A CASE FOR 100% SMOKE-FREE POLICY IN SOUTH AFRICA: RESULTS FROM THE 2017 SOUTH AFRICAN SOCIAL ATTITUDE SURVEY

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BACKGROUND

Currently, according to the *South African Tobacco Products Act, 83 of 1993* (amended in 2008), no person may smoke any tobacco product in any indoor public place [1]. Section 2 of the Act empowers the Minister of Health to make regulations regarding smoking in public places. Hence, the Minister may permit smoking in the prescribed portion of a public place, subject to any prescribed condition. Therefore, in 2000, the Minister of Health published a notice in the *Government Gazette* relating to smoking in public places stating that a person in control of a public place may designate at most 25% of the total floor area of the public place as a smoking area [2, 3]. This regulation allowed for indoor public places to have designated smoking areas. The question is, do designated smoking areas prevent non-smokers from being exposed to secondhand tobacco smoke (SHS)?

In 2018, the South African government proposed the *Control of Tobacco Products and Electronic Delivery Systems Bill*. Part of the Bill aims to provide for 100% smokefree public places without providing for designated smoking areas [4]. Since the new tobacco control bill is still being processed, it is important to look at how effective the current laws have been in protecting non-smokers from involuntary exposure to SHS. This policy brief presents results from the 2017 South African Social Attitude Survey showing the level of exposure of non-smokers to second-hand tobacco smoke in workplaces, cafés/restaurants, shebeens [local bars] as well as at home.

METHOD

Data were drawn from a nationally representative sample of South African adults (16 years or older) generated by the 2017 South African Social Attitudes Survey (SASAS). Tobacco smoking status was assessed for the following products: manufactured cigarettes, roll-your-own cigarettes, hubbly–bubbly/hookah/water pipe, cigars, or pipes. Non-smokers were participants who reported stopping completely in less or more than 6 months and those who never smoked before. Exposure to SHS at different locations such as at home, at work, at a café/restaurant, or shebeen (local bar) was assessed. All responses other than "Never" and "Refused to answer" were categorised as being exposed to SHS in the respective locations assessed. Level of exposure was determined by computing grades for location of exposure and frequency of exposure resulting in a scale; 0 = 0 (no level of exposure), 1–2 = 1 (low), 3–4 = 2 (moderate), 5–6 = 3 (high), and 7–8 = 4 (very high) level of exposure. All data were weighted to account for the complex survey design and to yield nationally representative estimates.

RESULTS

Level of Exposure to SHS by Demographic Characteristics

About 48% of non-smokers in South Africa reported varying levels of exposure to SHS in the public places being studied and at home. About 27% of the study sample reported low level of exposure, 14.7% reported moderate level of exposure while 6% reported a high to very high level of exposure to SHS.

Approximately 8.5% of male participants experienced high to very high exposure to SHS. Results show that 6.4% of Black Africans experienced high to very high levels of exposure while 8.1% of individuals who were between the ages 16 and 24 years experienced a high to very high level of exposure. Among those with Grade 12 as their highest level of education, 8.2% reported that they had experienced high to very high levels of exposure to SHS compared to 4.6% of those with less than Grade 12. About 7.4% of individuals who were never married experienced high to very high levels of exposure to SHS.

Factors associated with any Level of Exposure to SHS

In a multiple-variable logistic regression model investigating the factors associated with any level of exposure to SHS (exposed vs not exposed), it was found that females (Adjusted Odds Ratio [AOR] = 0.63; 95% Confidence Interval [CI]: 0.47–0.86) were significantly less likely to be exposed to SHS than were males. Compared to Black Africans, the odds of any level of exposure to SHS of those who self-identified as Coloured were significantly higher (AOR = 1.69; 95% CI: 1.11–2.57). Compared to those that were 16 to 24 years of age, the odds of being exposed to SHS were significantly lower for adults aged 45 to 54 years (AOR = 0.60; 95% CI: 0.36–1.00), 55 to 64 years (AOR = 0.55; 95% CI: 0.33–0.91), and 65+ years and above (AOR = 0.24; 95% CI: 0.14–0.41).

Key insights

Globally, about 1.2 million non-smokers die annually as a result of diseases caused by exposure to SHS. Two thirds of these deaths occur in developing countries, especially in Africa and Asia [5, 6]. Our findings indicate nearly half of the non-smoking population in South Africa reported being exposed to SHS at low to very high levels in selected public places and at home. Inevitably, the absence of policies to protect people, particularly the youth, from being exposed to SHS leads to an unhealthy population.

Recommendations

1. Results from our study emphasise the urgent need for the South African government to raise public awareness about the dangers of SHS and implement laws that would encourage more adults who smoke to quit and discourage young people from initiating smoking.
2. The *Control of Tobacco Products and Electronic Delivery Systems Bill* which is still going through the legislative process to become a law needs to be expedited in order to save lives. This bill will offer full protection of non-smokers from exposure to SHS in public places. The implementation of this bill when passed into law would translate to savings in health costs since it would protect non-smokers from being susceptible to tobacco induced diseases.
3. Adult smokers need to be mindful of where they smoke at home. To protect non-smoking members of the family including children, parents and other adults must implement voluntary smoke-free home rules. Such rules will in addition denormalize tobacco use and prevent adolescents from initiating tobacco use.

PAPER CITATION

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