Strengthening Smoke-Free Policies in Tobacco-Farming Areas: Evidence from Qualitative Multiple-Case Study of LGU Implementation in Isabela, Philippines

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Abstract:

Tobacco production remains a core sector of Isabela's rural economy, but the public health effects make it harder to develop tobacco-free communities. Thus, the study concentrated on the status of implementation of Smoke-Free Environment (SFE) and Tobacco Control Policy (TCP), including policy adoption, enforcement mechanisms and improvement points for SFE in tobacco-farming communities in Isabela. Qualitative multiple-case design was conducted to key informant interview, focus group discussions alongside document reviews, and direct observations of sixty (60) policymakers, health officer and enforcement personnel. Validity and credibility were provided by thematic analysis as well as triangulation. The results showed that while compliance with both Republic Act No. 9211 and Executive Order No. 26 was observed among all local government units on which the ordinances are implemented, enforcement and sustainability varied greatly between municipalities. Municipality 3 was able to ensure compliance due to monitoring and leadership dynamics; operational challenges regarding resource limitations, weak coordination and acceptability of smoking are highlighted for Municipalities 1 and 2. Facilitators included political will, health education and inter-agency coordination while constraints included financial shortfalls and social tolerance for tobacco use. The study also suggests that smoke-free Isabela is likely to rely on enhanced enforcement measures, continued advocacy, and capacity building, particularly in accordance with the WHO Framework Convention on Tobacco Control (FCTC) and in the direction of SDG Goal 3

regarding good health and well-being which are the top recommendations. Developing funds specifically for smoke-free activities, enforcement methods, posting of smoke-free signage, training and enhancing policies help to achieve a Smoke-Free Environment that is safe for all.

Keywords: Isabela Province, Local Government Units, Policy Implementation, Smoke-Free Environment, Tobacco

INTRODUCTION

Tobacco use is still a major worldwide cause of avertable illness and deaths and results in more than eight million deaths each year, including 1.3 million non-smokers who are exposed to secondhand smoke (World Health Organization [WHO], 2024). In addition to the negative health impacts, tobacco production and consumption pose governance and development challenges where it forms the backbone of the livelihoods and revenue of low- and middle-income countries (Bilano et al., 2023). The World Health Organization

Framework Convention on Tobacco Control (WHO-FCTC) underscores that effective control requires not only national legislation but also local enforcement and community compliance. Tobacco production is still the backbone of rural economies in the Philippines, producing livelihoods of nearly two million Filipinos, in the process of farming, processing, and distribution (Department of Agriculture, 2023). Among the country's significant burley and native tobacco producers, the province of Isabela generates substantial excise-tax income under Republic Act No. 7171. Nonetheless, this economic reliance coexists with growing morbidity from tobacco-related diseases, including chronic obstructive pulmonary disease, cardiovascular illness, and cancer (Cordero, Mallari & Gonzales, 2024). This duality is the ongoing struggle around preserving economic success and public health protection.

In response to this problem, the government initiated the Tobacco Regulation Act of 2003 (RA 9211) and Executive Order No. 26 (2017), which made Smoke-Free Environment (SFE) and Tobacco-Control Policy (TCP) nationally mandatory in accordance with Article 8 of the WHO-FCTC. Local government units (LGUs) are mandated by these laws to formulate smoke-free ordinances, regulate advertisements and sales, and establish cessation programs. Yet enforcement remains fragmented, particularly in tobacco-growing provinces where customary attitude and fiscal dependence on tobacco make compliance tough (Dorotheo, 2023; Tamayo, Dorotheo, & Lian, 2025). Despite over 20 years of legislating, scarce evidence exists on how LGUs in tobacco-farming areas operationalize and sustain these mandates at the level of the local government unit.

This study attempts to fill this void by studying the implementation of SFE and TCP on LGUs in Isabela's tobacco-farming municipalities of Aurora, Roxas, and Quirino. More specifically, it investigates the scale of enforcement measures, the enabling and inhibiting factors, and provides empirically-based improvements to the local policy development. The results should support provincial and national policies consistent with the WHO-FCTC and Sustainable Development Goal (SDG) 3: Good Health and Well-being; and lead to a more fair control of tobacco use in economically dependent settings.

Statement of the Problem

This study sought to determine the implementation of Smoke-Free Environment and Tobacco Free Policy among LGUs of Tobacco Farming Areas in Isabela and propose input for policy enhancement.

Specifically, this study aimed to answer the following questions:

1. What is the extent of implementation of LGUs in Isabela of the following:

a. Smoke free environment

b. Tobacco free policy

2. What are the enabling and constraining factors of the LGUs and their employees in the

implementation of activities and programs on:

a. Smoke free environment

b. Tobacco free policy

3. How do the employees and stakeholders of select LGUs perceive the effectiveness of the different activities of Smoke Free Environment?

4. How do the employees and stakeholders of the select LGUs perceive the effectiveness of the different activities of the Tobacco Free Policy?

5. What policy enhancements can be proposed to improve the existing policies to ensure the successful implementation of the Smoke Free Policy and Tobacco Control Policy among LGUs?

Research Design

This study adopted a qualitative multiple-case research design to examine how Local Government Units (LGUs) in tobacco-farming municipalities of Isabela implement Smoke-Free Environment (SFE) and Tobacco Control Policies (TCP). The design allowed an in-depth exploration of governance processes, enforcement strategies, and contextual factors influencing policy outcomes across different LGUs (Yin, 2018). Guided by Creswell and Poth (2018), the approach emphasized understanding the *how* and *why* of implementation within real-life settings. Methodological triangulation employing Segmented Focus Group Discussions (FGDs) with implementers and beneficiaries, Key Informant Interviews (KIIs) with local health officials and policymakers, Documentary Analysis of ordinances and reports, and Direct Observation of compliance practices contributed to the establishment of validity. This multi-method qualitative study offered in-depth, empirically-informed perspectives on the dynamics, challenges, and facilitators of smoke-free policy implementation in Isabela's tobacco-growing areas.

Locale and Duration of the Study

This study was done in the Local Government Units (LGUs) of Roxas, Aurora, and Quirino, three of the top tobacco-producing municipalities in Isabela Province, Philippines, according to the information of the National Tobacco Control Office (NTCO) in the City of Ilagan. A pioneer in burley and native tobacco production, Isabela receives the bulk of the national tobacco excise tax allocation through Republic Act No. 7171. The municipalities were purposively selected because of their considerable tobacco production and active involvement in tobacco regulation, which reflect different perspectives of using Smoke-Free Environment (SFE) and Tobacco-Control Policies (TCP). Following ethical approval and clearance from the LGUs involved, the data were gathered between March and July 2025. Field data were collected, transcribed, and verified in accordance with local governance and agricultural activities.

Sampling Design

The study applied purposive selective sampling of key informants from various fields like health, administration, and community leadership. Two (2) Focus Group Discussions (FGDs) were conducted in each LGU. The first group is mainly made up of barangay administrative officials, while the second group belongs to tobacco farmers, heads of households, and small retail shop owner/ vape store owners. Each FGD comprised ten (10) participants, thereby guaranteeing diverse perspectives and diverse representation. Respondents were required to be of legal-age residents of the select barangays and to provide a written informed consent before joining the discussion. Small retail or vape shop owners had to be currently selling cigarettes or vaping products, while tobacco farmers were required to be registered members of the tobacco farmer association in the municipality. Additionally, key informant interviews were conducted with policy implementers, including the Local Chief Executives, Police Officers, and staff from the Municipal Health Units, to gain deeper insights into their roles, experiences and perspectives regarding the policy's implementation.

Data Collection Procedure

Data collection was carried out after the issuance of the ethics review clearance from PHREB-Accredited institution. Prior to data gathering, coordination meetings were held with the municipal governments and barangay officials of the selected Local Government Units (LGUs) to secure permission and logistical support. The process began with the recruitment of qualified participants based on the inclusion criteria. The research employed the use of Focus Group Discussion (FGD) and Key Informant Interviews (KIIs) as the primary tools for conducting the study. Two FGDs were conducted in each municipality, one with barangay officials and another with tobacco farmers, household heads, and small retail or vape shop owners. The FGDs were done with ten (10) participants, while the KIIs involved policy implementers like municipal executives, police, and health personnel. The FGDs were done in the community in a neutral and convenient location. The discussions were done in Filipino, audio-recorded, and supplemented with note-taking to ensure accuracy. This study supports the methodological triangulation process that improves the quality of the study by using the combination of FGDs, KIIs, documentary analysis, and direct observation.

Data Analysis

Data were scrutinized and analyzed thematically, in accordance with Braun and Clarke's (2019) structured methodology. The study used open and axial coding to find, group, and improve the themes that came out of the transcripts. The research team worked together to make sure that the coding framework was consistent and correct. This analytical approach was utilized to gain insights about the influence of governance capacity, cultural practices and enforcement attitudes on the implementation of Smoke Free Environment and Tobacco Control Policies in tobacco growing municipal.

Ethical Consideration

The St. Mary's University Research Ethics Board (SMUREB) reviewed and approved the research protocol. All procedures in this study were carried out in accordance with the ethical principles of human research. Chosen participants could choose whether or not to take part in this study, and everyone who did had to give their written informed consent after learning about the study's purpose, procedures, and their right to leave at any time without penalty. To protect their privacy, the people who answered the questions were given codes. All of the data, whether it was digital or on paper, was kept in password-protected files that only the research team could see.

RESULTS

Extent of Implementation of the Local

Government Unit (LGU) on the Smoke-

Free Environment and Tobacco Control

Policy

a. Extent of Implementation of LGU on the Smoke-Free Environment

The policy adoption and implementation are noted for the Smoke-Free Environment (SFE) ordinances in the tobacco farming towns of Isabela, as indicated in the three selected tobacco-farming towns in the municipalities of Isabela as Municipality 1, Municipality 2 and Municipality 3 which were coded with respect to policy implementation and enforcement. All local government units enacted local ordinances based on the Clean Air Act (RA 8749), Tobacco Regulation Act (RA 9211) and the WHO Framework Convention on Tobacco Control (WHO-FCTC, 2005). Municipality 3 was the most consistent in compliance due to the working of an active Smoke-Free Task Force with the implementation coordination of barangay enforcement. Municipalities 1 and 2, on the other hand, have weak enforcement patterns with low degree of understanding by the public and sparse enforcement visibility behaviour characteristic of decentralised governance systems (Hyland et al.,

2012; Reitsma et al., 2021). National standards were followed for the initial implementation of designated smoking areas but these locations went inactive due to limited control (Sebrié and Glantz, 2012); thus local control is the basis for continued compliance.

Public education and signage were the most prominent interventions. Municipality 3 had regular messages sent from schools, barangay assemblies and faith based organizations, and different ones were mostly scattered through random messages from health centres. General legislative agreement for the LGUs was good, but successful adoption was contingent largely on political will, inter-agency cooperation and consistent lobbying.

b. Extent of Implementation of LGU on Tobacco Control Policy

All municipalities promulgated their ordinances consistent with RA 9211, RA 11900 (Vape Regulation Act), and RA 11223 (Universal Health Care Act), but the implementation was largely fragmented. Restrictions of access to youth were the most violated: weak monitoring of vendors allowed minors to continue purchasing cigarettes, reflecting global enforcement gaps (Kaleta et al., 2023; Reitsma et al., 2021). Bans on advertisements and promotion were applied to a lesser extent. Dependence on Department of Health materials and desensitized graphic warnings decreased deterrents, and sales of single-stick cigarettes led to decreased exposure to warnings (Drovandi et al., 2019). There was licensing for retail and surveillance in all the LGUs, but enforcement was variable, leading to illicit or single-stick sales near schools and public places.

Penalties and complaint mechanisms were weak. Overall, barangay officials did not assess fees and relied on informal mediation. Municipality 3: Smoking cessation services through the Rural Health Unit and partnerships with the church were implemented. Municipality 2 had facilitators but no active clients and Municipality 1 did not have a program at all. Notwithstanding, none of the LGUs reported direct involvement from the tobacco industry, but institutional constraints, fragmented enforcement, lack of resources, and weak monitoring hampered full compliance. Nonetheless, the results indicate that overall, alignment in policy has been achieved while implementation has not been fully achieved.

Enabling and Constraining Factors of the LGUs and their Employees in the Implementation of Programs and Activities on Smoke-Free and Tobacco-Free Policies

a. Enabling factors in the implementation of programs and activities on Smoke- Free Environment

Three facilitation mechanisms play pivotal roles in the success of smoke-free initiatives of Isabela's municipalities: intergovernmental collaboration, enforcement through education, and development of institutional- and community-based systems. These factors show that good governance and participation can ensure compliance beyond the law.

Theme 1: Collaborative and Multi-Sectoral Implementation of Smoke-Free Programs

The joint engagement of health, police, and community resources was vital to generate smoke-free awareness and compliance. The partnerships included education, advocacy, and enforcement in varying settings.

Integrated Health Education and Awareness Campaigns

Smoke-free messages were disseminated through community outreach programs, school forums, barangay assemblies and health promotion promotion activities jointly conducted by the police and health officers. Health workers conducted barangay based counseling sessions to reinforce ordinance awareness. Health workers organized barangay based education sessions focusing on ordinance awareness.

"In addition to monitoring, we also conduct site visits and have planned health education activity in each barangay on this new smoke-free policy" (MHO Staff, M3).

These parallel campaigns increased note-able policy exposure and shift toward smoke-free behavior as natural progression, consistent with WHO-FCTC (2017) concept of multi-sectoral action.

Visible Enforcement and Continuous Monitoring

Policing by Public Order and Safety Officers (POSO) and police, policing by presence not penalty.

"Our POSO officers are the ones that go around… there are personnel on the job even on weekends for anti-smoking enforcement." (Municipal Consultant, M1)

The proactive, educative approach to enforcement promoted self-regulation and increased confidence in accountability.

Theme 2: Health Promotion and Enforcement Integrated

The smoke-free ordinance was consistently, credibly, and community-centeredly enforced by integrating health education and law enforcement as complementary tools to reinforce the SFO.

Preventive Means such as Education

Municipal health offices regularly incorporated smoke-free advocacy in barangay-level health education.

"There are scheduled health education activities in each barangay regarding the smoke-free policy." (MHO Staff, M3)

Such repeated exposure increased awareness and initiated behavioral change by relating the smoke-free policy with the associated benefits for individual and family health.

Inter-Agency Coordination for Consistency

The cross-functional cooperation of health, police, and barangay councils facilitated coordinated work e.g., school talks, market inspections, and community monitoring.

"*We coordinate with the PNP and the barangay whenever there are reports of smoking in public areas*" (Health Staff, M2)

Co-enforcement and joint monitoring and reporting made the tobacco control response more systematic, not merely responsive – in keeping with WHO (2021) suggestion that integrated local governance could be incorporated into tobacco control measures.

Theme 3: Institutional Support and

Community Participation

Institutionalized and community partnerships in Smoke Free Advocacy built momentum.

Data-Driven Monitoring and Rehabilitation

Systems tracked offenders and connected them to cessation counseling.

"If they are willing to quit, they are invited to join the Smoking Cessation Program after completing community service." (Health Staff, M3).

It depended on deterrence and rehabilitation, accountability and care, to achieve compliance. With ordinances transforming into social practices, it took education, enforcement and community engagement to bring municipalities together. For example, in Municipality 3, the emphasis on smoke-free compliance transitioned directly from an institutional responsibility to one for public advocacy in the context of SDG 3: Good Health and Well-Being and the WHO-FCTC framework around smoke-free living environments.

Enabling Factors in the Implementation of Programs and Activities on Tobacco Control Policy

The findings indicate that the tobacco control programs of the municipalities are not just a function of community engagement, legislation, and the development of support systems. Rather, as indicated in the responses of the participants, smoke-free programs work best when there is multi-level community participation and community level programs that are linked through community monitoring and support.

Theme 1: Preventive Measures Against Youth

Tobacco Consumption

This theme relates to local governments that shield children from tobacco exposure. It explains that the first line of defense to stop young people from starting to smoke is ordinances, public education, and household discipline. One is the collaboration between local government units (LGUs), law enforcement, health offices, and families; this form of governance is based on moral responsibility and legal enforcement.

Collaborative Efforts to Prevent Sale of Tobacco Products to Minors

Ordinances that prohibit the sale of tobacco to minors have been approved by municipalities. One such ordinance is Municipality 1's Ordinance No. 22-003, which sets an eighteen-year-old purchase age and requires ID verification for all purchasers. Article 16 of the WHO Framework Convention on Tobacco Control, which mandates stringent age-based restrictions to prevent youth access to tobacco, is in line with these local laws. The participant testimonies show how enforcement is implemented in daily operations. A police officer revealed:

"Since it is illegal for minors to purchase cigarettes, there is stringent oversight to stop them from doing so. The LGU ordinance serves as our foundation, and there is a fine as well." (PNP Staff, M3)

Signages prohibiting tobacco sales to minors were also visible in retail outlets, reinforcing compliance in public spaces. These results indicate that legislative control works when complemented with civic cooperation and inter-agency enforcement (Kobus & Gifford, 2018).

Theme 2: Institutionalized Smoking-

Cessation and Community

Support Systems

This theme is related with the institutionalisation of tobacco-control programmes using smoking cessation facilities, and the way that regional health systems translate national directives into community-based interventions.

Tobacco Control Initiative Programs through Smoking Cessation

It illustrates how policy and policy action translated through the city in organised interventions and partnerships are the way to create behaviour change. Municipality 2 and Municipality 3 have cessation programs run by the Municipal Health Offices and smokers can enroll in these programs without cost. Currently the attention for Municipality 2 is staff training and program development. Municipality 3 had the initiative to develop this in 2018 and a new program that was certified and supported by community-based groups (BHW Organization, Quirino Youth-in-Action, Body of Christ Church, Queens of Quirino Care), and was designed into the municipality.

"We have a smoking cessation program… certification dated June 19, 2018: there are 4 support groups in Quirino that can help smokers who are willing to quit." (MHO Staff, Municipal 3).

Smoking cessation room was also available at the Municipal Health Unit, as a counseling unit. Such an approach is responsible for impactful results for those who are currently adults and smoke. Such findings highlight the significance of institutional capacity, formal certification, and community

engagement as effective mechanisms for ensuring success with smoking cessation, particularly for youth/faith-based networks. This is similar to what West et al. (2022) highlighted, where there is consideration of multi-sectoral and localized interruption programs for ensuring not only compliance with treatment but for ensuring cessation as well.

Theme 3: Data-Driven Monitoring and

Enforcement Mechanisms

This theme is centered on the significance of data systems and sanctions as essential governance mechanisms for ensuring policy compliance. In addition to the use of these mechanisms, there is consideration of accountability, transparency, and trust—all of which are essential for any effective local governance system.

Strict Monitoring of Smoking and Imposition of Penalties

This subtheme demonstrates the ways in which local governments execute their deterrence and surveillance systems in order to attain greater behavioral discipline. The monitoring and sanctioning system utilized by Municipality 3 was already well-known, as was the system of such measures utilized by all three municipalities. This has been verified through health authorities:

"We have a record of offenders who completed community service, as well as actual data about smokers and the causes of smoking-related mortality" (MHO Staff, Municipal 3).

Increased public compliance with the law's monitoring and offender recording requirements. "Sometimes, when someone who smokes is caught and willing to join, they are brought in and invited to the Unit to join the Smoking Cessation Program," a health official noted, explaining the ways in which this particular enforcement framework was utilized as a means of recruiting individuals into cessation programs.

This harmony between enforcement and rehabilitation is further demonstrated through this rationalized application of punishment and care prevention. Because Municipality 3 had already attained 100% tobacco-free practices through the combination of structured mechanisms in place at the time, they had been recognized with the Red Orchid Award by the Department of Health.

Constraining Factors in the Implementation of Programs and Activities on Smoke Free Environment

The 5 key themes that emerge, which outline the important barriers that LGU have to face on the journey toward implementation of smoke-free programs. Ultimately, these reflect shortcomings in institutional readiness, policy communication and social compliance.

Theme 1: Poor Awareness and Policy

Dissemination

The public's and implementers' awareness was the primary constraint. There were ordinances at the barangay level, although their purpose remains to be unclear.

Limited Awareness Among Administrators

A few municipal officials acknowledged that they knew very little or nothing about the policy:

"We don't yet know about the no-smoking policy..." (Brgy Kagawad – M1)

"We are unaware of the Smoke-Free Environment Policy," said Brgy. Captain M2.

Due to a lack of organized direction, early failure to convey and internalize the policy made it challenging for implementers to understand their mandate (Sychareun et al., 2022).

Low Public Awareness

Community members listed their own limited exposure:

"*We haven't heard of any public campaign for the policy .*" (R3, M3)

This separation reduced the regulation to paper compliance. Accoding to World Health Organization (2019), community awareness is a prerequisite for adherence to continue.

Theme 2: Inadequate Facilities and Signage

Physical cues promoting smoke-free behavior were minimal; visibility and enforcement were also compromised.

Absence of Designated Smoking Areas (DSAs)

Most barangays lacked DSAs:

"*There is no designated smoking area… I am also a smoker.*" (Brgy Kagawad – M1)

According to Hyland et al., 2012 when gaps were no longer clear, breaking the rules became unintentional. Environmental structure has a big effect on compliance.

Loss of No-Smoking Signage

Reminders visually also deteriorated post the pandemic:

"There used to be some, but they were taken down after the pandemic." (Retail Owner – M3)

Platter et al. (2017) propose that the removal of the signpost acts as a behavioral cue and hence erodes the norms.

Theme 3: Limited Resources and Funding

Constraints

Continuity of enforcement and advocacy was hindered by financial constraints.

Insufficient Budget Allocation

Staff reported that health centers had to stop some programs since they lacked funds:

"There is an EO here, but the problem is that it doesn't have any fund to support the programs." (MHO – M2).

The production and monitoring of IEC materials had completely stopped since there was no stability in terms of funds. WHO (2021) explains that sustainability requires institutionalized financing.

Dependence on External Support

"*The LGU should fund this because it is an LGU ordinance.*" (PNP Staff – M3)

Counting on assistance from external sources negatively impacted ownership. Coordination in tobacco control for cities with self-funded budgets results in stronger results (De Souza et al., 2021).

Theme 4: Conflicting Responsibilities and

Weak Enforcement Structure

Lack of clear instructions and coordination made it difficult to hold individuals accountable.

Overlapping Roles

It was not easy for the officials to determine who to hold accountable for the process:

"The smoking policy should be put into effect at the barangay level..." (Consultant – M1).

Such confusion that has been observed in various Southeast Asian cities has resulted in enforcement paralysis (Sychareun et al., 2022).

Lack of Barangay-Level Monitoring

"*We cannot assign somebody in every barangay just to monitor smoking.*" (Consultant, M2)

Routine surveillance was not addressed by the limited manpower, hence the deterrent effect was lessened (Bahingawan, 2025).

Theme 5: Weak Compliance in Public Areas

Despite the regulations, smoking continued to persist in markets and terminals.

Persistent Non-Compliance and Cultural Acceptance

"*Smoking is prohibited in public places… but some people are still stubborn.*" (Retail Owner –M3)
"*The policy should be enforced here in town, but many still don't comply.*" (Barangay Captain – M1)

The culture that smoking is acceptable, especially in the fields, works against formal regulation (Byron et al., 2018). People may be told to do things, but culture must be such that the people find the activity normal.

Constraining factors in the implementation of Programs and Activities on Tobacco Control Policy

Local governmental tobacco control remains a major public health problem, especially in municipalities in the country, particularly in jurisdictions that are economically reliant on tobacco and where smoking is culturally permissive. National laws such as Republic Act No. 9211 (Tobacco Regulation Act of 2003) and Executive Order No. 26 (Establishing Smoke-Free Environments) were not always followed at the local level.

Theme 1. Continued Sale and Use of Tobacco Among Minors

Minors are both acquiring and using tobacco products, despite legal restrictions. Respondents described how commercial convenience, social permissiveness, and lax oversight allow young people to buy items even when there are clear "No Sale to Minors" signs in a nearby shop.

Tobacco Sales and Social Normalization

The retailers confess that they sell cigarettes to people under 18 years old on purpose to sustain their sales:

"Business is business. We business people don't really follow the rules..." (Small Retail Shop Owner, Municipality 1)

"Some stores still sell cigarettes to kids who buy them." (Barangay Councilor, M2)

The stories above show that there is a dilemma in making a living and following the rules.Nationally, the Global Youth Tobacco Survey (2019) showed that 12.5% of Filipino students aged 13–15 are active tobacco users, with nearly half able to buy cigarettes in retail outlets, evidence of ongoing enforcement gaps.

Youth Smoking as a Community Norm

In adolescents' everyday lives, smoking and vaping were depicted as everyday social activities rather than things they were banned from doing:

"They are 16 years old and below… minors even sneak around to smoke and vape." (BHW, Municipality 2).

"Smoking and vaping are becoming more common among young people… even though they are still underage." (Retail Shop Owner, M3).

Field observation verified that the warning posters were overshadowed by prominent tobacco

advertisements near school zones visually normalizing smoking behavior. Similar results were observed by Alzona & Lagahit (2016) that identified aggressive retail marketing and easy adolescent access in Philippine urban centers.

Theme 2. Social Barriers and Negative

Perception of Enforcement

Local police officials described resistance and ridicule by society when they enforced smoke-free ordinances, which shows that enforcement is a social negotiation as well as a legal process.

Community Resistance to Apprehension

"*It's hard to reprimand people who are smoking… 'Is it your money that bought the cigarette?'*" (Brgy Councilor, M3).

"*No one gets caught because there is no penalty.*" (MHO Staff, M2).

Such hostility discourages a proactive approach to compliance enforcement and promotes tolerance. Tamayo & Valera (2020) found the tendency where rural enforcers take a reactive approach in order to avoid confrontation as well. Without community legitimacy, punitive measures appear less as protective than intrusive, diminishing social adherence to health norms.

Theme 3. Economic–Cultural Ties to

Tobacco Production

It's economic dependency that is undermining political will in tobacco-producing municipalities. Local revenues and household incomes from tobacco farming or excise taxes discourage people from implementing tighter regulations.

Revenue Dependence and Policy Paralysis

"It's very ironic for our municipality because we grow tobacco here, and the excise tax brings in significant benefits," said the Mayor of M1.

M3 MHO Staff said "*We are a tobacco-producing area, so there is a conflict in the implementation of the policy."*

"People sometimes get this mindset of 'Support what's ours,'" said the Barangay Captain of M2.

Butler et al. (2019) call this economic entanglement "policy paralysis," which means that people don't want to give up fiscal stability for health reasons. The WHO Framework Convention on Tobacco Control (FCTC) says that the goals of public health and the tobacco industry are "irreconcilable."

Theme 4. Low Policy Prioritization and Dissemination Gaps

Health laws that control tobacco use are not very important to local governments, and they are often overshadowed by other programs.

Health Policy as a Secondary Agenda

"We think the policy is important. Honestly implementing it is not our top priority right now." (Municipal Staff, M2)

"The SKs budget is limited so the No-Smoking Campaign is not a priority for us either." (SK Chairman, M3)

"Sometimes we only talk about it during events like fiestas." (PNP Staff, M2)

The limited funding and occasional inclusion of -smoking activities make it hard to keep them going. A recent study by Hora et al. (2022) Found problems in Northern Luzon, where barangay officers didn't know about the rules in EO 26. The researchers suggested that regular education and using media could help make the community more involved.

Theme 5. Weak Compliance with National

Rules

Translating plans into local laws that can be enforced is still a challenge. In barangays without policies there's hardly any change, in how people behave.

Minimal Adoption and Visible Impact

"There's no effect because the barangay hasn't adopted the policy yet" (Kagawad, M1.)

More young people are smoking nowadays" (SK Chairman, M2)

In Southeast Asia we see that lack of laws leads to a situation where laws exist but are not enforced. This is called "policy evaporation". When there is not money and weak monitoring it makes it hard to enforce these laws.

Theme 6. Improper Tobacco Advertising and

Promotion at Retail Outlets

The bans on advertising of goods sold at point of sale by those outside of their outlets as stated in RA 9211 and EO 26 still face problems. Even though there are rules against it advertising at point of sale still happens in community stores. The tobacco industry and resellers often break the Tobacco Control Policy by advertising and selling tobacco products. This makes it hard to fully implement the policy. Leads to all kinds of tobacco sales even to minors.

Promotional Materials Overshadow Warning Signage

Field-note extract: Outside several sari-sari shops, large tobacco banners flank a small "No sale to minors ID required" sign; students are seen buying single sticks after school. (Field Observation M1 & M2).

These big banners and selling cigarettes one stick at a time go against the rules. Encourage cigarette smoking. Studies show that when tobacco is advertised at the point of sale it makes the product more visible and encourages people to try it. Selling cigarettes one stick at a time makes health warnings less effective. Encourages people to buy on impulse.

We can see that actions to control tobacco are limited by how people depend on it for their livelihood. There is not commitment from institutions and the community has habits that allow tobacco use. The problem is that tobacco farming is important for the economy. It conflicts with policies for public health and welfare. So those, in charge of tobacco governance have to balance protecting people's livelihoods with preventing disease. In line with the general findings of global observation (WHO, 2021), effective tobacco control depends on multi-level coordination, long-term financing and community empowerment in order to change norms from toleration to prevention.

Perceived Effectiveness of Employees and

Stakeholders of Select LGUs on the Different Activities for Smoke-Free Environment

After Executive Order No. 26 (2017), which establishes smoke-free environments nationwide, local municipal governments enacted parallel ordinances to institutionalize the ban locally: Municipal Ordinance No. 03 (2017) within Municipality 3, Ordinances No. 328 (2022) and 373 (2023) in Aurora, Ordinance No. 17-004 (2017) and 22-003 (2022) in Municipality 1. Such measures are to safeguard public health and to comply with the Clean Air Act of 1999.

Although the smoking ban was enforced, respondents said they viewed it as only partially effective. The most frequently cited reasons were the following: poor awareness at the community level, a shortage of adequate personnel to monitor it, and the gradual weakening of enforcement following implementation.

Respondents understood the intent of the ordinance but acknowledged enforcement fatigue:

"Here in town, the smoking ban is supposed to be enforced, but many people still don't comply.." (Brgy. Captain–M1).

"That's probably how it is, especially when the ordinance is new… at first it's effective, but over time, not so much.." (Consultant–M2).

These results imply enforcement vigor diminishes over time, which falls in line with Pressman & Wildavsky's (1984) "policy implementation decay" in which, on their own, administrative enthusiasm wanes without persistent monitoring or incentive structures.

Theme 2. Compliance and Effectiveness of

Designated Smoking Areas (DSAs)

EO No. 26 has strict restrictions in Section 4 regarding DSAs, such as "enclosed space," "adequate ventilation," "signage," and "distance from entrances/public access points." The implementation, however, was not uniform and was done in a piecemeal fashion in various municipalities. DSAs in various municipalities were lacking or not at standard:

"There isn't any here, sir no designated smoking area, and the smoking ban in public places is not followed." (Small Retail Shop Owner and Tobacco Farmer–M2)

"In our barangay, smoking in public places is prohibited… but it's still not followed because some people are stubborn." (Small Retail Shop Owner–M3)

These findings also support Environmental Cue Theory (Gifford, 2016), which suggests that behavior is influenced by situational cues. If there is no visible marker (signage, barriers, visual boundaries), people revert back to habitual behaviors, smoking in prohibited areas in this case. The same findings were reported in Lim et al. (2020), who found that weak signage and unclear DSA locations significantly predict non-compliance with smoke-free laws. So DSAs are not only compliance structures, but also actions that provide behavioral cues to support smoke-free behavior in a smoke-free culture.

Theme 3. Limited Visibility of Signage

Visibility of signage remained a challenge. Although signs reinforce this through visual enforcement and educational purposes, respondents described an inconsistent presence and placement of signs among offices and barangays. Respondents noted that most "No Smoking" signage was located in central offices while peripheral barangays remained largely unmarked:

"Only in the office.." (PNP Staff–M3).

"It hasn't really been implemented properly. Even at the main office (Municipal), despite the 'No Smoking' signs, people still smoke." (Brgy. Captain–M2).

"Only in Barangay L, but in the other barangays, there isn't any." (MHO–M3).

Field notes also verified these reports of mixed-use signage at municipal facilities which included printed tarpaulins to small laminated notices. Signages were also found in some offices and buildings with little uniformity of layout and location by the investigators. Smokers continued to light up in public places, including government facilities and gymnasiums, in the absence of signals despite visible "No Smoking" signs. This is aligned to Hammond's (2018) finding that by itself signage does not reduce smoking prevalence unless coupled with social reinforcement and effective enforcement. Therefore, signage alone is only an effective deterrent with little or no practical effect, at best symbolic rather than functional.

Theme 4: Public Education and IEC Materials

Health promotion emerged as one of the critical structural components of tobacco control in all municipalities. Information, education and communication (IEC) operations were also promoted and implemented by municipal health offices (MHOs) and Philippine National Police (PNP) departments accompanied by flyers, lectures and audio messages in barangays. However, respondents felt that not all of the efforts had been effective in terms of outreach and interaction.

IEC materials were spread at school and community events. *"[The flyers are] distributed to schools and at community meetings, including barangay meetings."*

The health offices integrated these campaigns with more integrated programs, such as "Healthy Lifestyle," emphasizing disease outcomes.

"Our focus is on the smoking effects and how to treat them." (MHO Staff, M1).

But a lot of that material was about only the health effects of smoking and not the prohibitions or penalties from the Tobacco-Free Policy. According to Golechha (2016), IECs need to extend beyond awareness and also empower, while Nutbeam (2018) claims that health literacy is arguably an active, participative, and context-driven experience-based project.

Perceived Effectiveness of Employees and Stakeholders of Select LGUs on the Different Activities for Tobacco Control Policy

Theme 1: Awareness and Communication

Reach

The principal key to successfully implementing a Tobacco-Free Policy (TFP) in Municipalities 1, 2, and 3 was awareness. Among respondents, compliance was strongly correlated with the clarity of the policy and with the visibility of information, education, and communication (IEC) materials. In the systems that flow from municipal to barangay level and were visualized through them, the awareness and adherence was high. The success of enforcement will depend upon structured communication from the municipal level to barangay implementers (Stakeholders emphasized). As one official noted:

"*They need implementation from top management … followed by cascading it down to us at the barangay level so we know what to do."* (R2, M3).

Barangays improvised and implemented the policies in jumbled fashion due to fragmented information. This chasm is damaging to credibility and resonates with Apollonio and Glantz's (2020) argument that effective tobacco control depends on an effective balance among policy intent, administrative assistance, and accountability. WHO (2021) insists on the point that long-term inter-agency coordination allows for equitable implementation from highest to lowest levels of governance. The thing that makes smoke-free laws work is that people know about them and understand why they are important. When people see signs and messages about these laws everywhere they go it helps them get used to the idea. This is because the messages are the same so people start to think of following the laws as something that everyone does not just something that they should do because it is the right thing to do. The Tobacco-Free Policy or TFP becomes a part of what people think is acceptable behavior, in their community. The TFP is something that people're aware of and it becomes a part of their daily lives.

Theme 2: Enforcement and Governance Capacity

If public awareness leads to visibility, enforcement can maintain credibility. Several of the respondents linked the issue of enforcement fairness, predictability and consistency to the success of the Tobacco-Free Policy (TFP) at Municipalities 1, 2 and 3 on the reliability of the policy. Stakeholders said it wasn't patrol or fine enforcement, it was accountability, role clarity and impartiality. But enforcement remained piecemeal and fragmented, with poor governance systems, inadequate resources and

difficulties for local socio-culture.

Patrol Inconsistency and Sanctions

Sanctions appeared to be largely inconsistent and superficial. As one of the Police Officers with the Municipality 1 respondents noted:

"There are tiered fines, but no one actually pays them." (R4, M3)

This defiance was noted beyond Municipalities 1, and was similarly observed in Municipality 2, despite the existing ordinances:

"The policy is supposed to be enforced … but many do not abide by it." (R7, M2)

This is the issue with the effectiveness of the sanctions. Global evidence suggests that the only way smoke-free policies can be effective is if there is a systematic and transparent inspection and enforcement regime to accompany them (Wynne et al, 2018; WHO, 2021).

Social Proximity and Enforcement Dilemmas

In some communities, social closeness has been detrimental to enforcement. As one official remarked:

"It's s hard because if you know the wrongdoer, you just overlook it." (R5, M2).

This shows the tension where the social order and the legal order most typically is in a collectivist situation. Apollonio and Glantz (2020) suggest that the patronage role diminishes legitimacy and and directs enforcement from governing to just negotiating.

Role Clarity and Training

The unclear role of enforcement also contributed to the difficulties of coordination. This is because a barangay officer explained:

"We went to training, but it would have been better if there had been more" (R3, M2).

And people felt like they were not being included in the process

"We weren't included either" (R6, M3) when it came to the smoke-free seminar and training.

This led to people being held accountable in a consistent manner or not at all. For effective enforcement mechanisms, it is important that there is a clear mandate and on-going development of capacities and coordination of police, health, and barangay efforts (WHO, 2021).

Resource Constraints and Incentives

A shortage of resources was often cited as an obstacle.

"There's no budget to reprint flyers and tarpaulins, so nothing is visible in the barangay." (BHW, M2).

But without logistical support, participation turned out to be low, youth leaders said:

"If they are working, they can earn ₱350 pesos a day, but if they will just listen on the seminar regarding smoke free, they will gain nothing, that's their mindset." (R1, M2).

These economic realities drive compliance and engagement. Small incentives and visibility practices maintain community involvement in low-resource settings (Chaloupka, Powell, & Warner, 2019). Goodwill motivated enforcement, but capacity weaknesses limited enforcement in most municipalities. Because of weak sanctions, poorly defined responsibilities, and less-resourced operations, smoke-free ordinances were also poorly executed, opening them up to selective enforcement. As has been demonstrated globally, effective tobacco control depends on institutionalized enforcement mechanisms, predictable sanctions, trained individuals to implement it, and adequate funding to transform "policies on paper" into real public norms (Apollonio & Glantz, 2020; WHO, 2021).

Theme 3: Youth Access and Social Norms

Despite the current national and local bans, the concerned participants in Municipalities 1, 2, and 3 expressed dissatisfaction over "the pervasiveness of tobacco products among youth." In addition to the lack of enforcement, family tolerance, vendor behavior, and societal acceptance all contribute to young people's smoking habits, so there is a conflict between the law and social reality.

Vendor Compliance and Loopholes

Store-owners acknowledged that minors frequently bypass age restrictions:

"Sometimes they lie … and if they can't buy here, they will go to another store." (R4, M3).

Others, meanwhile, say loyal customers are harder to turn away:

"They know it's prohibited, but it's hard to prevent them, particularly if they're regular customers." (SO,M2).

The stories expose the retail gaps that persist, which are exacerbated by poor regulation and economic dependence. The evidence internationally suggests that the effectiveness of YA laws is enhanced with licensing and inspection (WHO, 2021; DiFranza, 2019).

Parental Influence and Intergenerational Norms

One important enabler was parents' permissiveness. However, some parents still insist on having their children purchase cigarettes.

"Even though they are aware that it is illegal, parents frequently force their kids to purchase cigarettes" (R1, M3).

There is also modeling of smoking behavior in the family. This is evident in what one officer said:

"Discipline must begin at home" (PNP Staff, M3)

This is a clear case of how family is counteractive to public regulation of behavior. Parental smoking is a predictor of youth smoking, as found by Brown-Johnson and colleagues in 2018.

Cultural Resistance and Social Acceptance

Smoking, according to the participants, is accepted in society.

"Smoking is part of the culture, especially during gatherings or drinking sessions" Consultant M1 said.

It has been difficult to stigmatize the practice. Because of this, smoking is no longer a deviant behavior but a normal social behavior, especially since this is accepted and upheld by the older generations.

Villanti et al. (2018) found that this acceptance weakens smoke-free norms and promotes youth smoking, especially in areas where enforcement is inconsistent.

Emerging Products (Vaping and Substitution)

Increase in the use of nicotine electronically:

"In Barangay tracking, there is a noted decrease in the use of cigarettes but an increase in the use of 'vaping'." (MHO, M3).

It is also noted, however, that there are risks associated with "vaping," even as there is a noted decrease in youth smoking of cigarettes. Youth who "vape" are three times more likely to progress to smoking, based on the study of Gentzke et al. (2019). WHO (2021) noted, however, that "vaping" is perceived as "safe," which reverses the progress made in tobacco control.

As can be seen from the results, the complex interplay of the laxity of vendors, parents, and culture, and the development of new nicotine-delivery systems, is the reason why youth tobacco use persists. Thus, in order to change the culture and ensure the health and safety of the next generation, tobacco control must engage communities and economies, not just governments.

Theme 4: Health System Integration and

Early Outcomes

The health sector was one of the key links between the Tobacco-Free Policy (TFP) and people's day-to-day lives, despite its uneven implementation and its cultural value system. Thus, it is stated that "Health systems – outreach programs, education, and clinical services – make people aware, make smoke-free acts the norm, and make ordinances into real public health gains" in towns and cities as shown in Municipalities 1, 2, and 3.

Integration in Outreach

Municipality 1 implemented the inclusion of the Tobacco Free Policy in school lectures and barangay assemblies, while Municipality 2 implemented the inclusion of tobacco control in social media and IEC mobilizations. This was seen as a smart and long-term approach to link tobacco control with maternal health visits, school campaigns, and the community for everyone. In addition, the World Health Organization (WHO) (2021) indicated that tobacco control should be included in primary care to sustain things. Villanti et al. (2018) indicated that this will make people more aware of smoking and will encourage them to quit smoking.

Smoking Cessation Support Networks

The BHW Organization, Youth-in-Action, and Body of Christ Church assisted the most effective smoking cessation program in Municipality 3. Municipality 1 and Municipality 2, on the other hand, relied on the information drive and general health promotion. The two municipalities were also not as organized as Municipality 3 when it came to following up with people who had stopped smoking. One MHO member from Municipality 2 told a staff member of a representative the following:

"We're just advocates; we don't make the law."

"Our main goal is to stop people from smoking and teach them about the diseases it causes." (MHO, M2)

Such findings indicate the success and failure of the different municipalities. Information drive promotes awareness and presence, while the organized cessation networks provide the sense of continuity, accountability, and the strong peer group that one would need to be successful at quitting smoking for the long term. According to the research findings of Bock et al. (2017), community-based cessation programs have been found to be more effective than education-based programs.

Theme 5: Whole-of-LGU Coordination and

Incentives

If awareness is what makes a policy clear, and enforcement is what makes a policy believable, then coordination and incentives make a policy last. The respondents indicated that for the Tobacco-Free Policy (TFP) to be effective in Municipality 1, Municipality 2, and Municipality 3, there is a need to have structured collaboration and recognition among people in health, police, education, and barangay sectors.

Multi-sector Coordination and Tasking

Municipality 1 had a Tobacco Control Committee, which met every three months and planned together. This is what the respondents described as a "working architecture." The respondents from Municipality 3 said that they needed top-down guidance:

"It'd be beneficial if the no-smoking policy was top-down and cascaded down to us at the barangay level, so that we do know what to do" (R2, M3).

Municipality 2, on the other hand, did try to help but didn't do much after that.

"It's just a law on paper; no one really follows it" (Barangay Captain, M2).

These stories show that vertical alignment (between municipalities and barangays) and horizontal integration (between health, the PNP, schools, and barangays) help policies stay in place. Inter-office committees that meet and check for compliance will make sure that this system is fair, instead of just enforcing it when someone breaks the rules. Article 5 of the WHO-FCTC requires collaboration between different sectors, which is an example of this kind of behavior (Apollonio & Glantz, 2020; CDC, 2022; WHO, 2021).

Incentives and Recognition

Two of the most important things that have kept people involved in smoke-free implementation are incentives and recognition. Municipality 1 had plans that talked about "awards and certifications for barangays," and Municipality 3 said that the Red Orchid Award made them proud.

"We won the Red Orchid Award" (MHO, M3).

And even this recognition was a sign of respect and social proof, a sign that the authority was real and a bridge was being built. The posting of certificates, achievements, and even images of what the compliant barangay looked like on social media also created a sense of pride and responsibility. Proof on Evidence: Chaloupka, Powell, & Warner (2019) found even minor but well-defined incentives can contribute to institutional participation, and WHO (2021) suggests the design of awards, such as Red Orchid, to encourage participation. "Performative compliance," where recognition does not result in this, was also a concern, as respondents indicated.

"At first, it works, but it starts to fade."

(R6, M2).

Assessment of credibility is always monitored and should include monitoring and measurable components (Apollonio & Glantz, 2020). If recognition is included in accountability, then recognition is also embedded. And, institutional incentives and evaluation also help to ensure that smoke-free enforcement can move from the ritualistic to a culture of adaptive, educational, and even evolutionary governance, a culture that not only reflects a major shift in the direction indicated by these changes but also creates health gains.

Proposed Policy Enhancement to Improve the Existing Policies for the Successful Implementation of the Smoke Free Policy and Tobacco Control Policy

Implementation of Regulations and Laws

Stakeholders also encouraged the enforcement and enactment of national and local laws such as RA 9211 and EO 26, but in a more strict manner, fairly, and with clear sanctions and auditing mechanisms. "Enforcement is often symbolic," the people themselves said in the survey:

"No one gets caught … it's not enforced because there is no penalty." (MHO Staff), and the imposition of sanctions uniformly to give more credibility to enforcement

"It would be better if there was a penalty …," Barangay Captain, M2.

Close monitoring of visits, and the monitoring of reporting channels in the community, were also identified as significant in enforcing compliance. This is supported by data, as enforcement and the presence of complaint mechanisms can help reduce violations and increase trust among the people (CDC, 2022; WHO, 2021).

Sales and Access Regulation

Some of the major principles stressed by the respondents were the protection of youth by tighter control on store-based sales that make it illegal to sell them to minors, monitoring distance to schools, barring sale of single sticks, and driving down prices to reduce the affordability of smoking. As shared by the participants,

"Do not sell to minors even when the parents ask them to buy" (SK Chair, M3).

"Do not sell to underage customers (minors)" (Shop Owner, M2).

The above statements are in line with other studies that revealed that sales prohibition and pricing measures deter youth initiation (DiFranza et al., 2002; Chaloupka et al., 2012). Enforcement at the community level, as well as taxation and vendor licensing, are vital in order to avoid policy erosion and to ensure equitable protection of the youth.

Youth Protection and Parental Responsibility

The family context is still a potent instrument in molding attitudes toward tobacco use, it was discovered. Prevention was defined by participants as:

"It starts within the family" or "begins within the family" (PNP Staff, M1),

which highlighted the flaws of parental discipline and parental awareness. Parent involvement and supervision and refusal skill-building are all effective in reducing experimentation among youths (Sargent & Dalton, 2001). The integration of parent education programs with community/RHU-based and school-based life skill-building programs could be helpful in reducing intergenerational smoking prevalence. A comprehensive approach including parental involvement and youth support and counseling is needed.

Community Support and Structural Measures

Communities suggested environmental and economic changes to relocate tobacco curing operations to avoid residential areas, institutionalize and police DSAs, and safeguard the economic interests of farmers through insurance or alternative crops.

"Keep the curing process away from the community so people are not exposed" (Resident, M1).

This is a localized environmental concern. Respondents suggested better data systems for monitoring smokers, vaping trends, and smoking-related diseases. Funding through sin-tax revenues was considered a key way to sustain operations, they said. Integrated surveillance, sufficient resources, and socioeconomic support work together to promote sustainability as described in the literature (Fong et al., 2006; WHO FCTC, 2005).

Education, Campaigns, and Health Awareness

Health education and advocacy became the bedrocks of behavior change. Participants favored continued IEC directed by RHU/MHO professionals

"Invite someone from the RHU to explain the effects of smoking" (Barangay Captain)

and asked for more persuasive, emotionally salient messaging

"The advocacy needs to be intensified," (MHO Staff).

School-based prevention, visible signage, and locally produced testimonials help establish messaging memory and social acceptability (Wakefield et al., 2015; Noar et al., 2016). Institutionalizing regular campaigns such as a No Tobacco Month could sustain public engagement and normalize tobacco-free behavior.

Community and Agency Collaboration

Successful implementation requires the coordination of LGU offices, barangays, police, health units, and schools. Continuous inter-agency dialogue was emphasised by respondents.

"There should be coordination between the barangay and the PNP for meetings and training" (Barangay Captain, M3)

and a continual capacity-building program. In addition, chronic underfunding was noted.

"There should be funds to push the program forward." (MHO Staff, M2).

Worldwide, data have found that structured committees, planned reviews, and defined funding lines improve compliance outcomes (Apollonio & Glantz, 2020; CDC, 2022). This sector-wide approach creates an environment free of tobacco, which lies within the municipalities. Credible enforcement, regulated sales, family-focused prevention, community participation, ongoing education, and institutionalized coordination must also be effective. With strong data and ongoing funding, those pillars turn legislation from a written ordinance into a lived public-health norm.

CONCLUSION:

Out of these three municipalities, Municipality 3 was the municipality that implemented the Smoke-Free Environment and Tobacco Control Policy the most effectively. According to documented evidences and direct observations made by the researchers, this positive and praiseworthy action helped merit Municipality 3 a Red Orchid Award. But the municipality's implementation efforts took a turn for the worse after the onset of the COVID-19 pandemic. Municipality 3 had also established the smoking cessation program from which enrolled participants have benefited. Municipality 1 and Municipality 2 have enacted local ordinances but lack enforcement. There is no implementation budget allocated, signaling low levels of priority and smoking-cessation programs remain non-functional in both regions. These findings suggest that there is a need to institutionalize the cascading of policies down to more local communities, and to install adequate smoke-free signage to strengthen compliance and progress across the three (3) municipalities.

RECOMMENDATION:

Anchored on the findings of this study, it is strongly recommended that:

1. Strengthen implementation on municipal level specially on policy dissemination, smoking cessation programs, and public education on the hazards of smoking.
2. Local Councils and municipal executives should approve a dedicated annual budget to fund smoke free activities, enforcement operations and other measures necessary to ensure the long-term sustainability of the program.
3. Formulation and implementation of a sustainability plan per municipality that outlines strategies, timelines and resource requirements to maintain smoke free inititives beyond the initial implementation phase.
4. Robust monitoring system from barangay councils with support from enforcement officers and the PNP, encouraging community participation in reporting violations by smokers and retailers.
5. Develop a standardized and culturally appropriate IEC materials (signages, posters, flyers, digital content) for distribution in the community. Educational efforts should be tailored to specific groups including pregnant women, minors and individuals who smoke-to maximize relevance and impact.
6. Creation and revival of award systems such as the Red Orchid Award to recognize barangays, organizations and institutions that exhibit exceptional compliance and leadership in enforcing smoke-free and tobacco control laws.
7. Strengthen involvement of Non-Government Organizations and private sector partners for program implementation by providing resources, technical support, and community engagement.

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