



## Joint Action on Tobacco Control 2 (JATC 2)

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Work Package 4 - Sustainability and Cooperation across Europe

### WP4 M4.3 (MS21)

#### Guidance on how to identify best practices in tobacco control in Europe, including the Guidance of the Core module for a Questionnaire to identify potential best practices (M4.4 – Annex 1)

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# Guidance on how to identify best practices in Tobacco Control

## Introduction

Within the European project *Joint Action on strengthening cooperation between interested Member States and the Commission in the area of Tobacco Control (JATC 2)*, the horizontal Work Package 4 *Sustainability and cooperation across Europe*, has the general objective to ensure sustainability and uptake of the JATC 2 actions both during and after the implementation of the actions across EU MS, through strengthening of the cooperation of the competent authorities for a harmonised application and enforcement of the TPD and TAD in an effort to promote EU public health.

The present Report describes the documentation and the tools related to Tasks 4.2a and 4.2b of **Objective 4.2 To facilitate the exchange of knowledge and best practices on the application and effective enforcement of the TPD and TAD**.

Specifically, part of the activities of the **Task 4.2.a** are as follows *“To identify and disseminate best practices on the application and enforcement of the TPD, TAD and smoke-free environments, and development of guidance documents [M4.3], how-to-guides and other documentation or manuals for tasks aiming at harmonisation of technical approaches or representing best practices in tobacco regulatory science in collaboration with WP5, WP8, WP9 and other WPs. This task will be developed through three actions. First, the “Guidance document on how to identify best practices in tobacco control” will be prepared. Best Practices is a horizontal element in JATC 2, with specific activities to be developed in WP4 (TPD and TAD), WP8 (smoke-free environments) and WP9 (end-of-game strategies). Therefore, it is important to have a guide at the beginning of JATC 2 that establishes a common procedure during JATC 2 and useful in the future for its correct implementation. It is a methodological document that makes it possible to identify actual best practices (evaluated and recognized by official bodies) and potential best practices (not yet evaluated and recognized by official bodies). Besides it will also have a quick tool to evaluate these possible best practices as actual best practices”*.

The synthesis of the best practices identified as such, in collaboration with WP8 and WP9, will be published in the Sustainability Report [D4.2] which will be accessed through the JATC 2 website.

In this regard, a **Guidance on how to identify best practices in Tobacco control in Europe (Milestone 4.3)** is included in this Report, as well as the **Guidance of the Questionnaire Core Module to identify relevant policies and best practices in relation to tobacco endgame strategies, smoke-free environments, TPD and TAD in MS (Milestone 4.4)**, developed in **Task 4.2b**, is presented in the **Annex 1** of this document.

Activities of **Task 4.2b** are as follows: *“To identify forward-looking tobacco control policies beyond TPD and TAD and best practices in the development, implementation and evaluation of these policies in collaboration with WP9. To design and administer a questionnaire to collect information from the MS competent authorities and other relevant stakeholders (M4.4), in order to produce an overview of the state of readiness, and support needed, of the countries in the European region, to move forward in the development of national tobacco endgame strategies in line with the Tobacco-Free Generation goal of Europe's Beating Cancer Plan. This questionnaire is one of the elements defined in the “Guidance document on how to identify best practices in tobacco control” and the results will be analysed jointly with those responsible for the corresponding WP. The information arising from this task can contribute to all deliverables of WP4, in addition to contributing to the tasks and deliverables in WP9”*.

The Core module for a Questionnaire to identify relevant policies and best practices in relation to tobacco endgame strategies, smoke-free environments, TPD and TAD in MS, will be supplemented with other modules

focused on the specific objectives of the vertical work packages WP8 (smoke-free environments) and WP9 (tobacco endgame strategies).

## Objective

To provide a guidance of assessment criteria for evaluating potential best practices in TPD, TAD and smoke-free environments, as well as to identify potential best practices through a Core module questionnaire properly designed.

To search and select additional resources of relevant documentation (grey literature and scientific literature) on best practices either at European or International level.

## Methods

- Search for documentation of agencies and international organizations reporting resources of best practices on tobacco control in terms of International and European grey literature.
- Search for scientific literature on best practices on tobacco control through international databases such as PubMed, Cochrane Library, Health Research Premium Collection, British Nursing database, BMJ Best Practice (this also for grey literature) or search engines such as Science Direct and Google Scholar.
- Selection of relevant documentation retrieved for the preparation of a set of criteria to evaluate potential best practices, with scoring, and for the finalization of a Core module for a Questionnaire on potential best practices (M4.4) to be administered to competent authorities of Member States and stakeholders. This Core module (see Appendix 1) is composed of some core questions that can be a guidance for the questionnaires to be developed by the other vertical Work packages (such as WP8 and WP9), which might add other questions focused on their own specific objectives.

## Results

European best practices in tobacco control (i.e fulfilling the assessment criteria to identify best practices reported by the European Commission) were identified (n=11), through the access to the European Best Practices Portal, at the date of June 15, 2022.

Additional resources related to International and European grey literature and scientific literature related to best practices in tobacco control is also reported for consultation.

Moreover, results of the questionnaires for the identification of potential best practices by WP8 and WP9 will be analysed and a number of European potential best practices will be assessed as effective best practices (this number will be available after all consultations, by the end of JATC 2).

# 1. Definitions of WHO Best Buys, Good Practices and Best Practices

Best practices are a valuable source of practice-based evidence on effective public health interventions implemented in real-life settings [1].

The World Health Organization (WHO) considers policies proven to be effective as “Best Buys”.

The European Commission Best Practice Portal considers three types of actions: awards, good practices and best practices.

Good practices concept usually is used to refer to well established interventions in health, already proven to be effective and recommended, and are included in a Guide to be implemented and followed regularly by professionals.

Best practices are referred to interventions that have shown evidence of effectiveness in a particular setting, have been evaluated under certain criteria and that are likely replicable/transferable to other countries, situations or sectors.

Therefore, it appears that both terms can be used indistinctly.

Indeed, some European countries has developed their own portals on Good/Best practices including well-defined criteria to evaluate them, similar to the European Portal of Best Practices (**Table 1**).

In the next paragraphs the four categories of practices are defined and described, with all the relevant references related to websites, scientific and grey literature.

**Table 1 Examples of the national best practice portals in EU countries**

Portal's name	Website of the best/good/promising practice portal	Country
The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) best practice portal	<a href="http://www.emcdda.europa.eu/best-practice_en">http://www.emcdda.europa.eu/best-practice_en</a>	European
The European Agency for Safety and Health at Work (EU-OSHA) Healthy Workplaces Good Practice Awards	<a href="https://osha.europa.eu/en/publications/good-practice-awards-flyer/view">https://osha.europa.eu/en/publications/good-practice-awards-flyer/view</a>	European
Praxisdatenbank Gesundheitliche Chancengleichheit (database of health promotion projects)	<a href="https://www.gesundheitliche-chancengleichheit.de/praxisdatenbank/">https://www.gesundheitliche-chancengleichheit.de/praxisdatenbank/</a>	Germany
Leefstijlinterventies (Lifestyle interventions)	<a href="https://www.loketgezondleven.nl/leefstijlinterventies">https://www.loketgezondleven.nl/leefstijlinterventies</a>	The Netherlands
PRO.SA Banca dati di progetti e interventi di prevenzione e promozione della Salute (Database of projects and interventions in health promotion and disease prevention)	<a href="https://www.retepromozionesalute.it/">https://www.retepromozionesalute.it/</a>	Italy

<b>Portal's name</b>	<b>Website of the best/good/promising practice portal</b>	<b>Country</b>
Portal for the exchange of examples of good practice in the field of public health	<a href="https://www.nijz.si/publikacije/merila-za-vrednotenje-intervencij-na-podrocju-javnega-zdravja">https://www.nijz.si/publikacije/merila-za-vrednotenje-intervencij-na-podrocju-javnega-zdravja</a>	Slovenia
Profibaza (Database of health interventions)	<a href="https://profibaza.pzh.gov.pl/">https://profibaza.pzh.gov.pl/</a>	Poland
Répertoire des interventions efficaces ou prometteuses en prévention et promotion de la santé (Directory of effective or promising interventions in prevention and health promotion)	<a href="https://www.santepubliquefrance.fr/a-propos/services/interventions-probantes-ou-prometteuses-en-prevention-et-promotion-de-la-sante/repertoire-des-interventions-efficaces-ou-prometteuses-en-prevention-et-promotion-de-la-sante">https://www.santepubliquefrance.fr/a-propos/services/interventions-probantes-ou-prometteuses-en-prevention-et-promotion-de-la-sante/repertoire-des-interventions-efficaces-ou-prometteuses-en-prevention-et-promotion-de-la-sante</a>	France
Buenas Prácticas (BBPP) en el Sistema Nacional de Salud (Collection of good practices in the National Health System in Spain)	<a href="https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/BBPP.htm">https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/BBPP.htm</a>	Spain

(modified from: Stepien M, Keller I, Takki M, Caldeira S. European public health best practice portal - process and criteria for best practice assessment. Arch Public Health. 2022 May 6;80(1):131. doi: 10.1186/s13690-022-00892-5).

## 1.1 WHO best buys

The WHO Best Buys are policies that have proven to be effective or promising high-impact in a specific area (*Smoking*) of Noncommunicable Diseases (NCDs) and which may be prioritised by EU countries' authorities may include:

- Measures to increase price, increase the use of warnings and labels, and reduce advertisement, sponsorship and promotion of tobacco products;
- Measures to control the availability and density of tobacco retailers [2];
- Promotion of health literacy and awareness raising tailored to the needs of disadvantaged individuals and communities;
- Promotion of work-based support programmes to quit smoking, complemented by primary health care programs that may reach also unemployed persons [3];
- Promotion of programmes to quit smoking using eHealth technology [4];
- Adjust legislation to cover new tobacco-related products to avoid legislative gaps in face of new forms of consumption.

### 1.1.1 Examples of WHO Best Buys Interventions

#### Best buys with cost effectiveness analysis (CEA)

1. Increase excise taxes and prices on tobacco products
2. Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages
3. Enact and enforce comprehensive bans on tobacco advertising, promotion, and sponsorship
4. Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, and public transport
5. Implement effective mass-media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke [5, 6].

#### Effective interventions with CEA

1. Provide cost-covered, effective and population-wide support (including brief advice, national toll-free quit line services) for tobacco cessation to all those who want to quit.

#### Other recommended interventions from WHO guidance (CEA not available)

1. Implement measures to minimize illicit trade in tobacco products
2. Ban cross-border advertising, including using modern means of communication
3. Provide mobile phone based tobacco cessation services for all those who want to quit.

## 1.2 Good Practices

The JA-CHRODIS<sup>1</sup> defines ‘**good practice**’ in accordance with the definition by the Food and Agricultural Organization of the United Nations:

“A good practice is not only a practice that is good, but a practice that has been proven to work well and produce good results, and is therefore recommended as a model. It is a successful experience, which has been tested and validated, in the broad sense, which has been repeated and deserves to be shared so that a greater number of people can adopt it.”<sup>2</sup>

In general, good practices are right actions, proven to be effective and successful, based on the best available scientific knowledge, may be transferable and represents an innovative element for the health system, and are included in a Guide to be implemented and followed regularly by professionals (e.g. legislative changes to behavioural interventions targeting specific population or patient groups) [7, 8].

The good practice guide provides the basis for good professional practice in public health. It applies to all members of the core public health workforce, including public health practitioners and specialists and those training to become practitioners and specialists.

Good Public Health Practices are designed to:

- Assist the public, public health professionals, colleagues and employers to better understand what good practice in public health should look like
- Guide public health professionals when planning their Continuing Professional Development (CPD)
- Act as a source document for public health professionals in preparing for appraisals and revalidation
- Inform the framework within which public health professionals will be appraised and recommended for revalidation
- Be a reference source whenever a person’s registration or professional practice is called into question.

### 1.2.1 Examples of Good Practices

- **WHO. Compendium of good practices in the health sector response to viral hepatitis in the WHO European Region. WHO 2020.**<sup>3</sup>

In line with implementation of the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region, the WHO Regional Office for Europe launched an official call for good practices on viral hepatitis in May 2019. National health authorities, intraregional programmes, national technical focal points and programmes, civil society organizations (CSOs) and nongovernmental organizations (NGOs) responding to viral hepatitis were invited to submit exemplary practices. The narratives were collected over six months from May to November 2019, compiled and evaluated against pre-defined criteria, and technically reviewed by WHO experts in the Regional Office. This compendium includes 34 practice examples from 18 Member States in the WHO European Region authored by various actors in the collective response to viral hepatitis, including government and national viral hepatitis programmes, academia, public health/research institutes and NGOs and CSOs.

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<sup>1</sup> Joint Action CHRODIS Work Package 5. Good practices in the field of health promotion and chronic disease prevention across the life cycle - Outcomes at a glance. [https://publichealth.ie/sites/default/files/CHRODIS%20WP5%20at%20a%20glance\\_web.pdf](https://publichealth.ie/sites/default/files/CHRODIS%20WP5%20at%20a%20glance_web.pdf)

<sup>2</sup> <http://www.fao.org/docrep/017/ap784e/ap784e.pdf>

<sup>3</sup> <https://apps.who.int/iris/bitstream/handle/10665/333494/9789289055161-eng.pdf?sequence=1&isAllowed=y>

#### - Organisation for Economic Cooperation and Development (OECD) Good Practices

The OECD iLibrary<sup>1</sup> website is available to search for 'good practices' (string search (Title, Authors or ISSN/ISBN/DOI contains 'good practices') AND from (IGO collection contains "'igo/oecd'"). Among the results (n=103) are documents such as OECD Series on Principles of Good Laboratory Practice and Compliance Monitoring (n=17), OECD Digital Economy Papers (n=3), OECD Regulatory Policy Working Papers (n=3), ecc.

#### - The Good Public Health Practices (GPHP)<sup>2, 3</sup>

The Faculty of Public Health in London (UK) produced a document providing the basis for good professional practice in public health. It applies to all members of the core public health workforce, including public health practitioners and specialists and those training to become practitioners and specialists.

#### - Good Practices in Workplace Health Intervention

Models of Good practice from companies of different sectors and size. More than 250 case studies have received the European Network for Workplace Health Promotion (ENWHP) recognition as models of good practice for their work beyond the norms of occupational health and safety<sup>4</sup>.

#### - Healthier together EU Non-communicable Diseases Initiative

Non-communicable diseases (NCDs) represent 80% of the disease burden in the Member States. Complementing the Europe's Beating Cancer Plan, the European Commission is addressing the main NCDs: the *Healthier together* – EU Non-Communicable Diseases (NCDs) initiative to support EU countries in identifying and implementing effective policies and actions to reduce the burden of major non-communicable diseases and improve citizens' health on December 15, 2021 was launched [9]. The *Healthier Together - EU NCD Initiative* is a toolkit to help EU countries reduce the burden of NCDs and improve the citizens' health by supporting action of the Member States and stakeholders. It identifies effective policies and best/promising practices selected by Member States and stakeholders, essential for providing helpful guidance and **identify good practices** for other countries to consider and benefit from. It also maps the legal and financial tools that can be used to implement those actions.

The *EU NCD Initiative* is also innovative as a process: the document is being co-created with the Member States with input from stakeholders, and ample consultation of Commission services, the WHO, the OECD and the European Investment Bank.

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<sup>1</sup> [https://www.oecd-ilibrary.org/search?value1=good+practices&option1=quicksearch&facetOptions=51&facetNames=pub\\_igold\\_facet&operator51=AND&option51=pub\\_igold\\_facet&value51=%27igo%2Foecd%27&publisherId=%2Fcontent%2Figo%2Foecd&searchType=quick](https://www.oecd-ilibrary.org/search?value1=good+practices&option1=quicksearch&facetOptions=51&facetNames=pub_igold_facet&operator51=AND&option51=pub_igold_facet&value51=%27igo%2Foecd%27&publisherId=%2Fcontent%2Figo%2Foecd&searchType=quick)

<sup>2</sup> Faculty of Public Health of London. Good Public Health Practice. <https://www.fph.org.uk/professional-development/good-public-health-practice/>

<sup>3</sup> Faculty of Public Health of London. Good Public Health Practice framework. 2016. <https://www.fph.org.uk/media/1304/good-public-health-practice-framework-2016-final.pdf>

<sup>4</sup>European Network for Workplace Health Promotion portal of good practices. <https://www.enwhp.org/?i=portal.en.good-practices>

## 1.3 European Best Practices in tobacco control Best Practices

- **Definition of Best Practice**

The European Commission 3rd Health Programme states that, in order to promote health, prevent diseases, and foster supportive environments for healthy lifestyles, good practices should be identified and disseminated, and their uptake promoted, addressing in particular the key lifestyle related risk factors with a focus on the EU added value [10].

Based on the review of the Guide for documenting and sharing “Best Practices” in Health Programmes (WHO – Regional Office for Africa) [11], documents and manuals concerning good practices compilation procedures available at the EC Health and Food Safety Best Practice Portal [12] and at the Spanish Ministry of Health [13], the term “best practice” has been defined as follows:

“A **BEST PRACTICE** is a relevant policy or intervention implemented in a real life setting and which has been favourable assessed in terms of adequacy (ethics and evidence) and equity as well as effectiveness and efficiency related to process and outcomes. Other criteria are important for a successful transferability of the practice such as a clear definition of the context, sustainability, intersectorality and participation of stakeholders”.

Documenting and sharing “Best Practices” affords one the opportunity to acquire knowledge about lessons learned and to continue learning about how to improve and adapt strategies and activities through feedback, reflection and analysis in order to implement larger-scale, sustained, and more effective interventions [11].

- **Definition of Potential Best Practice**

A **POTENTIAL BEST PRACTICE** within the JATC2 project is an intervention, policy, practice or initiative in Tobacco control implemented at national, regional or local level and not recognized as best practice by an official European body, but which would be susceptible to being if it fulfilled the criteria of a European Best Practice.

- **Difference between European best practices and potential best practices**

Best practices are those that were evaluated and recognized by European official bodies (such as the European Commission); while potential best practices are those that have not yet been evaluated and recognized by European official bodies.

A potential best practice requires an evaluation to become a best practice. Therefore, this guidance will have a chapter with instructions to do a best practice evaluation.

From the **portal on best practices of the European Commission** [12], a number of best practices on tobacco control (n= 11) were retrieved, by searching using the following keywords: Health promotion, Specific non-communicable disease or group of diseases, Promotion and Prevention.

The portal of the European Commission reports that *“The Best Practice Portal is designed to help to find reliable and practical information on implemented practices recognized as the best in the area of health promotion, disease prevention, and the management of non-communicable diseases. It also provides an overview of practices collected and transmitted in actions co-funded under the Health Programmes. Practices can be submitted for assessment through this portal. Every practice, as long as evaluated as “best” against the criteria adopted by the Steering Group on Health Promotion, Disease Prevention and Management of*

Non-Communicable Diseases (Steering Group), will be published in the portal and might be brought to the attention of Member State representatives for further transfer and broader implementation”.

The two countries **Bulgaria and Ireland produced best practices**, as reported in the classification below.

The **Bulgaria’s** best practice in health promotion field, reports that it was formally evaluated and that “*The evaluation of the Total Ban on Smoking includes compliance with the ban; population’s opinion on the total ban, reduction of people who smoke; SHS; reduction in the number of tobacco-induced diseases and all negative health consequences associated with tobacco use. The evaluation results achieved the objective and further monitoring established slow positive changes in population’s behavior related to tobacco smoking (about 2% reduction)*”.

The other from **Ireland** reports that “*There is not yet a formal review or evaluation report on the Tobacco Free Ireland policy and its allied programme as the term of the policy is still ongoing. The policy was published in 2013 and will conclude in 2025, at which stage the success of the policy in meeting its aim of a smoking prevalence of less than 5% can be assessed. In the interim, the Irish government continues to produce annual reports of progress on smoking reduction...It is therefore not possible to provide a clear answer of yes/no to the question - did the practice succeed regarding the main aim and objectives outlined earlier. There was no other option available*”.

**BULGARIA, 2017. Total Ban on Smoking in Indoor and Some Outdoor Public Places<sup>1</sup>**

Classification	Best practice
Type of practice	Policy
Health area/topic	Health promotion

The National Assembly in Bulgaria passed amendments to the Law of Health, which introduced a total ban on smoking in indoor and some outdoor public places from 1 June 2012. The ban of smoking includes: adjacent terrain and sidewalks of nurseries, kindergartens, schools, student dormitories and places where social services are provided for children, playgrounds, open public spaces, which organize activities for children and students, sports and cultural venues, summer cinemas and theatres.

**IRELAND, 2017. Tobacco Free Ireland - Ireland's tobacco control policy and programme operating under the Healthy Ireland Framework for Health and Wellbeing 2013-2025<sup>2</sup>**

Classification	Best practice
Type of practice	Policy
Health area/topic	Health promotion

<sup>1</sup> <https://webgate.ec.europa.eu/dyna/bp-portal/practice.cfm?id=56>

<sup>2</sup> <https://webgate.ec.europa.eu/dyna/bp-portal/practice.cfm?id=50>

The Tobacco Free Ireland policy and allied tobacco control programme aims to create an Ireland that is tobacco-free by 2025. This would mean that less than 5% of the Irish population would smoke by 2025. Ireland was the first country in Europe to propose a target of less than 10% for smoking prevalence. The Irish government intends to achieve this goal through the implementation of an evidence-based, comprehensive, ambitious and integrated set of measures which will ultimately reduce the number of people starting to smoke and increase the numbers of people successfully quitting smoking. National policy level initiatives are being implemented in the area of regulation, legislation and monitoring. Regional and local level initiatives are being implemented in the areas of enforcement and delivery of smoking cessation support and support for development of smoke-free spaces.

## EU Health Awards for NGOs

In 2018, the European Commission rewarded outstanding initiatives by Non-Governmental Organizations (NGOs) on the prevention of tobacco use that have contributed to a higher level of public health in the EU (2018 EU Health Award for NGOs) [14].

A number of policies that have proven to be effective or promising in this area, including approaches that particularly target girls or boys, are:

- School based programmes for preventing smoking, which also involve parents and carers, and take social influence and social competence into consideration;
- Practices on influencing the environment, for instance in sport canteens.

The following best practices were prize winners in the field of health promotion and prevention and of Information/awareness raising campaign in tobacco smoking [15].

### GREECE, 2018. SmokeFreeGreece<sup>1</sup>

Classification	Runner-up in DG SANTE NGO award 2018
Type of practice	Information/Awareness Raising Campaign Intervention Training
Health area/topic	Promotion and Prevention

The main objective of the SmokeFreeGreece initiative is to enhance the awareness of Greek youth on tobacco addiction through educational interventions within the context of the school community with the aim to reduce tobacco prevalence and initiation among youth in Greece.

<sup>1</sup> <https://webgate.ec.europa.eu/dyna/bp-portal/practice.cfm?id=368>

### GERMANY, 2018. Education against Tobacco<sup>1</sup>

Classification	Second Prize in DG SANTE NGO Health Award 2018
Type of practice	Information/Awareness Raising Campaign mHealth
Health area/topic	Promotion and Prevention

On the school level, the Education Against Tobacco programme addresses 10-15 years old adolescents by using a multimodal approach which takes advantage of the students smartphones by implementing self-developed apps (i.e. the face morphing app “Smokerface”).

### GERMANY, 2018. Unfair tobacco<sup>2</sup>

Classification	runner-up in DG SANTE NGO award 2018
Type of practice	Information/Awareness Raising Campaign
Health area/topic	Promotion and Prevention

The main objective of this project is to promote policy change towards a holistic approach to tobacco control by raising awareness on the negative impact of tobacco on sustainable development and the tobacco industry’s strategies of political interference and aggressive marketing to youth. The specific objective is *Promote health, prevent diseases and foster supportive environments for healthy lifestyles* as referred to in the EU Third Health Program 2014-2020. In particular, the initiative addresses thematic priorities such as *Risk factors such as use of tobacco and passive smoking* and *Tobacco legislation*.

### IRELAND, 2018. Irish Cancer Society X-HALE Youth Smoking Prevention Programme<sup>3</sup>

Classification	First Prize in DG SANTE NGO Health Award 2018
Type of practice	Information/Awareness Raising Campaign Intervention Training
Health area/topic	Promotion and Prevention

Since 2011, the Irish Cancer Society has worked in partnership with over 270 youth groups from across Ireland to drive the movement towards a tobacco free generation. Using a training the trainers approach, the X-HALE programme equips youth organisations with the skills and framework to address tobacco in their

<sup>1</sup> <https://webgate.ec.europa.eu/dyna/bp-portal/practice.cfm?id=362>

<sup>2</sup> <https://webgate.ec.europa.eu/dyna/bp-portal/practice.cfm?id=361>

<sup>3</sup> <https://webgate.ec.europa.eu/dyna/bp-portal/practice.cfm?id=364>

communities. In youth friendly sessions organised by the youth organisations, young people are encouraged to explore the impact of tobacco and the factors that influence their decision to start smoking. Young people that participate in these sessions are empowered to become tobacco free advocates. In 2015, the X-HALE programme was further extended to include training delivery and resource provisions to school teachers.

### **SLOVENIA, 2018. Reducing the Consumption of Tobacco, Related Products and Alcohol among the Inhabitants of the Republic of Slovenia<sup>1</sup>**

<b>Classification</b>	<b>runner-up in DG SANTE NGO award 2018</b>
Type of practice	Information/Awareness Raising Campaign Intervention Training
Health area/topic	Promotion and Prevention

One of the outcomes of this initiative is that all layers of population are informed about the dangers of smoking and about the smoking cessation instruments – what they are and where can be accessed. While managing educational workshops in schools some students thank for the Slovenian Coalition for Public Health, Environment and Tobacco Control (SCTC) work, ask for materials to take home as an aid to help their parents stop smoking. Many pupils and students are resolved to never start smoking and are shocked to hear how many pregnant women smoke and how this affects their unborn children.

### **SLOVENIA, 2018. Youth Network No Excuse Slovenia<sup>2</sup>**

<b>Classification</b>	<b>Third Prize in DG SANTE NGO Health Award 2018</b>
Target group	policy makers school pupils tobacco sellers
Type of practice	Information/Awareness Raising Campaign Intervention Training
Health area/topic	Promotion and Prevention

The No Excuse Slovenia programme focuses on training young people as activists in the fight against tobacco. Through a training for activists targeting 14 to 15 years old and a subsequent school-based training targeting 7th grade primary students and 1st grade secondary students, the programme focuses on the following (a) development of social skills; (b) the development of drug prevention skills (c) the development of decision-making skills and (d) the correction of wrong normative assumptions among young people. Since its onset, 613 young people have completed the 1000 hour training programme for activists and another 135 000 participants have been reached through the school-based programme.

<sup>1</sup> <https://webgate.ec.europa.eu/dyna/bp-portal/practice.cfm?id=365>

<sup>2</sup> <https://webgate.ec.europa.eu/dyna/bp-portal/practice.cfm?id=367>

Moreover, a **selection of Good practices** is reported below.

The first document is from Italy and it is related to health promotion in Workplace, the following other two are on Specific non-communicable disease or group of diseases prevention.

### **ITALY, 2017. Workplace Health Promotion - Lombardy WHP Network<sup>1</sup>**

<b>Classification</b>	<b>Good practice</b>
Type of practice	Workplace intervention
Health area/topic	Health promotion

The Lombardy Workplace Health Promotion Network is made up of companies which recognize the value of corporate social responsibility and undertake health actions (evidence-based) of different nature: informational (smoking cessation, healthy eating, etc.), organizational (canteens, snack vending machines, agreements with gyms, stairs health programmes, walking / biking from home to work, smoke-free environment, baby pit-stop, etc.) and collaboration with others in the local community.

### **BELGIUM, SPAIN, FRANCE, ITALY, ROMANIA, SLOVENIA, GREECE, ALBANIA, ARMENIA, GEORGIA, KOSOVO, NORTH MACEDONIA, RUSSIA, SERBIA, UKRAINE, 2021.**

#### **ENSP actions to support WHO FCTC Article 14 implementation in Europe<sup>2</sup>**

Health area/topic Specific non-communicable disease or group of diseases

The implementation of the European Network for Smoking and Tobacco Prevention actions to support WHO FCTC Article 14 implementation in Europe.

ENSP initiative on Smoking Cessation (EPACTT and EPACTT PLUS projects) aimed to develop and expand an accredited curriculum for tobacco cessation in 16 European countries and in English and enhanced the formulation of a network of healthcare professionals that will be dedicated to advancing evidence-based tobacco dependence treatment. The objectives concerning the eLearning curriculum in particular, were to increase healthcare professionals' knowledge, and to change attitudes, self-efficacy (perceived behavioural control) and intentions in delivering tobacco treatment interventions in their daily clinical life.

### **DENMARK, 2021. End-gaming tobacco with Personalized and Integrated Care (EPIC).<sup>3</sup>**

Health area/topic Specific non-communicable disease or group of diseases

<sup>1</sup> <http://www.chrodis.eu/wp-content/uploads/2017/03/the-lombardy-workplace-health-promotion-network.pdf>

<sup>2</sup> <https://webgate.ec.europa.eu/dyna/bp-portal/practice.cfm?id=379>

<sup>3</sup> <https://webgate.ec.europa.eu/dyna/bp-portal/practice.cfm?id=378>

EPIC is an evidence-based practice and one of the two actions in the Central Denmark Region's and the 19 municipalities' Tobacco End-game Strategy 2030. Overall objectives include: reducing smoke related health problems; reducing illness and death caused by smoking; reducing inequality in health Specific objectives; strengthening integrated smoke intervention; establish electronic referral system between relevant actors; implementing personalized smoking cessation services; increase use of the municipalities smoking cessation services; 65% of citizens enrolled in a smoking cessation offer complete the program; 45% of citizens are non-smokers when the smoking cessation program is completed; 30% of citizens are non-smokers 6 months after completing the smoking cessation program.

## 2. How to evaluate potential best practices

The criteria herein described are proposed for the interested researchers and experts who might consider to evaluate a potential best practice [16, 17].

As previously mentioned at the beginning of Chapter 1, “good”, “best” or even “promising” practice are all synonymous terms and indicate a public health measure that produces desirable outcomes in improving health in real-life settings and which can be adopted elsewhere [1,18].

Nonetheless, following the European assessment criteria, a best practice should show evidence of effectiveness and efficiency, possible replicability in another setting (transferability), sustainability, ethical soundness, relevance, and community and stakeholder participation [1, 16-18].

The assessment of a potential best practice should include Exclusion, Core and Qualifier criteria and their own sub-criteria, described hereinafter.

The **Exclusion criteria** will assess adequacy and completeness of the information provided, and specifically the following aspects (sub-criteria):

- **Relevance:** The description of the practice should include information whether it is a priority public health area, a strategy or a response to an identified problem at Local/Regional level, National level or European level, and/or put in place to support the implementation of legislation.

- **Intervention characteristics:** The choice of the target population is clearly described (scope, inclusion and exclusion group, underlying risk factors, etc.). A detailed description of the methodology used is provided. SMART (Specific, Measurable, Assignable, Realistic, Time-related) objectives are defined and actions to take to reach them are clearly specified and easily measurable. The indicators to measure the planned objectives are clearly described (process, output and outcome/impact indicators). The contribution of the target population, carers, health professionals and/or other stakeholders as applicable was appropriately planned, supported and resourced. The practice includes an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks. Information on the optimization of resources for achieving the objectives. An evaluation process was designed and developed including elements of effectiveness and/or efficiency and/or equity including information affecting the different stakeholders involved. The documentation (guidelines, protocols, etc.) supporting the practice is presented properly, referenced throughout the text and easily available for relevant stakeholders (e.g. health professionals) and the target population.

- **Evidence and theory based:** Scientific excellence or other evidence (e.g. grey literature) was used and analysed in a conscious, explicit and thoughtful manner. The intervention is built on well-founded theory/principles and is evidence based. The relevant concepts are stated and explained.

- **Ethical aspects:** The practice guarantees ethical values. The practice must be respectful of the basic bioethical principles of Autonomy, Non-maleficence, Beneficence and Justice. The practice includes measures aimed at protecting the rights of individuals, according to national and European legislation. Conflicts of interest (including potential ones) are clearly stated, including measures taken. Relevant information is adequately presented to patients/persons, ensuring conscious and informed decision making.

The **Core criteria** will assess the effectiveness and efficiency of the practice as well as the equity (sub-criteria) as follows:

- **Effectiveness and Efficiency of the intervention:** The practice must work and achieve results that are measurable. The practice has been evaluated from an economic point of view. The practice includes an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks.

- **Equity:** As the reduction of inequities is a major issue in Europe, a practice that includes elements that promote equity, should be ranked higher (for example, if considering a gender perspective).

The **Qualifier criteria** will assess transferability of the practice to other settings/contexts, its sustainability, ability to foster collaboration among different sectors and the inclusion of stakeholders (sub-criteria), as follows:

- **Transferability:** This criterion refers to the practice capacity to being transferred to other settings or scaled up to a broader target population/geographic context. The practice uses instruments that allow for replication (e.g. a manual with a detailed activity description). The description of the practice includes all organizational elements, identifies the limits and the necessary actions that were taken to overcome legal, managerial, financial or skill-related barriers. A communication strategy and a plan to disseminate the results has been developed and implemented. The practice has already been successfully transferred. The practice shows adaptability to difficulties encountered during its implementation.

- **Sustainability:** The practice can be implemented over a long period of time with no (or minor) additional resources, adapting to social, economic and environmental context. The practice has institutional/financial support, an organizational and technological structure and stable human resources. The practice presents a financial report. The practice provides training of staff in terms of knowledge, techniques and approaches in order to sustain it. A sustainability strategy has been developed taking into account a range of contextual factors (e.g. health and social policies, innovation, cultural trends and general economy, epidemiological trends). A contingency plan has been drawn up.

- **Participation:** The structure, organization and content (also evaluation outcomes and monitoring) of the practice was defined and established together with one or more of the following: the target population and families or caregivers and more relevant stakeholders and civil society; Mechanisms facilitating participation of several agents involved in different stages of the intervention as well as their specific role, have been established and well described; Elements are included to promote empowerment of the target population (e.g. strengthen their health literacy, ensuring the right skills, knowledge and behaviour).

- **Intersectoral collaboration:** Ability of the practice to foster collaboration among the different sectors involved. The practice has been jointly implemented by several sectors. A multidisciplinary approach is supported by the agents involved. A continuum-of-care approach is encouraged through collaboration between social, health and/or other services. The practice sets up coordination arrangements involving all different stakeholders (e.g. professional associations, public institutions, educational establishment, employers).

### **Assessment steps and final rating of a potential best practice**

To assess a potential best practice, the evaluation is sequential, starting with the Exclusion Criteria. The threshold score for each exclusion aspect/item/sub-criterion, is n. 3 “**Good. The proposal addresses the criterion well, but a number of shortcomings are present**”; being the grouping score threshold for these

criteria, equivalent to 13 out 20 points (68%). If these Exclusion Criteria are passed, then you can proceed with the Core criteria and the Qualifier criteria assessment.

**In the final rating, only practices summing up 34 to 50 points (i.e. 68%) as a minimum total score are labelled as "best".**

For the details on the scoring, see next chapter 2.1 "Criterion assessment: scoring for sub-criterion and final assessment".

## 2.1 Criterion assessment: scoring for sub-criterion and final assessment

This scoring has already been previously proposed in the assessment guidelines of the iPAAC joint action [17].

**Each sub-criterion will be assessed on a scale from 0 to 5.**

Justification on the score awarded may be described briefly in the corresponding section.

**Proposals achieving an overall score of 34 out 50 points (68%) or more will be considered "best practice".**

Please complete the following **summary evaluation chart**:

Criteria	Score	
<i>Relevance</i>	<input type="text"/>	<b>Exclusion criteria (13 out 20 points)</b>
<i>Intervention characteristics</i>	<input type="text"/>	
<i>Evidence and/or theory based</i>	<input type="text"/>	
<i>Ethical aspects</i>	<input type="text"/>	
<i>Effectiveness, efficiency</i>	<input type="text"/>	<b>Core criteria (max 10 points)</b>
<i>Equity</i>	<input type="text"/>	
<i>Transferability</i>	<input type="text"/>	<b>Qualifier criteria (max 20 points)</b>
<i>Sustainability</i>	<input type="text"/>	
<i>Participation</i>	<input type="text"/>	
<i>Intersectoral collaboration</i>	<input type="text"/>	
<b>Total score</b>	<input type="text"/>	<b>34 out 50 (68%) = Best Practice</b>

### 2.1.1 The points, rating and the description of the scoring for each sub-criterion

0 – Proposal fails to address the criterion or cannot be assessed due to missing or incomplete information.	<input type="radio"/>
1 – Poor. The criterion is inadequately addressed or there are serious inherent weaknesses.	<input type="radio"/>
2 – Fair. The proposal broadly addresses the criterion, but there are significant weaknesses.	<input type="radio"/>
3 – Good. The proposal addresses the criterion well, but a number of shortcomings are present.	<input type="radio"/>
4 – Very good. The proposal addresses the criterion very well, but a small number of shortcomings are present.	<input type="radio"/>
5 – Excellent. The proposal successfully addresses all relevant aspects of the criterion. Any shortcomings are minor.	<input type="radio"/>

**Justification/argument** (max 750 characters)

## 2.2 Example of content of a best practice document

This content description is taken from a best practice implemented in Ireland (*Tobacco Free Ireland - Ireland's tobacco control policy and programme operating under the Healthy Ireland Framework for Health and Wellbeing 2013-2025, year 2017<sup>1</sup>*), and fulfilling the assessment criteria above reported.

In general, important items to be present in a best practice document should be:

- Description of the overall aims of promising practice/policy;
- Information on whether the intervention has been piloted and/or evaluated;
- Information on whether the intervention is cost-effective and sustainable.

See the table below for the characteristics in the best practice document as well as the next paragraph regarding the Assessment Criteria as are reported in the document from Ireland.

<b>Summary/Abstract</b> including: Introduction and European context Policy intervention Policy implementation Main areas of action
<b>Keywords</b>
<b>Country or Countries</b>
<b>Level of complexity</b>
<b>Implementers (authors)</b>
<b>Main aims and objectives of the practice</b>

<sup>1</sup> <http://platform.chrodis.eu/clearinghouse?id=2601>

<b>Target population</b>
<b>Coverage of the interventions</b>
<b>What core activities have been implemented?</b>  <b>What are the main results obtained from the development of the practice?</b>  <b>Did the practice succeed regarding the main aim and objectives outlined earlier?</b>  <b>Has the practice been formally evaluated?</b>
<b>Main lessons to be learned</b>
<b>Barriers to knowledge transfer</b>
<b>Type and sources of funding</b>

## 2.2.1 Content to consider for each sub-criterion of the assessment criteria

DESCRIPTION OF THE PRACTICE	Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practices (including pilot studies)?	Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods (i.e. recruitment, location of intervention, concrete activities, and timeframe (sequence, frequency, and duration)?	Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods (i.e. recruitment, location of intervention, concrete activities, and timeframe (sequence, frequency, and duration)?
ETHICAL CONSIDERATIONS	Was the intervention implemented equitably (proportional to needs)?	Were potential burdens (including harm) of the intervention addressed for the target population?	Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?
TARGET POPULATION	Was the target population/s defined on the basis of needs assessment including strengths and other characteristics?	Was the engagement of intermediaries/multipliers used to promote the meaningful participation of the target population?	
EQUITY	In design, were relevant dimensions of equity adequately taken into consideration and targeted (i.e. gender, socioeconomic status, ethnicity, rural-urban area, vulnerable groups)?	During implementation, were specific actions taken to address the equity dimensions?	
EVALUATION	<p>Did the evaluation results achieve the stated goals and objectives?</p> <p>Did the intervention use a defined and appropriate evaluation framework for assessing structure, processes and outcomes?</p> <p>(i.e. validated tools, evidences of the results of the evaluation linked to actions to reshape the implementation accordingly,</p>	Did the intervention have any information/monitoring system in place to regularly deliver data aligned with evaluation and reporting needs?	Specifically, what has been measured? Process (respondents, method, and participants' satisfaction); effects (impact/outcomes); others.

	efficiency assessment of the intervention (after implementation) (e.g. cost versus outcome)		
GOVERNANCE AND PROJECT MANAGEMENT	Did the intervention include an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks?	Were sources of funding specified in regards to stability and commitment?	Were organisational structures clearly defined and described (i.e. responsibility assignments, flows of communication and work and accountabilities)?
EMPOWERMENT AND PARTICIPATION	Was the intervention designed and implemented in consultation with the target population?	Did the intervention achieve meaningful participation among the intended target population?	Did the intervention develop strengths, resources and autonomy in the target population? (i.e. assets-based, salutogenic approach)
COMPREHENSIVENESS OF THE INTERVENTION	Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants (i.e. including social determinants) and using different strategies (i.e. setting approach)?	Was an effective partnership in place during the implementation of the practice (i.e. multidisciplinary, intersector, multi-sector, and alliances with main stakeholders)?	Was the intervention aligned with a policy plan at the local, national, institutional or at international level?
SUSTAINABILITY	Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources, and/or mainstreamed?	Is there a broad support for the intervention amongst those who implement it?	Is there a broad support for the intervention amongst the intended target population?
POTENTIAL OF SCALABILITY AND TRANSFERABILITY	Is the potential impact on the population targeted assessed (if the intervention is scaled up)?	Are there specific knowledge transfer strategies in place (evidence to practice)?	Is there an analysis of requirements for eventual scaling up such as foreseen barriers and facilitators, available? (i.e. resources, organisational commitment, ...)

### 3. Additional resources of European and International best practices

**Health Promotion and Disease Prevention Knowledge Gateway** (a reference point for public health policy makers with reliable, independent and up-to date information on topics related to promotion of health and well-being) of the European Commission Best Practice Portal, was retrieved the following page: **Tobacco and Smoking**<sup>1</sup>, that includes National and international policy recommendations and implemented policies aiming to decrease tobacco use or exposure to tobacco smoke.<sup>2</sup>

#### 3.1 Best practices from WHO Regional Office for Europe and/or reported by EU MS

World Health Organization, Regional Office for Europe. **Factsheets on WHO FCTC implementation through MPOWER in the WHO European Region (2020)**. Available from: <https://www.euro.who.int/en/health-topics/disease-prevention/tobacco/publications/2020/factsheets-on-who-fctc-implementation-through-mpower-in-the-who-european-region-2020>

The WHO Framework Convention on Tobacco Control (WHO FCTC) provides the legal foundation for countries to implement and manage tobacco control. In 2008, the WHO introduced a package of six evidence-based measures under the acronym of MPOWER, which support scale-up of provisions of the WHO FCTC at country level. These measures include: Monitoring tobacco use and prevention policies; Protecting people from tobacco smoke; Offering help to quit tobacco use; Warning about the dangers of tobacco; Enforcing bans on tobacco advertising, promotion and sponsorship; and Raising taxes on tobacco. The implementation of these measures have proven to reduce tobacco consumption. The WHO has published five reports (in 2011, 2013, 2015, 2017, and 2019) on the activities of all countries in relation to these six measures as well as a factsheet on the implementation of the MPOWER measures specifically in the WHO European Region in 2019.

This factsheet describes that in 2019 most countries of the European Region appear to be performing well in monitoring tobacco use and prevention policies (74% of the countries offer this measure at the recommended implementation level compared to 38% globally) and in warning about the dangers of tobacco (72% versus 47% globally). The factsheet also describes that the European Region is performing better than globally on raising taxes on tobacco (47% versus 20%). The fact that more than half of European Region countries levy taxes below best-practice level, seems a missed opportunity to raise funds for tobacco control and the health sector broadly.

Offering support to quit tobacco use is at the recommended implementation level in 15% of the European Region countries, compared to 12% globally. In particular this measure should therefore be addressed in future policy actions. The percentage of countries with comprehensive smoke-free laws is lower in the European Region than at global level (26% and 32% respectively). With 21 countries having partial laws in

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<sup>1</sup> [https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/tobacco-smoking\\_en](https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/tobacco-smoking_en)

<sup>2</sup> [https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/tobacco-smoking-policies-6\\_en](https://knowledge4policy.ec.europa.eu/health-promotion-knowledge-gateway/tobacco-smoking-policies-6_en)

2019, more needs to be done to introduce comprehensive smoke-free laws to protect people from the harms of second-hand smoke. Furthermore, almost twice as many countries at global level ban all forms of advertising, promotion and sponsorship of tobacco products than in the WHO European Region (25% versus 13%).

World Health Organization, Regional Office for Europe. **Tobacco Control Playbook (2019)**. WHO, 2019. [https://www.euro.who.int/\\_data/assets/pdf\\_file/0011/395687/Tobacco-Control-Playbook-final.pdf](https://www.euro.who.int/_data/assets/pdf_file/0011/395687/Tobacco-Control-Playbook-final.pdf)

World Health Organization, Regional Office for Europe. **Tobacco-free generations - Protecting children from tobacco in the WHO European Region (2017)**. WHO, 2017. [https://www.euro.who.int/\\_data/assets/pdf\\_file/0008/343376/20170428\\_WHO-TobaccoFreeGeneration-DRAFT09.pdf](https://www.euro.who.int/_data/assets/pdf_file/0008/343376/20170428_WHO-TobaccoFreeGeneration-DRAFT09.pdf)

HUNGARY. World Health Organization, Regional Office for Europe. **Tobacco control in practice. Article 8: Protection from exposure to tobacco smoke - the story of Hungary**. WHO 2014. <https://www.euro.who.int/en/health-topics/disease-prevention/tobacco/publications/2012/tobacco-control-in-practice/article-8-protection-from-exposure-to-tobacco-smoke-the-story-of-hungary>

World Health Organization, Regional Office for Europe. Loring B. **Tobacco and inequities. Guidance for addressing inequities in tobacco-related harm**. WHO, 2014. [https://www.euro.who.int/\\_data/assets/pdf\\_file/0005/247640/tobacco-090514.pdf](https://www.euro.who.int/_data/assets/pdf_file/0005/247640/tobacco-090514.pdf)

World Health Organization, Regional Office for Europe. **Bibione. Breathe by the sea. The story of a smoke-free beach in Italy (2014)**. WHO, 2014. [https://www.euro.who.int/\\_data/assets/pdf\\_file/0019/249013/Bibione-Breath-by-the-Sea-updated-version.pdf](https://www.euro.who.int/_data/assets/pdf_file/0019/249013/Bibione-Breath-by-the-Sea-updated-version.pdf)

World Health Organization, Regional Office for Europe. **Empower women – Combating tobacco industry marketing in the WHO European Region**. WHO, 2010. <https://www.euro.who.int/en/publications/abstracts/empower-women-combating-tobacco-industry-marketing-in-the-who-european-region>

**Other practices suggested by MS participants in the Joint Action on Tobacco Control 2, not evaluated yet**

CROATIA. **Excises on tobacco products - effective instrument for reducing prevalence of smoking**. <https://tobacconomics.org/files/research/478/Policy-Brief-Croatia.pdf>

This policy related to Croatia has been suggested by the Croatian Institute of Public Health (CIPH).

## 3.2 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

From the best practice portal of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) [19] were reported several practices on tobacco control. They are all based on systematic reviews of the literature (mostly Cochrane, but also non-Cochrane) assessed for the significant effect on the desired outcome (reduction of the substance use).

### List of Evidence Summaries

Title	Area	Substance	Target group(s) or setting(s)	Evidence rating
<a href="#">School-based multiple risk behaviour interventions to prevent tobacco use</a>	Prevention	tobacco	young people	Beneficial
<a href="#">Multi-substance interventions addressing tobacco and/or cannabis to reduce use</a>	Treatment	cannabis, tobacco		Likely to be beneficial
<a href="#">Anti-tobacco multi-component community interventions</a>	Prevention	tobacco	communities	Likely to be beneficial
<a href="#">Standalone mass-media campaign for tobacco consumption</a>	Prevention	tobacco		Evidence of ineffectiveness
<a href="#">Anti-tobacco mass-media campaigns in combination with school programmes</a>	Prevention	tobacco	school, young people	Unknown effectiveness
<a href="#">Standalone anti-alcohol/tobacco peer programmes</a>	Prevention	alcohol, tobacco	school	Unknown effectiveness
<a href="#">Family- or individual-level multiple risk behaviour interventions to prevent tobacco use</a>	Prevention	tobacco	young people	Unknown effectiveness

### Evidence ratings<sup>1</sup>

The available information on the effects of specific interventions are examined and then ranked them as described below.

**Beneficial: Interventions for which precise measures of the effects in favour of the intervention were found in the systematic reviews of randomised controlled trials (RCTs), and that were recommended in guidelines**

<sup>1</sup> see [https://www.emcdda.europa.eu/best-practice-portal-%E2%80%93-about-evidence-database\\_en](https://www.emcdda.europa.eu/best-practice-portal-%E2%80%93-about-evidence-database_en)

with reliable methods for assessing evidence (such as GRADE\*). An intervention ranked as ‘beneficial’ is suitable for most contexts.

**Likely to be beneficial:** Interventions that were shown to have limited measures of effect, that are [likely to be effective but for which evidence is limited](#), and/or those that are recommended with some caution in guidelines with reliable methods for assessing evidence (such as GRADE). An intervention ranked as ‘likely to be beneficial’ is suitable for most contexts, with some discretion.

**Trade-off between benefits and harms:** [Interventions that obtained measures of effects in favour of harm reduction](#) and/or are recommended in guidelines with reliable methods for assessing evidence (such as GRADE), but that showed some limitations or unintended effects that need to be assessed before providing them.

**Unknown effectiveness:** [Interventions for which there are not enough studies or where available studies are of low quality](#) (with few patients or with uncertain methodological rigour), making it difficult to assess if they are effective or not. Interventions for which more research should be undertaken are also grouped in this category.

**Evidence of ineffectiveness:** [Interventions that gave negative results](#) if compared with a standard intervention, for example.

\* GRADE is an approach to grading the quality of evidence and strength of recommendations.

### 3.3 Publications office of the European Union

A research for best practices in the field of tobacco has been conducted on the European Union Publications Office website<sup>1</sup>. Results are the followings:

- European Commission, Directorate-General for Health and Consumers, **Identifying best practices in actions on tobacco smoking to reduce health inequalities: final report**, European Commission, 2015, <https://data.europa.eu/doi/10.2772/20144>
- European Commission, Consumers, Health, Agriculture and Food Executive Agency, **Mapping of best practices and development of testing methods and procedures for identification of characterising flavours in tobacco products: final report**, Publications Office, 2016, <https://data.europa.eu/doi/10.2818/08983>
- European Commission, Directorate-General for Health and Food Safety, Beaujet, H., Dziejawska-Stringer, C., Nierop, P., et al., **Study on smoke-free environments and advertising of tobacco and**

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<sup>1</sup> [https://op.europa.eu/en/search-results?p\\_p\\_id=eu\\_europa\\_publications\\_portlet\\_search\\_executor\\_SearchExecutorPortlet\\_INSTANCE\\_q8EzsBteHybf&p\\_p\\_lifecycle=1&p\\_p\\_state=normal&queryText=Best+practices+tobacco&facet.studies=&facet.collection=EULex%2CEUPub%2CEUDir%2CEUWebPage%2CEUSummariesOfLegislation&language=en&startRow=1&resultsPerPage=10&keywordOptions=ALL&SEARCH\\_TYPE=ADVANCED](https://op.europa.eu/en/search-results?p_p_id=eu_europa_publications_portlet_search_executor_SearchExecutorPortlet_INSTANCE_q8EzsBteHybf&p_p_lifecycle=1&p_p_state=normal&queryText=Best+practices+tobacco&facet.studies=&facet.collection=EULex%2CEUPub%2CEUDir%2CEUWebPage%2CEUSummariesOfLegislation&language=en&startRow=1&resultsPerPage=10&keywordOptions=ALL&SEARCH_TYPE=ADVANCED)

### 3.4 Resources on International best practices

A documentation search for grey literature, particularly reports by public health organizations was conducted with the keywords: best practice and tobacco control.

#### WHO

In 2008, the WHO introduced the **MPOWER** package, **comprised of best-practice cost-effective interventions outlined in the WHO Framework Convention on Tobacco Control (WHO FCTC)**, to assist in the country-level implementation of effective practices to reduce the demand for tobacco.

The MPOWER package consists of six intervention categories: **M: monitor tobacco use; P: protect people from tobacco smoke; O: offer help to quit tobacco use; W: warn about the dangers of tobacco; E: enforce bans on tobacco advertising and promotion; R: raise taxes on tobacco products.**

WHO has systematically tracked and reported the extent of country-level implementation of the six MPOWER categories in the WHO Reports on the Global Tobacco Epidemic.

- WHO Global health Observatory. **Tobacco Control.** <https://www.who.int/data/gho/data/themes/theme-details/GHO/tobacco-control>
- **WHO report on the global tobacco epidemic 2021: addressing new and emerging products.** Geneva: World Health Organization; 2021. <https://apps.who.int/iris/rest/bitstreams/1359088/retrieve>

#### WHO FCTC

- **2021 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control.** Geneva: World Health Organization; 2021. <https://untobaccocontrol.org/downloads/fctc/who-fctc-gpr/WHO-FCTC-Global-Progress--Report.pdf>
- WHO FCTC. **Country examples, case studies and good practices.** <https://fctc.who.int/publications/country-examples-case-studies-and-good-practices>
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  - World Health Organization. **WHO Technical Manual on Tobacco Tax Administration.** Geneva: World Health Organization, 2010. [http://www.who.int/tobacco/publications/tax\\_administration/en/index.html](http://www.who.int/tobacco/publications/tax_administration/en/index.html)
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- The Canadian tobacco regulatory regime, identified as one of the best by WHO and the WHO Study Group on Tobacco Product Regulation (TobReg), incorporates mandatory periodic emissions testing, emissions disclosure based on all characteristics of the tobacco product, and labelling requirements which mandate large, clear health warnings and informational messages:
  - **Best practices in tobacco control: regulation of tobacco products:** Canada report / WHO Study Group on Tobacco Product Regulation. WHO, 2005. <https://www.who.int/publications/i/item/best-practices-in-tobacco-control-regulation-of-tobacco-products-canada-report-who-study-group-on-tobacco-product-regulation>

## US CDC

According to US CDC, Best practices are a coherent set of actions that have increased performance in a given context and are expected to yield similar results in similar contexts. They are evaluated as "best" against the criteria adopted and recognized by a Committee.

- An evidence-based guide to help states plan and establish comprehensive tobacco control programs:
  - Centers for Disease Control and Prevention. **Best Practices for Comprehensive Tobacco Control Programs** — 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. <https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/comprehensive.pdf>
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## TOBACCO-FREE KIDS

- Campaign for tobacco-free kids, Johns Hopkins Bloomberg School of Public Health, International Union against tuberculosis and lung disease. **Assessing Compliance with Smoke-Free Laws. A "How-to" Guide**

**for Conducting Compliance Studies.** 2014.

[https://www.tobaccofreekids.org/assets/global/pdfs/en/SF\\_compliance\\_guide\\_en.pdf](https://www.tobaccofreekids.org/assets/global/pdfs/en/SF_compliance_guide_en.pdf)

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Substance Abuse and Mental Health Services Administration (SAMHSA): **Reducing Vaping Among Youth and Young Adults.** SAMHSA Publication No. PEP20-06-01-003. Rockville, MD: National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration, 2020.

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- Canadian Task Force on Preventive Health Care. **Recommendations on behavioural interventions for the prevention and treatment of cigarette smoking among school-aged children and youth.** CMAJ February 27, 2017 189 (8) E310-E316; DOI: <https://doi.org/10.1503/cmaj.161242>. <https://www.cmaj.ca/content/cmaj/189/8/E310.full.pdf>

## University of Waterloo

- **Tobacco Labelling Resource Centre** <https://tobaccolabels.ca/>  
**Tobacco Labelling & Packaging Toolkit** <https://tobaccolabels.ca/toolkit/>  
This website was developed to help promote effective, evidence-based labelling policies, with the support of the Framework Convention Alliance and the International Union Against Tuberculosis and Lung Disease.

## OCEANIA

Australia and New Zealand are considered by WHO best practices countries in tobacco control. Here below documentation and reports:

- The Royal Australian College of General Practitioners. **Supporting smoking cessation: A guide for health professionals.** 2021. <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/supporting-smoking-cessation>

- **Tobacco control.** <https://www.health.gov.au/health-topics/smoking-and-tobacco/tobacco-control>
- Ministry of Health. **The New Zealand Guidelines for Helping People to Stop Smoking Update.** 2021. <https://www.health.govt.nz/publication/new-zealand-guidelines-helping-people-stop-smoking-update>
- **Tobacco control in New Zealand.** <https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/tobacco-control-new-zealand>

## ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT (OECD)

OECD. **Guidebook on best practices in public Health.** OECD 2022. <https://oe.cd/best-practices>

The guidebook helps countries prevent and manage non-communicable diseases (NCDs) by encouraging the dissemination of proven best practice interventions.

- Select interventions according to five best practice criteria and assess their transferability potential to a new region;
- Implement best practice interventions into a new region using a general framework for defining implementation in terms of “who does what, when, and how”:
- Evaluate implemented best practice interventions by laying out the steps involved in developing and executing an evaluation study.

OECD. **Applying Evaluation Criteria Thoughtfully.** OECD Publishing, Paris, 2021. <https://www.oecd-ilibrary.org/docserver/543e84ed-en.pdf?expires=1648462620&id=id&accname=guest&checksum=B265C1BE081A9875007BDC00DDD0F194>

The Organisation for Economic Co-operation and Development (OECD) has established common definitions for six evaluation criteria – relevance, coherence, effectiveness, efficiency, impact and sustainability – to support consistent, high-quality evaluation. These criteria provide a normative framework used to determine the merit or worth of an intervention (policy, strategy, programme, project or activity). They serve as the basis upon which evaluative judgements are made.

OECD/DAC Network on Development Evaluation. **Better Criteria for Better Evaluation. Revised Evaluation Criteria Definitions and Principles for Use.** OECD 2019. <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>

This document describes how the OECD DAC Network on Development Evaluation (EvalNet) revisited the definitions and use of the OECD DAC evaluation criteria in 2018-2019. The document lays out adapted definitions for relevance, effectiveness, efficiency, impact and sustainability, and for one new criterion, coherence. The document describes how the criteria should be used thoughtfully, and adjusted to the context of the intervention and the intended users’ needs.

### 3.5 Scientific literature on international best practices in tobacco control

A literature search was performed through the following criteria and databases:

Timeframe: 2012-2022. Keywords: best practice; tobacco control; smoking. Limited to: Full text articles.

Search Databases: PubMed, Web of Science, Cochrane Library, Health Research Premium Collection, British Nursing database, BMJ Best Practice (this also for grey literature).

Search engines: Science Direct, Google Scholar.

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Annex 1: Core module Questionnaire to identify potential best practices (M4.4)



**Joint Action on Tobacco Control 2 (JATC 2)**

Agreement n°: 101035968 - JA-01-2020 - HP-JA-2020 / HP-JA-2020-2

Work Package 4 - Sustainability and Cooperation across Europe

**WP4 M4.4 (Questionnaire to identify relevant policies and best practices in relation to tobacco endgame strategies, smoke-free environments, TPD and TAD in MS)**

Core module – Prepared by THL (Lead beneficiary)

Version	Date	Author	Reviewers and date
First draft	30 May 2021	CARM-FFIS	THL – Hanna Ollila ICO - Dolores Carnicer Pont, Olena Tigova, Esteve Fernandez ISS – Renata Solimini 3 February 2022
Second draft	8 February 2022	THL – Hanna Ollila	ISS – Renata Solimini 8 February 2022; ICO - Dolores Carnicer Pont, Olena Tigova, Esteve Fernandez 15-16 February 2022.
Third draft	17 February 2022	THL – Hanna Ollila	MS - Cristina Gómez-Chacón 21 February 2022
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Fifth draft	2 March 2022	THL – Hanna Ollila	ICO - Dolores Carnicer Pont, Olena Tigova, Esteve Fernandez 9 March 2022 IPHS – Biljana Kilibarda 10 March 2022
Sixth draft	30 March 2022	THL – Hanna Ollila	NPHO - Stathis Papachristou 15 May 2022 WP8 piloting feedback 14 June 2022
Seventh draft	5 July 2022	THL – Hanna Ollila	

## Best practices in tobacco control

### INTRODUCTION

*This questionnaire collects information of **potential best practices in tobacco control** in the EU Member States, and in other countries in the WHO European Region, as part of the Work Package 4 “Sustainability and Cooperation across Europe” of the EU Joint Action on Tobacco Control 2 (JATC2).*

**Potential best practice** is an intervention, policy, practice or initiative in tobacco control implemented at national, regional or local level, which has not yet been evaluated and recognized as best practice by an official European body (such as the European Commission), but which would be susceptible to being if it fulfilled the criteria of a European Best Practice (<https://webgate.ec.europa.eu/dyna/bp-portal/>).

*In the JATC2, the potential best practices collected through this questionnaire will be analysed and shared in the deliverables of the project, to facilitate information exchange and best practice dissemination in the region. We will keep you informed about how the information you provided has been used in the JATC2. Also, ask your permission to include your name in the list of key informants consulted in our deliverables.*

*This questionnaire may ask for some details that you do not have at hand at the moment, and filling in the information can take some time. We appreciate that you provide as much information as possible. During the completion of the questionnaire, you may therefore save your draft and continue later. After completion, you may print/save a pdf of your responses. If you identify multiple different potential best practices in your country, please submit the form separately for each. The criteria and sub-criteria that are utilized to assess potential best practices are explained in detail online [https://ec.europa.eu/health/sites/default/files/major\\_chronic\\_diseases/docs/sqpp\\_bestpracticescriteria\\_en.pdf](https://ec.europa.eu/health/sites/default/files/major_chronic_diseases/docs/sqpp_bestpracticescriteria_en.pdf).*

*Please submit the questionnaire no later than XX 2022.*

**By accepting the following statement, you give your consent to the processing of your personal data:**

I consent to the processing (collection and further processing) of my personal data for research purposes of the Joint Action on Tobacco Control 2. Submission of the data is made on a voluntary basis and consent can be withdrawn at any time, without any consequences. Data are collected according to the Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000.

- I confirm that the provided information is correct and may be used for the purposes indicated.
- I understand and agree that my name and institution can be listed in the JATC2 website and reports.

#### **CONTACT INFORMATION OF THE PERSON WHO IS COMPLETING THE QUESTIONNAIRE:**

First name:

Last name:

Position:

Institution:

Country: [Drop-down list of WHO Euro countries]

Email:

Website and other (optional) contact details:

**In your country, are there any national best practice portals that collect best practices in the prevention of tobacco use, tobacco use cessation, or tobacco control in general?**

- No
- Yes

If you responded Yes, please provide a link to the portal website:

**In your country, can you identify a potential best practice in tobacco control related to the following themes?**

*Please select all themes that apply to the practice.*

- Yes, related to the Tobacco Products Directive (TPD) - 2014/40/EU
- Yes, related to the Tobacco Advertising Directive (TAD) - 2003/33/EC
- Yes, related to the WHO Framework Convention on Tobacco Control (WHO FCTC)
- Yes, related to the Europe's Beating Cancer Plan
- Yes, related to tobacco endgame goals and strategies
- Yes, related to tobacco use cessation
- No, we do not have any potential best practice under these themes [if selected and submitted, survey ends]

## GENERAL INFORMATION OF THE PRACTICE

### **Title/Name of the practice**

*Please indicate the title of the practice (in original language and English translation, if the original language is not English). Please do not use acronyms.*

### **Type of practice**

*Please select all that apply for this practice.*

- Information/Awareness raising campaign
- National health promotion programme
- Policy/Action plan/Action programme/Strategy
- Regulation/Ban
- Monitoring/Surveillance/Evaluation/Research
- Enforcement/Implementation
- Health care service delivery
- Intervention
- Tool/Instrument/Guideline
- Screening
- Training
- E-health, mHealth
- Health in All Policies
- Other, please specify

Specification of other:

### **Please summarize the best practice:**

*1000 character(s) maximum*

Please briefly describe the kind of potential best practice and its main characteristics. For example, was it an intervention on general population or a specific population group? Or was it a policy or about a novel change on organisational/managerial models?

#### Website with more information of the practice

Please also provide a website for more information of the practice, if available.

If the best practice is described in a publication which is not available on public domain, you can upload the publication file(s) here.

#### Which is the current phase of the best practice?

- The practice is at the first stage of implementation but not yet totally developed
- The practice has been developed/adopted but not yet enforced
- The practice has been implemented (enforced/promoted) but not yet evaluated
- The practice has been evaluated
- The practice has been evaluated and registered in a best practice portal [if selected and submitted, the survey ends]
- Don't know

#### What is the justification (need or problem) and context (existing evidence and theory) for developing this practice?

500 character(s) maximum

#### What are the OVERALL GOAL and the SPECIFIC OBJECTIVES of the practice?

500 character(s) maximum

The overall goal is the general indication of the practice's contribution to society in terms of its longer-term benefits. The specific objectives are concrete statements describing what the practice is trying to achieve in order to reach the overall goal.

#### What methods are/were used in the practice?

500 character(s) maximum

Methods should be explicitly linked to the objectives. They should describe how the (specific) objectives were reached, what were the essential tasks performed, e.g. intervention protocol, survey methods, panel of experts, training development, etc.

#### Who has the responsibility to coordinate and/or implement the practice?

Other organizations or entities here can be for example municipalities, regions, public agencies, universities, NGOs, or private institutions.

- My organization
- My organization, together with other organizations or entities (please name the others in the text box)
- Other organizations or entities (please name the others in the text box and confirm you have their consent to share the practice)

Please describe the roles of different organizations or entities in the coordination and/or implementation of the practice.

#### Duration of the practice

- The practice is ongoing (please provide start date)
- The practice has ended (please provide start and end date)

Start date [calendar selection]

End date [calendar selection]

#### What is the geographical scope of the practice?

- International (specify the names of the participating countries in the text box)
- National
- Regional (specify the regions in the text box)
- Local (specify the cities/municipalities or other local units in the text box)

Specification of the geographical scope:

#### If any, which is the specific target population?

*The target population are persons or entities who are expected to be/were positively affected by the action.*

*Please mark all that apply. If there is no specific target population, select "general population".*

- General population
- Gender specific groups
- Age specific groups
- Socioeconomic position (including educational level)
- Certain levels in education system
- Cultural/ethnic background
- Vulnerable groups (Disability)
- Vulnerable groups (Diseases)
- Vulnerable groups (Prisoners)
- Vulnerable groups (Sexual diversity, e.g., LGBTQ)
- Vulnerable groups (Pregnant women)
- Vulnerable groups (Immigrants/Refugees)
- Urban setting
- Rural settings
- Don't know
- Other (specify)

Please describe the specific target groups or settings:

*500 character(s) maximum*

*A proper target group specification provides a clear definition including information about the demographic characteristics, the needs and social norms with regard to the health problem(s) of interest, the size (i.e., the numbers that will be reached by the action), and the method to reach these people.*

**Have the target population and other stakeholders been involved in the adoption/development, implementation or evaluation of the practice?** *Please, specify in which phase (development, implementation or evaluation) they have been involved in.*

[MATRIX QUESTION LIKE IN THE WP8 MODULE – ALL ROWS HAVE RESPONSE OPTIONS

DEVELOPMENT/IMPLEMENTATION/EVALUATION]

- Representatives of the target population(s)
- International/European public health authorities
- National public health authorities
- Regional public health authorities
- Local public health authorities
- Health care professionals
- Stakeholders from other than the health sector
- Researchers/academics
- Schools
- Private companies
- Civil society organisations
- Other

Description of how the target group(s) and stakeholders have been involved:

*500 character(s) maximum*

#### **Enforcement of the practice**

*500 character(s) maximum*

*If relevant for the practice, please provide information on how the enforcement of the practice was set and who/which entity was in charge of the supervision and controlling of its compliance.*

### OUTCOMES, EVALUATION, TRANSFERABILITY AND SUSTAINABILITY

#### **What are the main outcomes of the practice?**

*500 character(s) maximum*

*Please describe the most important **quantitative and/or qualitative** obtained results and main lessons learned.*

*Please clearly and precisely summarize the main outcomes regarding achieved improvements, impact and/or eventual negative effects, and whether or not the desired outputs and outcomes of the practice changed during the implementation of the practice. The outcomes are the changes that have occurred because of the practice i.e. when the specific objectives/overall goal are reached.*

#### **What indicators are used in the monitoring of the process and outcome of the practice?**

*500 character(s) maximum*

*Indicators are variables measuring the performance of an action and the level to which the set objectives are reached. Process, output and outcome/impact should be reported.*

#### **How is the practice evaluated?**

- By an external partner
- Internally
- Evaluation is not yet conducted, but it is agreed and foreseen

- No evaluation is agreed
- Don't know

**Evaluation methods** [shown only if evaluation conducted or foreseen]

500 character(s) maximum

Please specify the organizations that conducted the evaluation. Please explain how the evaluation was carried out (both process and outcome). Please also describe the planned evaluation methods if the evaluation is agreed and foreseen. Please also describe if any economic evaluation took/will take place.

Link to a website that provides more information of the evaluation process and results: [shown only if evaluation conducted or foreseen]

If the evaluation is described in a publication that is not available in the public domain, you may upload the publication file(s) here: [shown only if evaluation conducted or foreseen]

**Level of transferability and/or scalability**

Please select the most suitable option from the following.

- Transferability has not been considered. The practice has been implemented on local/regional/national level and transferability has not been considered in a systematic way.
- Ready for transfer, but the practice has not been transferred yet. The practice has been developed on local/regional/national level and transferability has been considered and structural, political and systematic recommendations have been presented. However, the practice has not been transferred yet.
- The practice has been transferred (i.e. scaled-up) within the same country/region. The practice has been scaled-up to other locations or regions or at national scale in the same country.

Have any barriers or challenges been identified in the transfer or scaling up?

500 character(s) maximum

**Sustainability**

Please select all that apply.

- The practice has institutional support and stable human and material resources
- The practice provides training of staff in order to sustain it
- A sustainability strategy has been developed
- None of the above options

Please describe how sustainability was achieved in economic terms, in capacity building and leadership:

500 character(s) maximum

How is the practice funded?

Please select all that apply.

- Own resources
- External resources - public (specify in the text box)
- External resources - private, excluding tobacco industry (specify in the text box)
- External resources - private, including tobacco industry (specify in the text box)
- No funding required

- Don't know
- Other (specify in the text box)

Specification of the funding:

**What are the equity and ethical principles underpinning the practice?**

*500 character(s) maximum*

*Please provide information about e.g. ethical review and oversight, ethical training for staff and stakeholders and of the strategy for managing adverse events. When individual data is collected, please also indicate if individual's rights have been protected (according to national and European legislation). Please describe how absence of conflicts of interest is taken into account regarding the activities.*