in hospitals or ministerial buildings. Empowerment by health education and behavioral strategies could be helpful.
Slovenia	Politicians are not interested enough in introducing laws to bring real change. It is difficult to achieve an increase in excise duties on tobacco and tobacco related products. There is also a problem with how the tobacco industry declares new tobacco products to avoid tobacco laws. Declaring new tobacco products should be stricter.
Slovenia	Lack of human and financial resources of surveillance institution. Complicated surveillance process.
Slovenia	Low number of inspectors and their working time, the way violations are proven on the spot (sensory). If a person reports a violation, it is not always easy to prove the violation after it has happened. From my personal experience violations on e-cigarette use and HTPs use often occur in closed public places where there is a closed group of people, such as weddings, large family gatherings etc.
Slovenia	Not enough Health inspectors, apart from inspecting Tobacco Law, they have another 19 areas, which also have to be inspected.



Country	Description of barriers and how are they preventing the improvement of compliance / enforcement of smoke and aerosol-free environments.
Sweden	Culture and the lack politicians discussions are needed.
Sweden	Lack of monitoring the adopted legislation.
UK	Lack of budgets for environmental health officers/departments. Very limited enforcement activity now takes place. Shortage of EHOs - limited time and need to focus on other issues. Again, the feeling that ,smoking has been tackled' and other issues are more important.

Supplementary table 7. Description of opportunities and how could they facilitate the expansion of smoke and aerosol-free environments.

Country	Description of opportunities and how could they facilitate the expansion of smoke and aerosol-free environments.
Austria	So far, the non-smoker protection regulations in Austria only apply to indoor areas. One approach to expand them would be a smoking ban in specific outdoor areas, which is however up to the political decision making process.
Austria	In my opinion the inclusion of device systems of HTP is an opportunity, too. Currently only cigarettes of HTP are included, but not their device systems. Regulations for electronic cigarettes on the other hand, include both liquids and device systems. This fact leads to differences in smoking bans, advertising bans, health warnings and taxation. I also see the opportunity to get nicotine pouches regulated.
Belgium	Due to COVID-19 smokers are used to wear masks what makes smoking difficult. This can facilitate smokefree terraces outside the bars and smokefree train platforms
Belgium	The campaign Generatie Rookvrij (Generation Smoke Free) increases the support base for the expansion of smoke and aerosol-free environments. Furthermore, our government launched a ,strategy for a smoke-free generation earlier this year and one of the objectives in this strategy is ,a ban on smoking in certain outdoor places'
Czechia	Smoke-free environments should not be expanded for alternative tobacco products as they serve as smoking cessation tools. The current ban on the use of conventional cigarettes in certain places should not be expanded to cover alternative tobacco products - those using alternative tobacco products should not be exposed to second hand smoke from conventional cigarettes.
Czechia	To establish smoke free outdoor places, smoke free nature parks, ban on smoking in private cars, better enforceability of ban of smoking, to ensure zero tolerance of superiors towards smokers and their workbreaks (eg. nurses, doctors...)
Czechia	Tobacco industry, mainly PM - but this is according to HTP, not EC, please see the big difference between those products
Denmark	Indoors there is a potential for smoke free bars and restaurants, especially with focus on young people (both employees and customers). There is also an opportunity for making private daycares smoke-free, as the majority of municipalities have implemented smoke free working hours for their staff. On a voluntary basis there is also a potential for smoke-free multi-unit housing. Outdoors there is definitely a potential for smoke-free environments where especially children and many people are closely gathered. A majority of the population support smoke-free beaches, hospitality venues and sports arenas.
Denmark	There are opportunities for: -smoke free bars and restaurants, focus on working conditions -Smoke free public areas such as playgrounds, stadia, parks, beaches, transport-areas, in front of entrances etc. -Smokefree workplaces - public and private (You can't drink alcohol at work)
Estonia	There are still unregulated open public spaces like beaches, parks. Also problematic is the private owned apartments regulation.
Estonia	resolute opposition to expansion
Finland	Attitudes of both citizens and politicians towards smoke-free environments are nowadays very positive.

Country	Description of opportunities and how could they facilitate the expansion of smoke and aerosol-free environments.
France	There are more and more local initiatives, at the level of cities or agglomerations of municipalities, to extend smoking bans to the vicinity of schools, in parks, on beaches, etc. The population is supportive of these measures, including smokers, as long as communication and educational support are associated with the banning measures. In addition, initiatives are also being developed to extend smoking bans for environmental reasons. Finally, France has set itself the goal of achieving a smoke-free generation by 2032. This strong goal at least partially overcomes the uneven political commitment to tobacco control. Thus, a new National Tobacco Control Program is currently being developed and should include a component on the development of new tobacco-free venues.
Germany	NGOs, Public Health organisations and alliances like „German Smoke-free Alliance“ are demanding the expansion of smoke-and aerosol-free environments. A „Strategy for a tobacco-free Germany 2040“ was developed in 2021 and is communicated with politicians and stakeholders. A national campaign of the Federal Drug Commissioner „Smoke-free living“ was started 2021 and is continuing and funded. The Federal Drug Commissioner invited partners to support the campaign in the development and dismission process.
Germany	In 2021, one of the federal states (Hesse) included e-cigarettes and heated tobacco products in the federal smokefree legislation. This may serve as an example for the other federal states and might be a starting point to strengthen smokefree legislation.
Greece	outside hospital areas outside hospitality areas (more difficult)
Ireland	In my opinion if the Department of Health introduced legislation banning outdoor smoking in healthcare grounds, school outdoor grounds universities, beaches and outdoor public tourist amenities and parks etc there would be a significant shift in implementation. There would inevitably be some breaches but for the most part the Irish population comply with legislation. Significant fines would be a deterrent. The environmental impact of tobacco and tobacco litter has also not been exploited adequately in Ireland
Italy	First opportunity would be the updating of the law on the smoking ban (the so-called ‚Sirchia law‘) with the equating of electronic cigarettes and heated tobacco products to traditional cigarettes and the extension of the smoking ban also in outdoor crowded places, such as the outdoor areas of bars and restaurants, parks, stadiums, and beaches. A Bill providing for this (S. 1580 - Amendments to Article 51 of Law No. 3 of 16 January 2003 on the introduction of the smoking ban in outdoor areas) was presented in the Senate in October 2019 and assigned in February 2020 to the 12th Committee on Hygiene and Health, but then remained at a standstill and now with the dissolution of the Chambers (July 2022), the legislative process is halted and, therefore, it will be necessary to resubmit the bill in the next legislature Other opportunities would deal with the spreading of outdoor smoke and aerosol-free environments. Indeed, these initiatives are realized in some local areas. In Italy, in Milan, from 1st January 2021, there is a local law which bans smoking in public outdoor venues, at the bus stops, in parcs. Also, the ban of smoking at the beaches is spreading all over Italy from north (the first place was Bibione, near Venice) to south, but still they are patchy local initiatives. Last but not least, another opportunity will be investing in education and advocacy focusing on the environmental damages caused by tobacco which is especially worthy with young people.
Lithuania	funding quit services funding enforcement transparency requirements and registry for all liaisons with industry transparency of industry financial operations related to NGOs, media and advertising agencies, marketing budgets and similar
Luxemburg	Opportunities for expansion of smoke and aerosol-free environments were included and discussed in the frame of our National Tobacco Control Plan 2014-2018 ( <a href="https://sante.public.lu/fr/publications/p/plan-national-tabac-2016-2020.html">https://sante.public.lu/fr/publications/p/plan-national-tabac-2016-2020.html</a> ). This resulted in the adoption of concrete measures in our antitobacco law in order to expand smoke and aerosol free environments to open children play areas, open sports arenas when children below 16years are doing sports and in private cars when children below 12 years are on board.
Malta	provide more health information; increase human resources, extend scope of national regulations
Netherlands	Recently, there has been considerable media attention in the Netherlands for smoke-free outdoor hospitality venues, including discussions about legislation. This is the result of a bottom-up movement of outdoor hospitality venues that are becoming smoke-free voluntarily. This movement is growing and can pave the way for legislation. To a lesser extent, the same development takes place with regard to other outdoor environments, e.g. sports clubs, health-care facilities and public transport.
Netherlands	First: do you mean by policies only laws? or including agreements. Because: we do have several agreements (e.g. smokefree health care) that could be much stronger when they would be in a law. Now we have the discussion with the ministry: why did you so easily have a no-smoking law in public transportation years ago, but don't you want to make a law on smokefree health care nowadays?



Country	Description of opportunities and how could they facilitate the expansion of smoke and aerosol-free environments.
Netherlands	Outdoor public transport stations and recreational parks, as a lot of children use them
Norway	There was a public consultation in Norway last year where the health minister proposed an expansion of smoke and aerosol-free environments: outdoor areas in connection with public transport, outdoor sports areas, playgrounds, private vehicles with children under the age of 18 present. The new government/current health minister will come up with a new proposal probably in 2023.
Norway	Public support for expansion is high
Poland	The implementation of the ban on smoking in private cars and private houses (balconies in blocks of flats). Promotion of smoke-free home rules (currently there is no public campaign aimed at this issue).
Romania	A mandatory regulation adopted at EU level would force the Parliament to approve the transposition of the measures
Slovenia	The government of Slovenia has adopted the "Strategy for Reducing the Consequences of Tobacco Use for Slovenia Without Tobacco 2022–2030" in May 2022. The question now is, how long it will take for implementation.
Slovenia	The National Strategy for reducing the consequences of tobacco use: For Tobacco-free Slovenia 2022-2030 includes measures for protection from tobacco smoke and aerosoles of related products (i.e. tobacco-free open sport venues, parks, beaches...). But political support and support of public health expert institutions and of NGOs will be crucial.
Slovenia	Strategy 2022-2030 envisions expansion of smoke-free environments, strategy was approved by the government. This gives Ministry of Health a strong basis for expansion of smoke-free places. Support from public health organizations, health professionals and their organizations and non-governmental organizations is also strong.
Slovenia	Local communities can also play an important role in defining such environments. An example is the main city of Ljubljana with the project 'Hvala, ker skrbite za naše mesto / Thank you for taking care of our city'. With messages on green boards in selected children's playgrounds, in parks and other green public areas, pedestrian areas and other public spaces warn of „irresponsible behavior" among which is also smoking.
Sweden	If politicians disses exaned the laws.
Sweden	In my opinion, there´s a broad support for smoke- and aerosol-free environments in our country.
UK	expanding smoke free policies to parks, children playgrounds, open air public places
UK	We need to focus on where concentrations are greatest and where most people are now exposed to SHS. This involves tackling smoking in the home. Regulations should aim to ensure that children are not exposed to SHS within home environments.

Supplementary table 8. Description of opportunities and how could they facilitate the improvement of compliance / enforcement of smoke and aerosol-free environments.

Country	Description of opportunities and how could they facilitate the improvement of compliance / enforcement of smoke and aerosol-free environments.
Austria	Smoking is prohibited in private cars when there are people in there who are under the age of 18. In this context, it would be a possibility to introduce penalties that could be issued by means of penal orders in order to fasten the process of prosecution and consequently increase compliance.
Austria	The expansion of official inspections of smoking bans in hospitality to evening hours and the weekend would be effective. Compliance in Austria could always be increased by a combination of taking other countries as good examples/role models, rising public awareness for the importance and usefulness of smoke-free and aerosol-free environments and improving regulation (law).
Belgium	Communication (on TV and social media) to explain to the public
Czechia	Smoke-free environments should not be expanded for alternative tobacco products as they serve as smoking cessation tools. The current ban on the use of conventional cigarettes in certain places should not be expanded to cover alternative tobacco products - those using alternative tobacco products should not be exposed to second hand smoke from conventional cigarettes.
Czechia	To establish smoke free outdoor places, smoke free nature parks, ban on smoking in private cars, better enforceability of ban of smoking, to ensure zero tolerance of superiors towards smokers and their workbreaks (eg. nurses, doctors...), higher price of tobacco products, vending machines - age identification for selling, ban of selling the tobacco products for all people born after the year 2000

Country	Description of opportunities and how could they facilitate the improvement of compliance / enforcement of smoke and aerosol-free environments.
Czechia	Less TI influence, but just concerning HTP, not EC - please see the difference between them
Denmark	Improvement of smoke-free environments outdoor where especially children and young people are closely gathered demand for smokefree cafes and restaurant -outdoor Smokefree workplaces
Estonia	People themselves could be more aware of the polices, regulation on smoking products and their using. Could be made campaigns to raise awareness.
France	Since 2016, municipal police officers have been empowered to monitor and sanction non-compliance with smoking bans. This mission is still unknown to those concerned today. It should therefore be promoted, officers should be trained. This implies working with the mayors who are responsible for the police. The downward trend in smoking prevalence and the increase in the number of smokers who quit could also strengthen the enforcement of smoking and vaping bans.
Germany	Each process of renewing smoke-free laws is supported with recommendations from members of the „German Smoke-free Alliance” to improve regulation and how to support enforcement.
Germany	Several federal states did evaluate their smokefree legislation. in the evaluation reports the problem of low control of compliance is mentioned. These reports may be used for improvement of control.
Greece	stronger definition of outside areas - practically as large openings may be covered with shade tents or wind breaks
Hungary	Financial resources to support prevention programs and media campaigns (Tik-Tok videos, instagram, etc.) on smoking and electronic cigarettes prevention especially for the youth.
Ireland	The current indoor smoke free workplace legislation needs review. the definition of an indoor space has been challenged in court. Many pubs and restaurants have circumvented the principal of the legislation by creating indoor rooms which raised roofs so there is a small pocket of air coming in so is not considered indoors. The legislation needs revision. In addition prisons and mental health services and care of the elderly services were excluded from the 2004 legislation and staff and service users are being exposed and this results in a health inequality. Increasing fines for legislative breaches and allowing the burden of proof to be lest robust when Environmental health see fit to take a case. Further training and capacity building with retailers for responsible serving etc however this requires significant resourcing of staff.
Italy	Equating taxation, restrictions on consumption, marketing and limitations on advertising, promotion and sponsorship between traditional tobacco products and all novel products. In Italy, taxation of novel products is very low. Moreover, the device of HTP can be advertised.
Lithuania	improved and targeted funding of NGOs for monitoring compliance and enforcement
Luxemburg	Opportunities for improvement of compliance/enforcement of smoke and aerosol-free environments are discussed and facilitated in the frame of our Tobacco Control Plan 2014-2018 ( <a href="https://sante.public.lu/fr/publications/p/plan-national-tabac-2016-2020.html">https://sante.public.lu/fr/publications/p/plan-national-tabac-2016-2020.html</a> ).
Malta	targeted health promotion towards different age groups and different types of TP
Netherlands	Expansion of the capacity of the enforcement authority (NVWA) to monitor compliance with and enforce smoke-free legislation could improve the compliance/enforcement of smoke-free legislation, particularly of the outdoor smoke-free legislation for educational facilities. Another opportunity to improve compliance is the denormalisation of smoking (and the tobacco industry), for instance through public awareness campaigns, so smoking in outdoor public places becomes ‚uncool’.
Netherlands	compliance by the public: create more support (e.g. continuing the smokefree generation efforts) enforcement: a more powerful enforcement body.
Norway	An evaluation/survey is needed first to find the degree of compliance/enforcement or lack of compliance/enforcement of smoke and aerosol-free environment in outdoor or semi-enclosed areas and spaces in particular.
Poland	More actions are needed to strengthen public awareness about tobacco-related diseases and the link between SHS exposure and diseases. Moreover, more actions are needed to reduce smoking and passive exposure among pregnant.
Romania	The EU Cancer Plan contains measures related to tobacco control, including education. Thus, some funds could be allocated to projects promoting education about different topics (usefulness of smoke and aerosol-free environments, behavioral changes, toolkits for internal policies, etc) and to broad campaigns (including on social media) about the positive effects of complete implementation of smoking ban.

Country	Description of opportunities and how could they facilitate the improvement of compliance / enforcement of smoke and aerosol-free environments.
Slovenia	All tobacco industry products should be treated equally, especially those containing addictive substances. The problem is that the Ministry of Health supports this step, but the Ministry of Finance is blocking the increase in excise duties on these products. This is the biggest problem in regards to making important changes.
Slovenia	We need more human and financial resources and simplifying the surveillance process.
Slovenia	More inspectors, to be present more often at the time and at the type of places with most frequent violations. The way of proving the violation that happened in the past and was reported to the inspectorate should be made easier.
Slovenia	Expansion of the media campaign about the harm of exposure to tobacco smoke and in particular to highlight the importance of protection children and pregnant women. Increase the number of inspectors who would monitor the implementation.
Sweden	We need too changed the culture too be more smokefree.
Sweden	In my opinion, there´s a broad support for smoke- and aerosol-free environments in our country.
UK	Raising awareness about the importance of smoke free parks, playgrounds and other similar spaces that children use
UK	Remote sensing and CCTV should be used to identify areas where compliance with existing smoke-free laws is low. This would enable targeting of enforcement resources.