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Anti-Smoking Policy

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Anti-Smoking Policy

One of the healthcare policies in Saudi Arabia is anti-smoking, passed in 2015. Tobacco usage is among the leading causes of illnesses, whereby 70 000 Saudi Arabians die each year due to smoking-associated diseases. The law bans the practice in some indoor working organizations and public areas such as government and educational facilities. Smokers can only use tobacco in designated areas such as casinos and bars' smoking rooms. Advertising the products through media channels is prohibited, but sales would be made online. Other regulations concern packaging and labeling whereby misleading information would cause cancellation of license. The anti-smoking policy enacted by Saudi Arabia impacts stakeholders and healthcare organizations where political issues on its implementation are evident.

Stakeholders Impacted By Anti-Smoking Policy

One of the stakeholders affected by the anti-smoking policies is suppliers. Tobacco farmers and processing industries are the chief suppliers of the material. They are involved as the law lowers the products and operations. Thus, prohibiting smoking in some areas means lesser sales. Farmers should therefore be assisted to diversify to other crops, to ensure the law is implemented. Moreover, the processing companies are also affected, as they have to deal with other productions to avoid lawsuits for producing illegal products.

Notably, the law does not ban tobacco processing entirely, demanding the companies to cooperate with other suppliers, so the distribution is done to the chosen areas alone (Park & Lee, 2020). The advertising industry is the other party affected by anti-tobacco laws. The bill prohibits tobacco-related promotions implying the market has to adjust. They should communicate to the public on the need to avoid tobacco and explain the benefits. Failure to do so the changes suggest huge losses as the companies no longer promote the products.

Another group of stakeholders in this policy are the beneficiaries such as patients, local organizations, and advocates. Tobacco ¹ is one of the leading causes of illnesses and deaths in Saudi Arabia. Implementing the anti-smoking policy benefits the sick and the public as passive smoking is prevented. The patients' health is improved, prolonging their lives, and empowering them pursue other life needs (Park & Lee, 2020). Local organizations are groups dedicated to improving people's lives.

They benefit from the policy as the banning makes the work easy. For instance, they do not need to educate people on ways to avoid and improve their lives. With the bill, elected officials are also involved in ensuring the law is implemented. They benefit as the bill creates job opportunities for them. Besides, people to evaluate the results and take the necessary actions are the other party involved. Some of them are healthcare providers and government agencies. Therefore the anti-smoking stakeholders are diverse where some benefit while others are forced to focus on other things like the farmers.

Stakeholders' Role in Implementing the Policy

Policy implementation steps between setting goals and the activities to attain the goals (Petkovic et al., 2020). The stakeholders described above have several roles needed to ensure the policy's objectives are achieved. Commitment is one of their responsibilities, where they understand the need for the law and accept the impacts. With dedication, the parties execute the needed tasks in implementation. Notably, stakeholders are directly affected by the policy, implying that the general public follows the path when commitment is shown.

Another role stakeholders need to ensure that policy implementation is overseeing risks and uncertainties in the process and handles them. For example, the smoking bill would make hundreds of farmers in Saudi Arabia incur losses as their products will be less needed in the market. The issue has effects on the economy, which the stakeholders need to review. It would be solved by empowering them to diversify to grow other crops required for the

market. When the stakeholders meet this role, implementation barriers are eliminated, making it fast to control smoking in the nation.

Stakeholders also have a role in educating the public on the policy impacts and the expected outcomes. For example, the local organizations promoting health should let the public know the effects of tobacco and ways to support the government to implement the bill. When people are educated, chances of resistance are limited as they comprehend the need for the policy. The actions bring collective efforts within the parties and the public, thus meeting the set goals.

The anti-smoking policy aims to lower the number of smokers in the country, thus preventing illnesses (Petkovic et al., 2020). Educating others means the number accepting the changes is high, resulting in successful policy implementation. Other stakeholders, such as government officials, have a role in availing the resources needed to implement the changes. Money is one of the resources to hire change advocates and educate the people, among others. Based on this description, stakeholders must execute their roles for the policy implementation process to be successful.

Policy's Impact on Healthcare Organizations and Their Employees

Anti-smoking policy impacts healthcare organizations and their employees directly. As said above, the policy's purpose is to ensure smoking-related illnesses and deaths are controlled in the nation. The sector is, therefore, the leading stakeholder to ensure the objectives are attained. The facilities are impacted as the employees must be educated. The leaders need to conduct training to ensure the workers understand the new bill, their roles, and the public's information. After the employees understand the regulation, the other responsibility is ensuring public cessation. Here, the healthcare providers educate communities on the benefits of quitting smoking behavior and implement measures to help them stop (Alkhatatbeh et al., 2016). The providers need to inform the public that adhering to

the law reduces premature deaths as a healthy body functioning is attained. It also lowers chances for reproduction, cardiovascular, obstructive pulmonary illness, and most forms of cancer.

Education should also describe the importance of quitting smoking, especially people with coronary illnesses and pregnant women. Besides, monetary burdens are eliminated as visits to the hospitals, and bills are reduced. Apart from educating the public, healthcare organizations are impacted by the policy as they implement measures to help communities stop the practice. For instance, they provide counseling sessions, provide cessation drugs, connect the victims with the other needed resources, and follow up to provide support in controlling relapsing.

The factors demand the facilities to work as a team and collaborate with other stakeholders such as the government (Alkhatatbeh et al., 2016). Moreover, they are expected to evaluate the outcomes of the bill by assessing rates of smoking-related diseases. It means healthcare facilities and their employees are central to implementing the anti-smoking policy, as they have to understand the law, educate the public, support and follow them to control relapsing, and evaluate the bill's success in improving health.

Political Issues Concerning the Implementation of the Policy

The implementation of the anti-smoking policy relies on political ideas, as leaders pass or reject bills. The enacting of tobacco control regulations is a reliable approach to lower the practice's health and economic burdens. Despite the conviction, political differences exist in the implementation of these laws. Political ideologies claim that implementing the policy denies people and communities the right to decide on their health. In their view, the government has no right to control the public's behaviors concerning their health. If the government enacts the policy, citizens' health is protected at the expense of the constitutional

right on autonomy (Cohen et al., 2015). They suggest that smoking cessation should be done and the people left to decide whether to use or quit.

The ideological arguments, on the other hand, insist that the government has a role in protecting the welfare of the citizens (Cohen et al., 2015). Communities elect leaders to make policy decisions on their behalf, trusting they choose right. They should also consult the public in the process to ensure their needs are provided. With this idea, leaders should consult evidence-based researches about smoking, and if the limitations outweigh the benefits, anti-smoking regulations should be passed and implemented. Unfortunately, the two views contrast, where one claims the public should make decisions while the other insists the administration has the power to enforce policies that benefit the public. The differences need to be sought as politicians have a significant influence on the success of policy implementation.

In a nutshell, the implementation of the anti-smoking policy in Saudi Arabia relies on several stakeholders. Some of them drive the programs; others benefit as others assess their success. For example, the government is the leading driver; smoking victims are the beneficiaries while the healthcare sector evaluates the measures implemented. As discussed in the paper, some stakeholders benefit while others are negatively impacted in the process, depending on the roles executed. The parties have a vital role in the implementation process as they have to be committed, oversee risks and uncertainties, educate the public to ensure collective efforts, and allocate resources. Notably, the policy directly impacts healthcare facilities and their employees. For that reason, the providers need to understand the bill, the changes required, and the expected outcomes. They should then cooperate amongst themselves and other parties to ensure smoking cessation and offer the needed support to quit, such as counseling and prescribing medications. Additionally, the implementation process is affected by political differences, where some leaders insist people have autonomy

on their health while others insist the government should ensure measures to protect the public. Hence, the differences ought to be sought as this sector has a considerable influence on the implementation process.

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