

Tobacco Control Laws in the Gambia: Scope and Alignment with the World Health Organisation's Framework Convention on Tobacco Control

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Abstract

Realising the harmful effects of tobacco use, the World Health Organization through World Health Assembly Resolution 56.1 passed the Framework Convention on Tobacco Control (FCTC), a landmark international legal instrument aimed at addressing tobacco use and protecting the public. To support the implementation of the FCTC, the World Health Organisation in 2008 adopted a comprehensive policy package MPOWER, for tobacco control. This package consists of six evidence-based tobacco control measures of Monitoring tobacco use, protecting people from tobacco smoke, offering help to quit tobacco, Warning people about the dangers of tobacco, enforcing bans on tobacco advertising, promotion and sponsorship, and Raising taxes on tobacco. The Gambia a signatory to the FCTC, have undertaken legislations with the aim of reducing the impact of tobacco use. A needs assessment conducted in 2012 reviewed the progress made in tobacco control implementation. This resulted in the enactment of the Tobacco Control Act 2016 with the accompanying Tobacco Control Regulations 2019. The Act and Regulations encompass ambitious policies, including regulations on tobacco packaging design, restrictions on advertising and tobacco promotion, prohibition of tobacco sale to minors, national smoking ban in workplaces and public settings. Key provisions in the act include the formation of a National Tobacco Control Committee with diverse membership, prohibition of smoking in public places, total ban on tobacco advertisement, promotion and sponsorship, prohibition of sale of tobacco products to minors, which aligns greatly with the FCTC. One of the shortfalls within the act is the exclusion of a provision to support tobacco cessation, which is a key component of the MPOWER.

Keywords: *Framework Convention on Tobacco Control, MPOWER, Tobacco Control Act, Tobacco Regulations.*

Introduction

Tobacco use is considered as one of the greatest global public health challenges and the leading cause of preventable morbidity and mortality worldwide [1]. The World Health Organisation in 2005 through World Health Assembly Resolution 56.1 [2] passed the WHO Framework Convention on Tobacco Control (FCTC) [3]. This landmark international legal instrument is aimed at addressing the global public health morbidities and mortalities associated with tobacco use, meeting the

complex economic and political issues involved in implementing effective tobacco control policies [4]. The FCTC is a global evidence-based treaty that legally requires countries that signed the treaty to implement a broad array of tobacco control measures [5]. The FCTC became the first health treaty of public health concern, and it is meant to protect smokers, non-smokers, and those exposed to tobacco products through second hand smoking.

Annually, over eight million deaths are attributed to tobacco usage, 7 million smokers

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and 1.2 million non-smokers [6]. Second-hand smoke remains one of the most common indoor pollutants worldwide [7]. It is estimated that as many as 40% of children and 33-35% of adults worldwide are regularly exposed to the harmful effects of second-hand smoke indoors [8], despite efforts to protect non-smokers from second-hand smoke exposure.

The global approach to tobacco control has shifted over the years, with many seeing tobacco use as a societal problem [9], and countries are now adopting new approaches towards tobacco control. To assist countries in meeting their commitments to the FCTC obligations and to assess progress, the World Health Organization in 2008 adopted a comprehensive approach for tobacco control through the MPOWER policy package [10]. This package consists of six evidence-based tobacco control measures of Monitoring tobacco use, protecting people from tobacco smoke, offering help to quit tobacco, Warning people about the dangers of tobacco, enforcing bans on tobacco advertising, promotion and sponsorship, and Raising taxes on tobacco [11].

As a response to the health impacts caused by tobacco use, countries have undertaken legislations to achieve smoke-free environments [12] with the aim of reducing smoking prevalence [13], preventing smoking initiation, and encouraging smoking cessation [14] to protect people from second-hand smoke exposure [9]. Although variations in the type and comprehensiveness of policies exist, international tobacco control has overall intensified [15].

The Gambia started implementing tobacco control initiatives decades ago and significant progress has been made in the implementation of various tobacco control initiatives. Among them was the Prohibition of Smoking (Public Place) Act, 1998; the Ban on Tobacco Advertisement Act, 2003; signing and ratification of the WHO Framework Convention on Tobacco Control (WHO FCTC) in June 2007. Following the signing and

ratification of the WHO FCTC, a needs assessment on the implementation of the WHO FCTC was conducted in 2012. The assessment reviewed the progress The Gambia has made in tobacco control implementation, the gaps that exist and possible actions to fill those gaps. Following the needs assessment, the Tobacco Control Act 2016 was enacted with the accompanying Tobacco Control Regulations 2019. Further, the assessment recommended for Tax Policy Reform on Tobacco Products, which includes increase on tobacco taxation progressively at a higher level than the inflation to reduce tobacco consumption.

The Tobacco Control Act 2016 and Tobacco Control Regulations 2019, in line with the WHO FCTC, encompasses more ambitious tobacco control policies for implementation than their preceding laws. These include regulations on tobacco packaging design (e.g. pictorial health warnings), restrictions on advertising and tobacco promotion, restrictions on access to tobacco products by prohibiting sales to minors, and a national smoking ban expanding smoke-free environments in workplaces and public settings.

Tobacco use in The Gambia represents a significant and persistent risk factor for the growing Non-Communicable Disease burden. The Gambia WHO STEP 2010 survey shows adult smoking prevalence to be higher among men, with substantial tobacco susceptibility and early initiation among adolescents, and wide gaps exist between tobacco control legislations (Tobacco Control Act, 2016 and Regulations, 2019) and consistent enforcement.

Successful implementation and enforcement of tobacco control policies are necessary and effective in reducing exposure to second-hand smoke and reducing smoking prevalence [16]. However, their impact varies according to the type and comprehensiveness of policies as well as the specific sociodemographic group in question [17].

Another important approach within tobacco control relates to the efforts of helping people

quit smoking through smoking cessation programs [18]. Most people who smoke regret having initiated smoking and wish to quit [19]. Due to the addictive properties of nicotine, smoking cessation without any assistance may be difficult.

This review examines how the laws, regulations and guidelines adopted addressed the six-evidence base MPOWER policy package and are aligned to the Framework Convention on Tobacco Control with the aim of addressing tobacco usage in the Gambia. We further explored the comprehensiveness these laws and regulations had on reducing tobacco usage in different demographic groups.

Method

Tobacco control activities in The Gambia are anchored on the Tobacco Control Act 2016 and Tobacco Control Regulations 2019. The Tobacco Control Act 2016 is the enabling legislation for Tobacco Control enacted by the President and National Assembly and the Tobacco Control Regulations 2019 was enacted by the Minister of Health through the powers conferred on him by the section 44 of the Tobacco Control Act 2016. The Tobacco Control Act 2016 and Tobacco Control Regulations 2019 were rigorously reviewed to assess two things: Firstly, their comprehensiveness and secondly their relevance in the tobacco control crusade, especially their alignment with the WHO FCTC and the MPOWER policy package model.

The review for comprehensiveness focused on (i) the scope of the laws and policies in addressing tobacco usage, (ii) compliance of the laws with the WHO FCTC principles. Further, the review looked at the different sections of the laws and regulations and how it is implemented. This was done with specific reference to the objectives and context of the law, regulatory approach adopted, key provision of the law, implementation and enforcement with specific reference to the WHO FCTC, the sourced legislation. Based on

the review, the comprehensiveness and relevance of the law and regulations were assessed under the major themes of general obligations, demand reduction measures, and supply reduction measures identified in the Framework Convention of Tobacco Control. These themes aligned with the MPOWER policy package covers the major sections of the FCTC, aimed at addressing demand and supply reduction measures for tobacco and tobacco related products.

Findings

Overview of Tobacco Control Laws and Regulations in The Gambia

The Gambia currently implements the Tobacco Control Act 2016 and Tobacco Control Regulations 2019. The act, enacted by the President and the National Assembly is divided into ten (10) parts with forty-four (44) sections and five (5) schedules was enacted in December 2016 and came into effect on the 17 December 2018. The regulation, enacted by the Minister of Health under the powers conferred by section 44 of the Tobacco Control Act 2016 is divided into seven (7) parts with nineteen (19) sections and four (4) schedules came into effect through gazette No: 22 of 1st July 2019 via Legal Notice No: 12 of 2019. The act and regulations are generally aligned with the WHO Framework Convention on Tobacco Control on so many areas as shown in Table 1. It has specific general obligations, demand and supply reduction measures as outline in the Framework Convention on Tobacco control.

Guiding Principles of the Tobacco Control Laws and Regulations in The Gambia

The Tobacco Control Act establishes a Tobacco Control Committee comprising of stakeholders from different sectors and departments within and outside government. The committee is tasked with the responsibility of coordinating the effective implementation of tobacco control initiatives and alignment of any

policies and programmes with the WHO FCTC. This is very important because the committee is seen to be independent and outside the influence of government as recommended by Article 5.2 and 5.3 of the WHO FCTC. The committee makes recommendations to the Ministry of Health on tobacco control polices,

strategies and plans, and is not influenced by the tobacco industry. Membership to the committee is by law required to declare any potential conflict of interest with the tobacco industry. The committee is mandated to serve for a fixed term as per section 4.

Table 1. Key Provisions of The WHO FCTC, Tobacco Control Act 2016, and Tobacco Control Regulations 2019

	WHO FCTC Articles	Tobacco Control Act 2016	Tobacco Control Regulations 2019
General Obligations	Article 4 Guiding Principles Article 5 General Obligations Article 5.1 Comprehensive multisectoral, national tobacco control strategies, plans and programmes Article 5.2 National coordinating mechanism or tobacco control focal point Article 5.3 Protecting Tobacco Control Policies from the tobacco industry's commercial and vested interest	Section 2 Interpretation Section 3 Establishment of a National Tobacco Control Committee Section 4 Tenure of office of Members of the Committee Section 5 Functions of the National Tobacco Control Committee	Section 2 Interpretation
Demand Reduction Measures	Article 6 Price and tax measure to reduce the demand for tobacco Article 8 Protection from exposure to tobacco smoke Article 9 Regulation of the contents of tobacco products Article 10 Regulation of tobacco product disclosures Article 11 Packaging and labelling of tobacco products Article 12 Education, communication, training and public awareness Article 13 Tobacco advertisement, promotion and sponsorship Article 14 Demand reduction measures concerning tobacco dependence and cessation	Section 9 Right to tobacco smoke free environment Section 10 Prohibition of smoking in public places, workplaces, public transport Section 11 Display of notices where smoking is banned Section 12 Comprehensive tobacco advertising, promotion and sponsorship ban Section 14 Packaging and labelling of tobacco and tobacco products Section 18 Regulation of tobacco products	Section 3 Health warnings and messages Section 4 Requirements for constituents and emissions information on tobacco product packaging and labelling Section 5 Rotation of specified health warnings and messages Section 6 Format of health warnings and messages Section 7 Prohibitions on misleading packaging and labelling Section 8 Product identification markings Section 15 Prohibition of smoking in public places, workplaces and public transport in outdoor spaces Section 16 Notice on prohibited smoking areas

Supply Reduction Measures	Article 15 Illicit trade in tobacco products Article 16 Sales to and by minors Article 17 Provision of support for economically viable alternative	Section 16 Sale and display of tobacco and tobacco products Section 17 Prohibition of supply of tobacco products to and by minors	Section 10 Notices at Point of Sale Section 11 Storage of tobacco products at point of sale Section 12 Tobacco Product price list
Other Measures	Article 18 Protection of the environment and the health of persons Article 19 Liability Article 20 Research, surveillance and exchange of information Article 21 Reporting and exchange of information Article 22 Cooperation in the scientific, technical and legal fields and provision of related expertise	Section 8 Protection from liability Section 19 Duty of Government	Section 9 Technical repository Section 13 Product disclosure Section 14 Offence under this part Section 18 Public reporting of contraventions

Demand Reduction Measures

Smoking Bans in Public Places, Workplaces and Public Transport

The act provides for the prohibition of smoking in indoor public spaces, workplaces and public transport, as per Article 8 of the WHO FCTC, a major aspect of the demand reduction measures. These bans are very important as they aim to protect non-smokers from exposure to second-hand smoke, which is known to cause numerous health problems. Operators in public places, workplaces and public transport are required by law to display notices in a conspicuous place in English and a non-smoking sign stating smoking is prohibited in the premises. The first schedule to the act provides an indicative, non-exhaustive list of public places where smoking is prohibited under the act with consequences for non-adherence.

Comprehensive Ban on Tobacco Advertising, Promotion and Sponsorship

The act provides a comprehensive ban on tobacco advertising, promotion and sponsorship, which is aimed at reducing the appeal of smoking, particularly to the younger generation. The prohibition involves the banning of tobacco advertisements on television, radio, and digital platforms, prohibiting sponsorship of events by tobacco companies and mandating plain packaging to reduce brand recognition. The second schedule of the act provides an indicative, non-exhaustive list of the forms, media and means of tobacco advertising, promotion and sponsorship prohibited under the act.

Taxation and Pricing Policies

The Tobacco Control Act 2016 does not mention tobacco taxation, but the needs assessment of 2012 specifically highlighted the need to increase tobacco taxation. Higher taxes on tobacco products are a proven strategy to deter smoking/ decrease tobacco consumption,

particularly among young people. Issues of taxation fall within the domain of the Ministry of Finance & Economic Affairs and the Gambia revenue Authority. The Customs and Excise Act 2010 and Customs and Excise Regulations 2013 are the legal framework used on tobacco taxation, which over the years has been increasing annually. The high excise taxes on tobacco products comes from the recommendation of the 2012 needs assessment which also resulted in the enactment of The Tobacco Control Act 2016 and Regulations 2019.

Tobacco Product Packaging and Labeling

The act specifies the requirement of pictorial health warnings to cover over 75% of the front and back of tobacco packages as per Article 11 of the WHO FCTC. Misleading terms like 'light' or 'mild' are also prohibited to be on packages to prevent misleading consumers. The act allows for plain packaging regulations to be made, minimizing branding and promotional elements. These are aimed at reducing tobacco appeal, especially to the young, and inform consumers about health risks.

Regulation on Tobacco Product Content and Emission Disclosures

The act and regulations place an emphasis on reporting requirements by manufacturers, importers and sellers to submit information on product composition, disclose the contents and ingredients of tobacco products and other relevant data annually to the regulatory authority. This also includes reports on emission data, including toxic constituents. Some information may be made publicly available to inform consumers about tobacco product risks. The regulatory authority can require testing and verification of disclosed information.

These measures help to monitor tobacco products, ensure transparency and informs public health strategies and policies.

Supply Reduction Measures

Restrictions on the Sale, Supply and Use of Tobacco Products

The act and regulations regulates the age at which tobacco products can be purchased by individuals, forbidding sale to minors (those below 18 years of age) and provides a comprehensive ban on the sale of electronic nicotine delivery systems or smokeless tobacco products. The act under the third schedule provides an indicative, non-exhaustive list of places where the selling of tobacco and tobacco products is prohibited. There are restrictions for the display or making visible a tobacco product at any point of sale and vending machines and internet sales banned with consequences for their breach.

Discussions

The Tobacco Control Act 2016 with its supporting Tobacco Control Regulations 2019 aligns with the main components of the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC), demonstrating The Gambia's commitment to reducing tobacco use and promoting public health. Alignment of the Tobacco Control Act 2016 and the WHO Framework Convention on Tobacco Control is important as it creates a clear legal foundation, promotes policy coherence, enhances accountability, protects policies from industry interference, and enables governments to draw on international expertise. Together, these factors increase the likelihood that tobacco control policies will be effectively enforced and achieve their intended public health outcomes.

Among the key provisions in the Act is the establishment of a tobacco control committee which is mandated to be the national coordinating mechanism for the purpose of the effective implementation of the WHO FCTC and to develop, review and implement tobacco control policies, strategies, pans programs in accordance with the WHO FCTC and to

coordinate and monitor tobacco control interventions.

The act places emphasis on tobacco smoke free environment by placing responsibility on any person consuming a tobacco product (section 9) that he or she does not expose another person to tobacco product. Smoking is specifically ban in an enclosed spaces that is within hundred (100) meters of a public place, workplace, public transport.

Another important aspect of the act is the comprehensive ban on tobacco advertising, promotion and sponsorship, a key pillar under the FCTC demand reduction. All forms of tobacco advertisement, promotion and sponsorship including cross-border advertisement, promotion and sponsorship is banned under section 12.

On the supply reduction measures, tobacco sales to and by minors is prohibited (section 17), and the act goes further in prohibiting the public display of tobacco and tobacco products at points of sale (section 16). This is in line with Article 16 of the FCTC.

The act aligns with most of the WHO FCTC articles which is crucial to ensure legal clarity and consistency for enforcement agencies and bodies to operate under clear legal mandates. Clarity reduces ambiguity about requirements and responsibilities. Lack of alignment may result to gaps or inconsistencies making it difficult for authorities to enforce tobacco control measures effectively.

Alignment with the FCTC promotes a comprehensive approach to tobacco control, encouraging the implementation of multiple mutually reinforcing measures such as taxation policies, public health campaigns, packaging regulations, and smoke-free laws to reduce tobacco consumption. This improves the effectiveness of enforcement because institutions responsible for different aspects of tobacco regulation operate within a coordinated policy environment rather than implementing fragmented or contradictory policies.

This supports effective protection against tobacco industry interference as the FCTC emphasizes the need to protect public health policies from commercial and vested interests of the tobacco industry. Alignment with these provisions enables to better regulate industry activities such as lobbying, marketing strategies, and corporate influence on policy decisions. Strong alignment creates a regulatory environment that limits industry tactics designed to weaken enforcement.

The FCTC being a global treaty is implemented by many countries; therefore, alignment allows governments to benefit from shared experiences, policy guidance, and technical assistance provided by the World Health Organization and other international partners. The exchange of knowledge can strengthen enforcement strategies and help countries adopt proven tobacco control interventions and best practices.

Alignment enhances accountability and compliance with international commitments as signatories to the WHO Framework Convention on Tobacco Control are expected to report on their implementation progress and demonstrate compliance with treaty obligations. This encourages stronger enforcement and improve implementation of tobacco control policies.

Challenges

The Tobacco Control Act 2016 aligns with most of the provisions of the FCTC, but a critical area of the FCTC Article 14 is not catered for in the act and legislation. Article 14 of the FCTC states *“each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence”*. The Gambia as a Party to the WHO FCTC has

obligations to implement the provisions of the convention.

It is known that tobacco initiation starts early and many who start early regret starting. Therefore, establishing a tobacco cessation mechanism is seen to be a vital aspect of any tobacco control programme which the act and legislation does not cater for. However, the Ministry of Health has developed a tobacco cessation clinical guideline in 2016, but the services are not established.

The act also makes regulations on tobacco products, tobacco product contents and emissions disclosures, which importers, manufacturers and distributors are obliged to submit annually. But the committee does not have the mechanism to verify these as reported.

Recommendation

The Tobacco Control Act 2016 and Tobacco Control Regulations 2019 greatly aligns with the WHO FCTC. But a key component of the MPOWER policy package of offering people to quit smoking is not included. This is a major step in the demand reduction measures. However, there is a clinical guideline on tobacco cessation, which was developed since 2016. This still remains a guideline with little being done for its operationalisation. It is therefore necessary for the National Tobacco Control Programme to enhance cessation support mechanism by making available counselling, NRT and cessation medications. This can be strengthened by integrating cessation support into the primary health care approach. Staff should be capacitated to ensure effective implementations of the act and regulations.

Conclusion

The implementation of the Tobacco Control Act 2016 and Tobacco Control Regulations 2019 should be prioritised especially by the National Tobacco Control committee set up under the Tobacco Control Act 2016. This will

ensure the efforts for tobacco control are achieved.

Ethical Approval

This study received approval from the Director of Health Services, Minister of Health, The Gambia and ethical approval from the University of The Gambia research Ethics Committee (UTGREC) with reference UTGREC/11/2026/001. All the study procedures were conducted in accordance with the national research guidelines.

Data Availability

The datasets used in this study are available from the corresponding author upon reasonable request and with permission from the Ministry of Health of The Gambia.

Competing Interest

The author declares that there are no competing interests related to this study. No external entity influenced the research process or findings.

Conflict of Interest

The author declares that there is no conflict of interest regarding the conduct of this study, the interpretation of its findings, or the preparation of this manuscript. The research was carried out independently, and no financial or personal relationships influenced its outcomes.

Author Contributions

Dawda Sowe conceived and designed the study as part of his PhD thesis, conducted data collection and analysis, interpretation of findings and drafted the manuscript with guidance from his supervisor.

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