



World Health  
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Europe

Bibione.  
Breathe by the sea.

*The story of a  
smoke-free beach in Italy*

BREATHING





Bibione.  
Breathe by the sea.  
*The story of a  
smoke-free beach in  
Italy*

## Abstract

This publication supports the implementation of the WHO Health 2020 policy. It documents a local smoke-free beach initiative employing whole-of-government and whole-of-society approaches to address a common public health challenge: smoking and exposure to tobacco smoke in public settings. The key steps in developing the initiative were: recognition of a public health risk, assessment/engagement of stakeholder interest in addressing the risk, enactment of a regulation to reduce the risk (banning smoking on the beach) and information for beachgoers promoting the idea and enforcing the ban. The initiative was spearheaded by a champion who led the action and engaged partners, which made implementation and monitoring possible. Collaborative governance took place through coordination and trust-building between the economic, tourism, health and environment sectors and local authorities. A number of key messages from the initiative could be useful to other regions and countries that would like to take on a similar public health challenge.

## Keywords

HEALTH PROMOTION

PUBLIC HEALTH

SMOKING

TOBACCO

TOBACCO SMOKE POLLUTION

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## Foreword

*Placing citizens at the core of the health systems and listening to their concerns and needs has always been at the heart of the health policy-making process in the Veneto Region.*

*We in the Veneto prioritize evidence-based interventions of proven efficiency, and those which aim at maintaining a high health status in a community. Ultimately, the good health of individuals and communities is the greatest asset we have, and one which is instrumental in achieving goals such as economic growth, sustainable development and more equitable societies.*

*This is why the Veneto values preventive and health promotion interventions. In many instances, the Region is a pioneer as regards planning tools, such as the Regional Prevention Plan, as well as with innovative interventions proposed in the Region.*

*With the new Regional Prevention Plan, the Veneto is moving away from interventions developed in isolation by experts and imposed upon passive recipients. Instead, it aims to empower people to gain full control of their health and to make healthier choices and choose healthier behaviour. With this in mind, the Veneto has, since 2007, followed the Gaining Health interministerial initiative.*

*The Gaining Health initiative aims at tackling the biggest public health challenge of the 21st century: noncommunicable diseases. The burden of these diseases is aggravated by the fact that they affect people earlier in life, robbing many of their most productive years and creating complex health needs that are expensive to treat. To counteract this epidemic, there needs to be a focus on population-wide measures acting on common determinants of these diseases: tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol. These risk factors are shared, which simplifies the operational approach, and they can be modified, which opens the prospects for prevention.*

*Not only is prevention a cost-effective option, it is also the viable option to lessen the burden on societies, both in human suffering and financial terms.*

*This is not easy. It requires innovative ideas in engaging with other sectors and society at large, using whole-of-government and whole-of-society approaches. We need to be brave, to address all the various facets of the problem at once and to adopt new ways of working.*

*The involvement of sectors such as education, social affairs, employment, private business, civil society and nongovernmental organizations, both at local and*



*regional levels, is the key to short- and long-term success. Although it is difficult to establish a participatory process, act on shared values, set measurable targets and implement multisectoral and well-coordinated actions, it is feasible.*

*Tobacco is still one of the biggest killers in the world, and it certainly is a big killer in the Veneto. Something can and must be done to stop this.*

*For the last 20 years the Veneto has been implementing a comprehensive multisectoral tobacco control programme. The programme has three objectives: preventing the initiation of tobacco use, especially among young adults, helping people to stop smoking, and protecting people (especially vulnerable groups) from second-hand smoke.*

*As part of this programme, I am proud of this publication, which describes the smoke-free initiative “Breathe by the sea” carried out in the town and beach resort of Bibione in the Region.*

*This is a forward-thinking initiative in many instances. It addresses the health need to protect people from smoke, it matches the increasing demand for healthy holidays, it positions Bibione as a place for family recreation, it strengthens the resilience of local communities and it aims at launching an integrated plan of social and sustainable development. These concepts are fully in line with WHO’s new European policy framework for health and well-being: Health 2020.*

*Being the second most popular beach in Italy, Bibione’s initiative has huge potential in terms of health gain and is the ideal setting to showcase this model of intersectoral collaboration to other regions in Italy and in Europe.*

*Promoting the initiative “Breathe by the sea” means promoting the concept of health promotion and of healthy holidays.*

*The Veneto is pleased to add this initiative to the extraordinarily rich portfolio of cultural and recreational activities the Region already offers to the world.*

Luca Zaia  
President of the Veneto Region  
Italy

## Foreword

*The promotion of health and creation of health-promoting environments are at the heart of the new WHO European policy framework for health and well-being: Health 2020. The burden of noncommunicable diseases is a threat to us all as individuals and to the communities we belong to. If preventive action is not taken, these diseases will both erode the already limited budget available to health systems and undermine societal development.*

*Smoking is a common risk factor for many of these diseases and one for which a causal relationship has been clearly established.*

*Decades of research show us what works and what does not. Some interventions can also be effective in tackling the health inequities embedded in this problem.*

*Hundreds of good initiatives to counteract smoking have been carried out in the WHO European Region and around the world. Many of these have been designed on the basis of solid evidence. Not many, however, have been documented when it comes to the description of the process that led to their implementation.*

*We, at the WHO Secretariat of the Regions for Health Network, hosted by the WHO Regional Office for Europe, are proud to present this experience from the Veneto. As its core purpose, the Network aims to document successful interventions which promote health and well-being with an equity focus, analysing the factors that facilitated the process and those that hindered it, and reflecting on the circumstances which made effective multisectoral partnerships possible and on effective ways to involve all sectors of society.*

*This publication is not an academic exercise; nor does it aim to replace the rich literature on theoretical frameworks and action plans to tackle smoking-related problems. Instead, it aims to complement these documents with a real-life example of intersectoral action, which can be shared among the Network members and other interested parties at local, regional and national levels.*

*The initiative “Breathe by the sea” carried out on the littoral coast of Bibione is indeed worth documenting. It presents a whole-of-government and whole-of-society approach to health and well-being. Making this initiative possible meant working horizontally across different sectors and involving the communities in a participatory process.*

*There are two main aspects to the alignment of this initiative with Health 2020. On the one hand, the initiative is carried out through multisectoral and*

*participative processes and action. On the other, it pursues the concept of well-being, which goes beyond the health dimension per se.*

*The “Breathe by the sea” initiative aims to promote healthy behaviour and preserve the health status of individuals and communities, and also to promote the protection of the environment, launch sustainable tourism in rural areas, position this particular recreational area as an area for healthy holidays and promote physical activity. Thus it increases the resources for health promotion in a community.*

*As an element in these preventive interventions, special protection is needed for vulnerable groups, such as children, pregnant women and the elderly. This is indeed at the very core of this initiative.*

*On behalf of the WHO Regions for Health Network, I would like to commend the promoters of the “Breathe by the sea” initiative, and I hope that this publication will inspire policy- and decision-makers around Europe to undertake similar initiatives, fertilizing a virtuous cycle of such initiatives.*

Erio Ziglio,  
WHO Focal point, Regions for Health Network  
Head, WHO European Office for Investment for Health and Development  
WHO Regional Office for Europe



## Executive summary

The content of this publication was produced by the WHO Regions for Health Network, which supports the implementation of the WHO European Health 2020 policy. It documents a local smoke-free beach initiative employing whole-of-government and whole-of-society approaches to address a common public health challenge, smoking and exposure to tobacco smoke in public settings. The key steps followed when the initiative was developed included: recognition of a public health risk, assessment/engagement of stakeholder interest in addressing the risk, enactment of a regulation to reduce the risk (banning smoking on the beach) and information for beachgoers promoting the idea and enforcing the smoking ban. The initiative was spearheaded by a champion who led the action and engaged partners, which later made it possible to implement and monitor. Collaborative governance, as promoted in whole-of-government and whole-of-society approaches, also takes place with coordination and trust-building among a wide range of actors, in this case, the economic sector, local authorities, tourism, health and the environment sector to name a few.

The following key messages are useful to other regions and countries that would like to take on a similar public health challenge.

**Believe in the initiative** and in promotion of clean environments, good health and overall well-being.

Identify a **champion** for the initiative that can facilitate change and be engaged at multiple points of influence.

**Disseminate information** on the initiative as much and in as many ways as possible. Assess changes in knowledge, attitudes and practices during and after the initiative.

Have the conviction to **think long-term** to extend the initiative after the initial stage and forge links with other strategies to obtain exponential effects (sustainable tourism and well-being, awareness-raising on the health effects of second-hand tobacco smoke).

**Involve diverse and key stakeholders** from the outset so that they can help in dissemination. Help stakeholders identify the goals they would like to achieve. In the case of Bibione, the economic sector (hotels, campsites, beach concessionaires and apartment rental agencies), the environmental sector, local police and the health sector were all involved.

Identify events as venues to **gather consensus and ideas** on the initiative. Test concepts to be used in the initiative. The process of testing concepts with small groups of the target audience helps to determine which concept most clearly and persuasively communicates the desired messages.

**Know the target** and the social profile, lifestyle issues and preferences. Both smokers and non-smokers need clearer evidence of the health effects of passive smoking. The use of creative materials in combination with strong advertising has been shown to bring about positive changes in behaviour.

**Identify benefits for all involved** and help stakeholders find ways for the initiative to contribute to their own sector's goals. This will motivate them to provide continued support.

**Report** on progress/results to those who can support to the initiative and disseminate efforts through diverse channels.

## Section 1. Why this publication?

### BACKGROUND

This publication, *Bibione. Breathe by the sea*, describes the development of a pioneering smoke-free beach initiative, which started in 2011 in the beach resort of Bibione in the north-east Veneto Region of Italy. It is produced in support of the implementation of the WHO European Region's health policy framework, Health 2020. The Bibione initiative employs whole-of-government and whole-of-society approaches to address a common public health challenge: the exposure to second-hand smoking in public places.



The target audience consisted of: (i) tourists and residents using the beach, especially smokers, and (ii) stakeholders who stood to gain or lose from the initiative.

Bibione is a popular tourist destination for Italians as well as for large numbers of tourists from Austria, Germany and other parts of Europe. This is the first of such initiatives in Italy and one of only a handful in Europe seeking to ban

tobacco on beaches. Despite evidence of the harmful effects of second-hand tobacco smoke on health and on the environment, one in four Italians still smokes, thus exposing non-smokers to a number of health and environmental effects.



A recent study carried out by the National Cancer Institute in Milan found that exposure to second-hand smoke on a beach may reach short concentration peak values comparable with those measured in city centres. Measurements taken on Vada beach in Livorno found that the smoke from two cigarettes consumed 5 m upwind of a nearby person yielded peaks in polycyclic aromatic hydrocarbons up to seven times greater than the baseline values measured on the beach upwind of the parasols and the smokers and more than double those measured in the Piazza Grande of Livorno during rush hour. At a distance of 10 m from a smoker, the peak concentration remained higher than that measured in Piazza Grande. The peak values measured in Vada, although very short, can be compared to the baseline values measured during the winter in a large city such as Milan. Even though these peaks are short they may be frequent on crowded beaches and present a serious health risk for children and particularly sensitive persons (1). The environmental effects are also not negligible. According to a recent report on



Italian beaches from the United Nations Environment Programme (2), 27% of waste collected from the Mediterranean comes from cigarette butts, cigars, empty packaging and lighters. Incorrectly disposed of, one cigarette filter can take from one to five years to become biodegradable, in the meantime excreting toxic substances that pollute not only water but also sea life. The high concentration of tourists (including pregnant women and children) on the beach, often sitting less than 3 m apart, the involuntary inhalation of second-hand smoke and the frequent unearthing of cigarette butts in the sand are unacceptable and preventable forms of exposure that actively damage both health and the physical environment.

## IMPLEMENTATION OF WHOLE-OF-GOVERNMENT AND WHOLE-OF-SOCIETY APPROACHES

This case study describes the experience of Bibione in implementing a smoke-free beach intervention, the steps followed, the multisectoral approach to involve stakeholders, the key lessons learned that could be transferable to other countries and regions and how whole-of-government and whole-of-society approaches can contribute to better health and environment in the European Region and to achieving Health 2020. The initiative also forms part of a set of evidence-based and cost-effective strategies for reducing tobacco use that comprise the WHO Framework Convention on Tobacco Control and the six mPOWER strategies supporting the Convention at the country level (3). The case study makes a key contribution to the WHO Regions for Health Network goals of increasing capacity to transfer knowledge of best practices for efficient health outcomes delivery to other regions in Europe and elsewhere. It also consolidates links between a local project and the Network, thus contributing to a future scaling-up and sharing of best practices from the local to the regional level. Last but not least, it makes a contribution to working across government departments to give strong support to successful and sustainable health and development outcomes.

## THE BURDEN OF SMOKING

The European Region has the highest burden of noncommunicable diseases worldwide. Cardiovascular diseases and cancer cause almost 75%

of mortality in the Region, and three main disease groups — cardiovascular diseases, cancer and mental disorders — cause more than 50% of the burden of disease (measured using disability-adjusted life-years). Four diseases and their behavioural risk factors (cardiovascular diseases, cancer, diabetes and chronic respiratory diseases) account for most preventable disease and death in the Region, with social and economic conditions playing an important role in promoting such damaging behaviour. These conditions are highly preventable and considerably socially determined with large inequity gaps. Since reducing the burden of disease in Europe is a priority of Health 2020, it is especially relevant to address tobacco use as it contributes so heavily to this burden. Existing cost-effective policies (such as increased taxation and smoking bans) might need some adjustment in a country to ensure that they target those most at risk and with most need (4).

In Europe, about 28% of adults smoke and over 16% of deaths in people over 30 years of age are due to tobacco consumption (5). A number of studies show that smoking has declined in Italy (6). According to 2012 surveillance data of the Italian adult population (aged 18–69 years), 28% of adults smoke; of these, one in three (equal to 8% of the general population) smoke more than a pack of cigarettes per day (7). The prevalence of smoking is higher among people in economic difficulties (37%). Taking into consideration gender, smoking is more common among men aged 25–34 years, while women aged 50–69 years smoke more frequently (7). A significant drop in smoking prevalence was noted in 2005–2006 as against 2003–2004: smokers consumed a mean of 15.4 cigarettes per day in 2004, 14.6 in 2005 and 13.9 cigarettes per day in 2006. Such a drop can be attributed to the ban on smoking (8). Barone-Aldesi and colleagues have estimated that the reduction in active smoking observed after the ban in Italy could account for 0.7% of the decrease in acute myocardial infarction admissions (9). Smoking prevalence is down since 1998, with smoking-related deaths reduced by almost 15% (10).

In the Veneto Region, 23.5% of the population aged 18–69 years smoke, 21% are former smokers and 55% have never smoked. Smoking is more prevalent among men than women (27% and 21%, respectively) with almost one third of those aged 18–24 years, 25–34 years and people with a lower than average schooling claiming to be smokers. Thirty-eight per cent of those who report economic difficulties smoke (7).



## WHAT WORKS: LEGISLATION AND A COMPREHENSIVE APPROACH TO TOBACCO CONTROL

The WHO Framework Convention on Tobacco Control, the first international treaty negotiated under the auspices of WHO, was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005 (11). It was developed in response to the increasing tobacco epidemic, based on evidence and reaffirms the right of all people to the highest standard of health. The Convention is a milestone for public health promotion and provides new legal dimensions for international health cooperation.

In the European Union (EU), the key legislation in the field of tobacco control comes from the Directive on Tobacco Products (2001) (12), the Directive on Tobacco Advertising (2003) (13) and the revised Tobacco Products Directive (2014) (14) governing the manufacture, presentation and sale of tobacco and related products. The revised Tobacco Products Directive was officially adopted by the Council of Ministers on 14 March 2014 and will improve the functioning of the internal market for tobacco and related products, while ensuring a high level of health protection for European citizens.

Another instrument is the European Commission Proposal for a Council Recommendation (2009) that calls on all Member States to move forward with measures to protect citizens from exposure to tobacco smoke by 2012. It calls on member states to:

- adopt and implement laws to protect citizens from exposure to tobacco smoke in enclosed public places, workplaces and public transport within three years of the adoption of the Recommendation;
- enhance smoke-free laws with supporting measures such as protecting children, encouraging efforts to give up tobacco use and using pictorial warnings on tobacco packages; and
- strengthen cooperation in the EU by setting up a network of national focal points of tobacco control (15).

The WHO European Action Plan for Implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016, endorsed by Member States in 2011, places equity, cross-cutting approaches and life-course considerations as central principles. Reducing the prevalence of tobacco use is a high priority of the Action Plan, especially through the use of fiscal policies and marketing restrictions.

## **A COMPREHENSIVE APPROACH**

Legislation and measures must be accompanied by a comprehensive approach to tobacco control, which involves the synergistic coordination of the other major approaches. A comprehensive approach combines educational, clinical, regulatory, economic and social strategies. Research has documented the effectiveness of laws and policies in a comprehensive effort to protect the public from exposure to second-hand smoke, to promote cessation and to prevent the start of smoking. In tobacco control, there is strong evidence of greater effectiveness with multicomponent interventions that integrate the implementation of programmatic and policy initiatives to influence social norms, systems and networks (16). A comprehensive approach has proved to be more effective than single-measure approaches. The single most effective measure to decrease smoking and stop non-smokers from starting is a combination of tax and price policies, as these bring both the best health and

positive economic outcomes. Comprehensive tobacco control consists of: (i) measures to protect people from exposure to tobacco smoke, such as smoke-free indoor public places; (ii) action addressing the packaging and labelling of tobacco products such as strong and large pictorial warnings on tobacco packs; (iii) a combination of price and tax measures to reduce the demand for tobacco; and (iv) restrictions or bans on the advertising, promotion and sponsorship of tobacco (17). A good example from further afield of a comprehensive approach that also extends to outdoor areas in public places to protect vulnerable groups of society is the Tobacco Tax and Health Promotion Act enacted in California (United States of America) (Box 1).

### Box 1. Smoke-free outdoor areas in California (United States)

In 1988, the people of California voted in favour of the Tobacco Tax and Health Promotion Act, commonly referred to as Proposition 99. This Act raised the tax on a pack of cigarettes by US\$ 0.25 (€0.18) and earmarked US\$ 0.05 (€0.03) of that tax to prevent and discourage the use of tobacco. As a result, the California Tobacco Control Program was created and embarked on an effort to change the social norms around the use of tobacco. Since Proposition 99 passed, smoking-related cancer rates have decreased over three times faster in California than in the rest of the country (18).

In 2003, California passed a law that created smoke-free policies for playgrounds at public parks in order to protect children from second-hand smoke. Since then, many Californian cities and counties have taken steps to strengthen the law, reducing or eliminating second-hand smoke entirely from outdoor venues, including parks and beaches.

Today, more than 35 cities and towns along the Californian coast have designated the beaches under their authority as smoke-free.

While 88% of Californians do not smoke, the use of tobacco continues to have a disproportionate impact on certain demographic groups, including African Americans, Hispanic men, rural residents and people of low socioeconomic status (19). Exposure to second-hand smoke remains a problem, and some groups such as Hispanics, blue-collar workers and children are more exposed than others due to their socioeconomic situation or age.

For more information and resources, see the California Department of Public Health TobaccoFreeCA website (20).

**Community interventions**, carried out within or outside the health system, and elements of **social marketing** support the aforementioned core comprehensive policies and their implementation. Community interventions

bring together a range of integrated activities with initiatives to eliminate tobacco-related disparities. The most effective interventions are those in which specific strategies that encourage the stopping of tobacco use, prevention of starting to use tobacco and elimination of exposure to second-hand smoke are combined with social marketing strategies and health communication components to mobilize communities. Any plan and intervention aiming at reducing tobacco consumption should focus on the equity of its impact and on the distribution of impacts within the population. Inequities in smoking are related to inequities in starting and stopping smoking and are influenced by factors across the entire life-course. Tobacco price increases should be accompanied by adequate smoking cessation support for low-income groups and interventions such as: free or heavily subsidized nicotine replacement therapy for disadvantaged groups, free telephone quit counselling lines, training for primary health centre professionals and a review of equity in the provision of advice on stopping smoking.

Social marketing is a framework for audience research on behaviour change, to understand the determinants of behaviour together with health communication and promotional aspects. It blends traditional public health methods with current marketing and advertising techniques to reach defined groups of people about health and social issues, with the goal of changing, developing, modifying and sustaining individual behaviour. It focuses on integrating the values, needs and concerns of the target audience into the planning and implementation of interventions (21). Mass-reach health communication interventions, which are part of social marketing, are effective in delivering strategic, culturally appropriate and high-impact messages through sustained and adequately funded campaigns. They work best when integrated into a comprehensive tobacco control programme. Effective health communication interventions and counter-marketing strategies employ a wide range of paid and earned media, including: television, radio, out-of-home (billboards, transit), print and digital advertising at local levels; promotion through public relations/earned media efforts, including press releases/conferences, social media and local events; health promotion activities, such as working with health care professionals and other partners, promoting quitlines, offering free nicotine replacement therapy; and efforts to reduce or replace sponsorship and promotion by the tobacco industry. Social media also play an important role in facilitating improvements in how messages are developed, fostered and disseminated (16).



**Surveillance and evaluation** are critical infrastructure components of any comprehensive tobacco control programme to monitor and document key short-term, intermediate and long-term outcomes within populations. Data from surveillance and evaluation systems can be used to inform programme and policy directions, demonstrate programme effectiveness, monitor progress on reducing health disparities, ensure accountability to those with fiscal oversight and engage stakeholders for further support.

With a comprehensive approach, smoking prevalence in Italy can be decreased by as much as 12% soon after policies are put in place. This would result in a 30% reduction in smoking in the next 20 years and a 34% reduction by 2040. If no action is taken, a total of almost 300 000 lives will be prematurely lost in Italy due to smoking by 2040 (22).



## Section 2. The Bibione: breathe by the sea initiative

### BIBIONE

Bibione is a beach community which was established in the 1950s and is now the second most popular beach in Italy calculated by tourist presence (number of arrivals multiplied by the duration of stay). It is characterized by family-oriented tourism, the promotion of well-being, sport, the environment and relaxation due to its thermal bath establishments. The beach is 9 km long and, because of its vast width, is considered good for families. Three and a half km are public beaches and the other five and a half km are paid entry beaches offering vacationers sun beds and parasol rentals. Thirty-three per cent of tourists are domestic and 67% come from abroad. In 2012, Bibione had a tourist presence of almost six million. Recently there has been an increase in tourists from Germany and eastern Europe. The average stay of both national and foreign visitors is approximately eight days (23).



Bibione is part of San Michele al Tagliamento municipality, which measures 112 km<sup>2</sup>, is bounded on the east by the Tagliamento River and has a population



of 12 000 residents in the low season. The economy of San Michele is based on tourism, the service sector and agriculture. Numerous voluntary associations exist in the area focused on social issues, culture, sport and health. There are also a number of businesses and construction companies contributing to the local economy. San Michele aims to achieve sustainable, rural tourism with the promotion of outdoor activities that capitalize on the area's natural and human-made features and thus contribute to physical and mental well-being, including the river and the use of cycle paths (both existing and under construction), and the organization of sporting activities. Protecting the physical environment is a priority, as is the promotion of sport and overall well-being.

San Michele has a number of special protection zones along the migration routes of birds, which are designated for the maintenance and creation of suitable habitats for the conservation and management of migratory wild bird populations.<sup>1</sup> It is the first municipality (beach and town) in Italy to be certified under the Eco-Management and Audit Scheme, which is a voluntary instrument created by the European Community to which organizations (such as companies and public entities) can voluntarily adhere to evaluate and improve their environmental performance and provide the public and other interested parties with information on their environmental management.

The Bibione coast has received 22 Blue Flags, 18 of which have been awarded consecutively. A Blue Flag is a voluntary eco-label awarded to seaside resorts that meet criteria relating to sustainable land management, with the principal objective of directing the policy of the local management of many coastal resorts towards a process of environmental sustainability.

## DESCRIPTION OF THE INITIATIVE

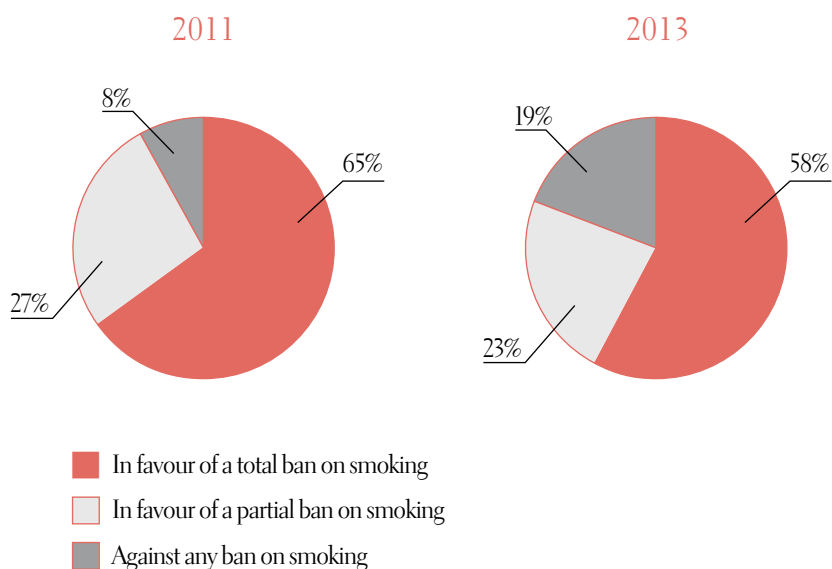
A whole-of-government and whole-of-society approach calls for equitable improvements in health, strong governance and leadership for health, collaborative models of working and shared priorities with other sectors.

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<sup>1</sup> Special protection zones have been identified by EU member states (Directive 79/409/EEC known as the Birds Directive) and, together with special areas of conservation, form the Nature 2000 Network. Any plans or projects that may have a significant effect on the sites and are not directly related to and necessary for their management must be subject to an environmental impact assessment.

It also highlights the importance of community and individual reliance and empowerment and the role of partnerships (3). The Bibione initiative embodies all these elements and more. It shows how this collaborative process was born with an initial leader who involved a wide range of stakeholders, engaging them to do their part towards the common goal of making the initiative a success. The idea for a smoke-free beach came in the summer of 2011 from the San Michele municipal administration, which wanted to assess whether a smoke-free beach would be welcomed by tourists as well as to reduce environmental pollution from the large number of cigarette butts being collected on the beach. In 2011, in response to a pre-intervention survey of 1500 people, 65% of respondents reported that they would be in favour of a total ban of smoking on the beach and another 27% reported a preference for designated smoking zones (Fig. 1). The survey revealed that in total, 92% of respondents expressed a positive interest in banning smoking on parts of the beach. Subsequently, two non-smoking test zones of approximately half a kilometre in all were set up with signs and information for tourists who rented umbrellas there. A few days later, news of the initiative reached the media with the main Italian and European television and radio channels and newspapers highlighting the initiative.

**Fig. 1. Results of pre-intervention surveys carried out in 2011 and 2013 among Bibione beachgoers**



The tourists' enthusiasm was, however, followed by concern in the service sector that smokers would begin to opt for beaches where smoking was not currently banned, leading to a general decline in the tourist presence in the area. Furthermore, many tourists in Bibione come from countries where smoking may be banned in public places but advertising of tobacco products still continues. When the same survey was repeated in 2013, the number of respondents welcoming a total smoke ban on beaches fell (Fig. 1). So as not to affect the local economy in a time of crisis, therefore, the initiative was adjusted to designate only the part of the beach from the umbrellas as far as and including the water as smoke-free and to promote heavily the proper disposal of cigarette butts. The idea of making the beach fully smoke-free remains, but it will only happen gradually as the part covered by the ban is the most important part of the beach where children and families spend most of their time.

It is important to note that Bibione's aim to have a smoke-free beach is one of several initiatives taken by the municipality to promote sustainable tourism and well-being in a family environment. The area around Bibione is rich in natural resources and is environmentally sensitive. Bibione actively promotes cycling with a total of 27 km of cycle paths throughout the urban area (Fig. 2). There is a 4 km cycle path running parallel to the shore extending from the lighthouse to the pine forest. Once completed, this cycle path will be a 9 km ride beside the beach for people seeking to cycle as a regular mode of transport. There are also approximately 50 km of both riverbank and urban cycle paths running from Bibione to Villanova della Cartera (in the Province of Venice).

**Fig 2. Aerial view of cycle paths in the Bibione area**



## LEGAL SUPPORT FOR THE INITIATIVE

The Bibione smoke-free beach initiative conformed with national legal mechanisms such as the non-smoking law of 16 January 2005 introduced by the former Minister of Health, Girolamo Sirchia, when he announced that smoking was the leading cause of death in Italy. This law, now known as the Sirchia law, prohibits smoking in all closed public places such as restaurants, offices and bars unless there is a completely separate room available that can be designated as a smoking room. Italy is the fourth European country to introduce a smoking ban in public places. There is evidence that heart attacks in Italian adults dropped significantly following the implementation of the smoking ban, with the decline being attributed to less passive smoking (24,25), and an 8% decrease in cigarette consumption has been reported as a result of the ban (26). Further support comes from the Ministry of Health which, in 2001, called on (and gave power to) local administrations to extend the ban on smoking in areas not covered by the anti-smoking legislation and to places other than those prescribed by law.

With this as background, and to ensure enforcement of the initiative, the commander of the local police force drafted a regulation prohibiting smoking in a number of public places, including on the beach. In 2012, this regulation was approved by the city council and a ban imposed on smoking in designated areas. These designated areas were specified by the council in June 2013. Article 12 of the regulation called for “Protection against smoke on the beach”, and specifically states that “smoking will be forbidden in designated areas on the beach with a fine ranging from €25 to €500”.

## WHAT DOES THE INITIATIVE AIM TO ACHIEVE?

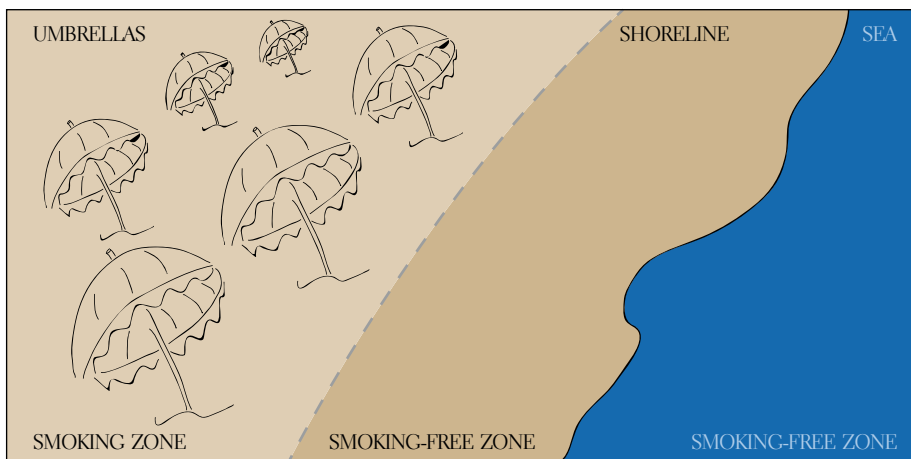
The Bibione initiative aimed to provide a smoke-free beach for tourists and residents and to protect everyone from exposure to second-hand tobacco smoke. The initiative was tested in two sites in the summer of 2011 and was positively received. It was fully launched at the opening of the season in May 2014. The initiative will focused on the most populated part of the beach; from the first umbrella down to and including the water, areas where children play, pregnant women stay and where most people, especially those with families, spend a considerable amount of time. The smoke-free zone

ranges in width from 5 to 30 m, depending on the erosion of the coastline at a given point (Fig. 3).

The initiative had a secondary aim linked to health and well-being, which is to safeguard and develop sustainable, healthy tourism. Tourism is one of the most important industries in Italy and, in a time of economic crisis, supporting the growth of sustainable rural tourism by measures such as extending cycle paths and making the most of what the geographical area has to offer in terms of natural resources and topography, makes for a win-win situation.

In the long term, the aim of the initiative is for the entire Bibione beach to be smoke-free. As many tourists are not yet accustomed to smoking bans in public places and local businesses fear a decline in tourism, the ban will be brought in gradually with periodic assessments of its effects with various stakeholders.

**Fig. 3. Designated smoking and non-smoking zones on Bibione beach**



## Section 3. The process in 10 steps

### A WHOLE-OF-GOVERNMENT APPROACH IN PRACTICE

#### STEP 1. IDENTIFY SCIENTIFIC SUPPORT (RESEARCH AND DATA) FOR THE INITIATIVE AND PROMOTIONAL CAMPAIGN

Evidence-based strategies, including social marketing interventions, are needed to counter the negative impact of marketing by the tobacco industry and to protect public health. In the case of Bibione, it was necessary to identify supporting scientific data on exposure to second-hand smoke on the beach so as to plan the initiative and its later dissemination in national scientific circles. The National Cancer Institute played a key role in gathering and disseminating this evidence (see below, Step 3).

#### STEP 2. IDENTIFY A CHAMPION



Public health champions are an invaluable resource to gather and sustain momentum for innovative programmes and policies. A champion is a charismatic advocate of a belief, practice, programme, policy and/or technology: “Champions create and communicate strategic meaning around the innovation, persistently promote the innovation, sell the idea to top management in order to secure resources, and involve and motivate others to support the innovation” (27).

Their role also includes: providing an entry point for agents of change to legitimize their work, communicating between the communities and organizations (or within organizations) that implement the programmes, acting as a role model for the adoption of new practices, and acting as the capital left after the initiative has been adopted.

In Bibione there was a champion at municipal level who believed in this initiative, was in favour of smoke-free beaches and wanted to take large-scale action. This person had the conviction to push the initiative forward, even in the face of possible opposition, and recognized the importance of engaging key stakeholders from the outset to ensure support for and the success of the initiative.

### **STEP 3. ENGAGE AND INVOLVE STAKEHOLDERS**

Stakeholders are individuals or organizations who stand to gain or lose from a decision, process or initiative. They can be defined as people whose health or financial interests are affected by the proposed change, who have an interest in the impacts on health of the policy or project under consideration, have an active or passive influence on the decision-making and implementation process of the project or policy under consideration because of their position or have an economic or business interest in the outcome of the decision (28). Stakeholders can be one or several of the following categories:

- community-based organizations;
- residents;
- service providers;
- elected officials at municipal, regional, state/provincial or federal levels;
- local economic players ranging from small businesses to industry, developers and big business;
- public agencies (health, environment, tourism, culture);
- regional or national advocacy organizations;
- academic, learning and research institutions.

In preparation for the smoke-free beach initiative, a number of stakeholders needed to be informed and involved in the process either to assess their interest, obtain their support or hear their concerns. Ultimately, their buy-in was critical to gain consensus and move forward with the initiative. A series of meetings was held with key individual stakeholders to gain their support and with all the stakeholders once the initiative began to develop. The following were the key stakeholders involved in the initiative.



**Local authorities at municipal level** were the main stakeholders and champions. Since the idea for the initiative arose at this level and was further expanded, they played a leading and coordinating role in identifying, engaging and forming partnerships among the stakeholders, reaching a consensus, identifying funding and disseminating the initiative. Once the initiative was launched, they ensured that evaluation, follow-up and expansion and/or adjustments were carried out.

The key to effective tobacco control lies in legislation and enforcement. In Bibione, **local law enforcement officers** played a major role. As mentioned above, in anticipation of the initiative the police drafted a municipal regulation banning smoking along the seashore. Once the initiative started, the local police committed to enforcing the smoking ban with fines and monitored the smoke-free zone.

The **health sector** was involved at national, regional and local levels. In the early 1990s, the Veneto Region began to use a multisectoral approach to counter the risk of smoking. In this context, the Bibione initiative was welcomed as a pilot best practice to promote and disseminate further. The Veneto Region also supported the development and dissemination of the initiative by involving the Mayor of San Michele al Tagliamento in national



events at the Ministry of Health and at the regional level through the promotion of specific initiatives in Bibione.



Further regional support came from the European-Commission-funded Progetto Mattone Internazionale (in partnership with the local health authority), which played an important role in drawing attention to the problem of second-hand smoke on the beach. The Progetto Mattone Internazionale aims to implement educational and information activities addressed to ministries, the Italian regions, local social and health authorities, hospitals and other stakeholders involved in health topics in order to promote the dissemination of EU policies and opportunities to access EU-financed programmes in the framework of health, research and innovation. The Progetto Mattone Internazionale also plays an important role in promoting and encouraging the involvement of all qualified stakeholders in European and international health policies. In the case of Bibione, a meeting was organized under the auspices of the Project highlighting the plans for the smoke-free beach initiative. This Project became a useful platform for

dissemination of the initiative nationally, regionally and within the EU. The Ministry of Health also played an important role in disseminating the initiative by organizing a meeting where Bibione was promoted as the first smoke-free beach in the country. The Ministry of Health continued to promote the initiative following its launch.

The **environment sector** played a key role since the agency charged with rubbish collection, the Environment Services of the Eastern Veneto (ASVO SpA), agreed to cooperate with the concessionaires who rake the beach every morning collecting rubbish and cigarette butts. ASVO SpA also provided aluminium/metal cylinders to be placed at every row of umbrellas on the beach and large transparent plastic containers along the boardwalks where cigarette butts were dumped every 10 days, providing a visual message of how much the environment has been saved from cigarette waste. The coordination between the agency and the concessionaires was important for the success of this initiative.



Other stakeholders were those linked to the secondary **sustainable tourism** aim of the initiative, such as the World Wildlife Federation and sport fishing associations, which were also informed about it. Other stakeholders that might get involved in the future are political parties with environmental

concerns and the Regional Agency for the Prevention and Protection of the Environment of the Veneto, which deals primarily with environmental contamination and remediation.

The **economic sector** was another key stakeholder without whose support the initiative could not have got off the ground. As a large part of Bibione's revenues come from tourism in the spring and summer months, hotels, campsites, beach concessionaires and apartment rental agencies were all engaged early on and asked for their input. Meetings were held with associations of economic entities that could be affected by the initiative (concessionaires, travel agencies, campsites and hotels) to listen to their concerns and solicit input on how the initiative could be most effectively implemented and the role they would take during the initiative, for example, publicizing it and providing information to tourists.



The main partner from **academia/research institutes** involved in the development of the initiative was the National Cancer Institute in Milan. The relationship between the municipality and the Institute developed owing to a common aim: to raise awareness on the high levels of exposure to second-hand smoke on the beach. The Institute provided considerable support to

building up the evidence base for the initiative and in creating a local picture of exposure. The data it collected on Vada beach in Livorno showed that second-hand smoke exposure on the beach was considerably higher than in the city centre of a major metropolis, a message that was directly relevant to the aims of the Bibione initiative. The Institute also forged links with national and international sources of data to complete this picture. The Mayor of San Michele was invited to present the initiative in Milan for World No Tobacco Day 2013.

Finally, input was sought from **United Nations agencies** such as the WHO Regional Office for Europe, which provided technical input to the initiative during the later stages and had a role in promoting it throughout the European Region. Within the United Nations system, the United Nations Educational, Scientific and Cultural Organization, a stakeholder engaged from the culture sector, also contributed to the secondary sustainable and healthy tourism aim of this initiative by designating the Tagliamento River a biosphere reserve.

#### **STEP 4. ASSESS INTEREST IN THE INITIATIVE BY THE TARGET AUDIENCE AND STAKEHOLDERS**

A planning process that assesses the interest of the target audience is important in providing community members and stakeholders with the opportunity to voice their opinions, hopes and fears about the initiative. Such assessment can use a mix of several methods, for example, the use of existing information on high season versus low season and demographic data, public forums where the community can make their concerns known, individual interviews and/or focus groups, face-to-face meetings with key stakeholders, surveys and asset-mapping of the community. In the case of Bibione, the concerns of both the economic sector and of the consumers (tourists and the local community using the beach) were heard. A mix of approaches was used such as face-to-face meetings with key stakeholders, the use of demographic data on the profile of the tourists coming to Bibione and surveys of beachgoers carried out over two summers to find out whether a smoke-free beach would indeed be welcome.

## BRINGING IN A WHOLE-OF-SOCIETY APPROACH

*Responsibility for health and its social determinants rests with the whole society, and health is produced in new ways between society and government. A wide variety of agencies and individuals (private companies, independent agencies, academia, expert bodies and informed citizens) increasingly play a critical role in governance for health. Networks, partnerships and alliances for health all come together to address health challenges at different levels, from global to local, in innovative ways (3).*

Once a wide range of stakeholders from various levels of government and society had committed themselves to a common goal that would result in better health outcomes, they also contributed to the development of the **social marketing and promotional campaign**. This consisted of: development of print materials, posting of information on umbrellas and distribution of informational brochures, regular collection and quantification of cigarette butts for the public to see, postcards with slogans that could be mailed home from the smoke-free beach, animation for young people on various parts of the beach, and billboards and advertising television screens with slogans at strategic points.



## STEP 5. IMPLEMENT THE CAMPAIGN

Upon arrival at the beach, each family was given a brochure with information about the initiative. The brochure was necessary to find the rented umbrella but it also invited them to breathe smoke-free air — “Breathe by the sea”. Families that did not rent umbrellas were given flyers with the same information. The smoke-free beach message was repeated on tourist umbrellas that featured information on the initiative, a web-link and an ashtray encouraging smokers to dispose of their cigarette butts properly. To make it easier for smokers to do this, metal containers were put at the end of every aisle of umbrellas. The cigarette butts in these containers later carried a high visual charge when they were dumped into transparent plastic containers placed along the boardwalk showing the number of butts collected. Throughout the season, these containers demonstrated how much the environment and health were being saved from this form of pollution.

Other materials given to beachgoers were postcards with the slogan of the initiative, an aerial photo of Bibione and the message “Greetings from a smoke-free beach”. This was important, since Bibione was the first smoke-free beach in Italy and one of only a handful in Europe (Box 1). The contribution of stakeholders such as apartment rental agencies, hotels and camping sites in providing further materials to tourists had an added effect. Large-scale billboards and outdoor advertising television screens (6 × 3 m) carrying the slogans of the initiative were situated strategically throughout the urban area and near the beach. All campaign materials were available in English, German and Italian.

### Box 1. Plage Lumière in La Ciotat – a smoke-free beach in France

A survey carried out in 2011 showed that three quarters of French people supported a ban on smoking on the beach (29). This conclusion was put to the test that year by the creation of the first non-smoking beach in France in the Mediterranean resort of La Ciotat (30). The population of La Ciotat is 34 000 but triples in the summer, with vacationers coming from nearby Marseilles to enjoy the turquoise waters.

When holidaymakers step on to the Plage Lumière, they are met with a large sign reminding them that smoking is forbidden, and two cigarette-shaped ashtrays attached to the sign invite them to put out their cigarettes. The non-smoking policy only covers one part of La Ciotat’s 13 km of sea front, leaving smokers plenty of other places to go to smoke. Police, who also patrolled the beach before the ban, are authorized to levy a fine of €38 on anyone seen smoking on the sand.



## **STEP 6. DISSEMINATION OF THE INITIATIVE PRIOR TO CAMPAIGN LAUNCH**

This step is key to sustaining the effect of the social marketing campaign. Among the activities that took place were conferences to disseminate news of the initiative as well as acquisition of additional input at scientific level and planning of media coverage at key points in time leading up to the launch and dissemination of the initiative at international level by means of networks such as the WHO Regions for Health Network. A website with information materials on the initiative attracted new stakeholders and functioned as an entry point for the use of social media to further disseminate the initiative. All dissemination efforts culminated with the launch of the initiative at the start of the tourist season in May 2014.

## **STEP 7. ENFORCEMENT OF THE SMOKING BAN**

The ban on smoking along the Bibione seashore was enforced under the municipal regulation banning smoking in designated non-smoking areas, was publicized in brochures and on signs and billboards, and had an imposed fine for smoking in these areas ranging from €25 to €500. Local police monitored the non-smoking area on a regular basis. The regulation had the support of the 2005 Sirchia law, which bans smoking in public places including bars, restaurants, discotheques and offices.

## **PAVING THE WAY FOR SUSTAINABILITY**

## **STEP 8. ASSESSMENT OF THE EFFECT OF THE CAMPAIGN**

This step is important as data collected at the beginning, middle and end of the campaign provide a valuable source of information about the sustainability of the effect. Initial assessments were carried out when tourists arrived at the umbrella rental offices by means of a questionnaire. Mid-season assessments provided valuable information for making adjustments by means of surveys carried out on a sample of tourists that had received campaign messages and/or an anonymously completed questionnaire available at hotels, in rented apartments or by the umbrellas. To encourage completion of the questionnaire, a reward such as a voucher for a nearby bar was provided. The

assessment of the effect of the campaign at the end of the season provided information on what worked, what did not and what could work better next time.

## **STEP 9. REFLECTING ON EVALUATION**

Tobacco control media campaigns need adequate exposure levels over relatively frequent intervals to realize their full potential in reducing the prevalence of smoking in the population. Evaluating the effects of tobacco control policies and mass media interventions on populations is difficult as there are few comparable control populations to which policy or media interventions are not delivered. Although people may recall slogans long after a campaign ends, studies have found that behavioural change is more closely tied to recent media exposure (31). A combination of increases in the real price of cigarettes and tobacco control mass media campaigns broadcast at sufficient exposure levels and at regular intervals is critical for reducing population smoking prevalence. Comprehensive tobacco control consisting of: (i) measures to protect people from exposure to tobacco smoke, such as smoke-free indoor public places; (ii) action addressing the packaging and labelling of tobacco products, such as strong and large pictorial warnings on cigarette or tobacco packs; (iii) a combination of price and tax measures to reduce the demand for tobacco, and (iv) restrictions or bans on the advertising, promotion and sponsorship of tobacco (13) should be used. Community interventions, carried out within or outside the health system, and elements of social marketing can provide valuable support to comprehensive policies and their implementation.

## **STEP 10. EXPAND THE INITIATIVE**

Work was not over once the campaign was completed since it was important to identify how to extend its effects in Italy and beyond, to get an idea whether expansion of the smoke-free zone was feasible and to continue promotion of Bibione as a healthy beach capitalizing on the other health-promoting aspects it offers. A festive meeting with stakeholders to thank them, share experience and brainstorm on what worked and what could work better provided a sense of motivation to continue to work together on the common goal of a smoke-free beach for all.



## ENABLING FACTORS AND OBSTACLES

In retrospect, it is useful to identify any enabling factors and obstacles encountered in an initiative such as this. The “Bibione. Breathe by the sea” initiative benefits from the support of a wide range of stakeholders such as the economic sector (especially concessionaires) since, without them, the initiative could not have taken place. The environment sector’s active role (ASVO SpA) and willingness to coordinate with concessionaires towards the common goal of a cleaner environment was fundamental to the success of the initiative. Existing legal mechanisms, such as the Sirchia law, its active enforcement and acceptance by the population laid the groundwork for successful implementation of a smoke-free beach initiative in Italy.

Such obstacles and challenges should not be underestimated as they indicate the work needed to achieve acceptance of smoke-free beaches in Italy. Among the challenges is the fact that many tourists are not yet accustomed to smoking bans, so a total ban will need to be introduced gradually. It is also important to approach the future expansion of smoke-free beaches within the overall context of promotion of health and well-being. In Italy this will take time, as one in four Italians is an active smoker and there are no national data on second-hand tobacco smoke. The success of the Sirchia law and acknowledgement of its benefits, even among smokers, gives hope for the further work necessary in this area.

## Section 4. Key messages

The key messages that have come out of the initiative are the following.

**Believe in the initiative** and in the promotion of clean environments, good health and overall well-being.

Identify a **champion** for the initiative. Ask your local authorities (if they are in agreement) to take on this challenge. As one champion may be successful at facilitating change at one level (community, national or regional) but not at others, when possible such people should be engaged at multiple points of influence.

**Disseminate information** on the initiative as much and in as many ways as possible. Use as many and diverse channels as possible before, during and after the initiative. Multiple outreach strategies contribute significantly to the success of a campaign. Assess changes in knowledge, attitudes and practices during and after the initiative.

Have the conviction to **think long-term** to extend the initiative after the initial stage. Do not stop when a smoke-free beach is obtained. Forge links with other strategies (such as for sustainable tourism and well-being or awareness-raising about the health effects of second-hand tobacco smoke) to obtain exponential effects.

**Involve diverse and key stakeholders** from the outset so that they can help in dissemination of information. Help the stakeholders identify the goals they would like to achieve. In the case of Bibione, the economic (hotels, campsites, beach concessionaires, apartment rental agencies), environment and health sectors and the local police are all involved.

Identify events as venues to **gather consensus and ideas** on the initiative. Test concepts to be used in the initiative. The process of testing concepts with small groups of the target audience helps to determine which concept most clearly and persuasively communicates the desired messages.

**Know the target** audience and their social profile, lifestyle issues and preferences. Both smokers and non-smokers need clearer evidence of the health effects of passive smoking. For non-smokers, this is important in order to raise the profile of the issue and to create an environment in which they feel empowered to advocate non-smoking environmental messages. For smokers, more evidence is required for them to accept that the passive smoking message is related to real health effects. The use of creative materials in combination with strong advertising has been shown to bring about positive changes in behaviour.

**Identify benefits for all involved** and help your stakeholders find ways in which the initiative also contributes to their own sector's goals. This will motivate them to provide continued support.

**Report** on progress and results to those that can provide support to the initiative, and disseminate the information using channels such as scientific journals, the WHO Framework Convention on Tobacco Control, the Regions for Health Network and other channels in the WHO European Region to promote valuable action at local level and with academic bodies.

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This publication supports the implementation of the WHO Health 2020 policy. It documents a local smoke-free beach initiative employing whole-of-government and whole-of-society approaches to address a common public health challenge: smoking and exposure to tobacco smoke in public settings. The key steps in developing the initiative were: recognition of a public health risk, assessment/engagement of stakeholder interest in addressing the risk, enactment of a regulation to reduce the risk (banning smoking on the beach) and information for beachgoers promoting the idea and enforcing the ban. The initiative was spearheaded by a champion who led the action and engaged partners, which made implementation and monitoring possible. Collaborative governance took place through coordination and trust-building between the economic, tourism, health and environment sectors and local authorities. A number of key messages from the initiative could be useful to other regions and countries that would like to take on a similar public health challenge.

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