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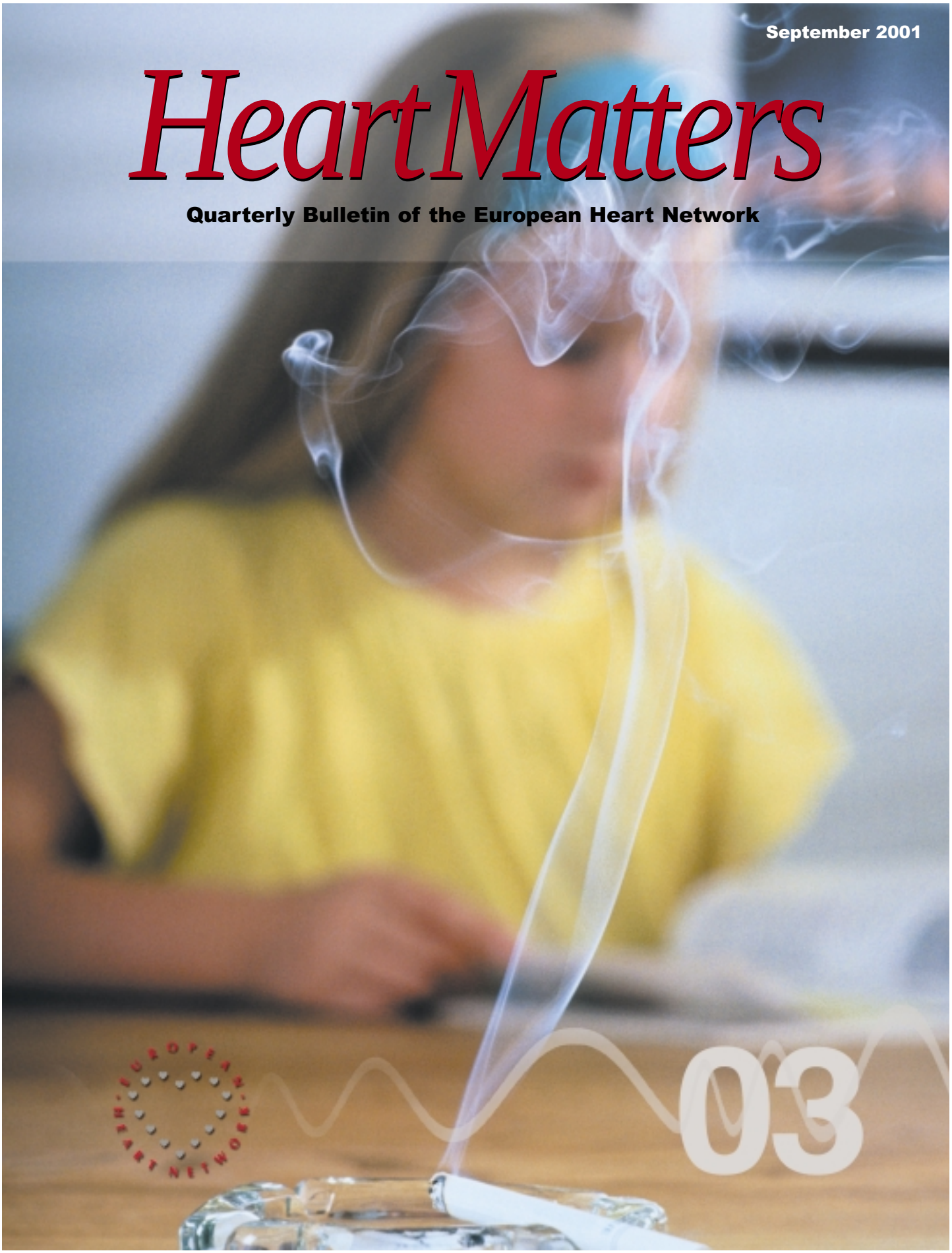
HeartMatters

Quarterly Bulletin of the European Heart Network



1 editorial

Cutting through the smoke to the heart of the matter

by Leslie Busk

Chairman, European Heart Network

Smoking has a devastating effect on heart health - estimates indicate that at least 130,000 people die every year in the European Union from cardiovascular diseases (CVD) caused by smoking. When looking at Europe at large the picture is even gloomier, with as many as 430,000 dying per year from CVD caused by smoking. It is a major cause of other diseases too with over 500,000 people in the European Union dying annually from smoking related diseases.

So why do people smoke? Smoking is a habit that starts early in life. Most smokers start smoking before they turn 18; in many countries smoking rates among 15-year-olds are as high as 60-70%. Youngsters aged 15 are not always rational and as far as they are concerned they will live forever. So they start smoking. They may not know - or particularly care in that stage of life – that on average they risk losing 14 years of life when they become smokers.

Clearly, as our young people take up the smoking habit for many reasons and are unlikely to be rational in their choice, we need to help them not to smoke that first cigarette and not to become regular smokers. Unfortunately up until now we haven't done a good job in reducing smoking among youngsters. A survey carried out by the WHO, entitled

'Most smokers start smoking before they turn 18; in many countries smoking rates among 15-year-olds are as high as 60-70%.'

Health Behaviour in School-aged Children, reveals that none of the countries surveyed showed a decrease in weekly smoking among 15-year-olds between 1993/1994 and 1997/1998. Rather, many of the surveyed countries showed an increase in regular tobacco use among these youngsters (see feature article on page 3).

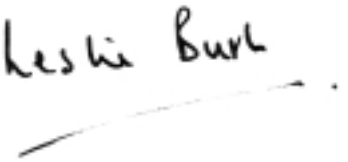
In the European Heart Network (EHN), we are working for the prevention or reduction of CVD so that it will no longer be a major cause of premature death and disability. We are, therefore, very concerned about tobacco use – and not least about tobacco use among young people. Many of the member organisations of the EHN are working, often together with other organisations, on campaigns in schools and elsewhere to inform and educate the young on the many dangers of smoking and to create smoke-free environments. They are investigating and testing a variety of ways to persuade youngsters not to start smoking and to convince young smokers to quit.

Crucial, though, is the policy makers' willingness to adopt legislative measures, because without such measures the work of voluntary and charitable organisations is much more difficult. In particular the advertising of cigarettes must be banned. The ruling of the European Court of Justice that overthrew the 1998 Directive banning most tobacco advertising and sponsorship was a deeply regrettable development. The Court's decision may have been well founded on legal grounds, but from a health perspective this decision was a major setback in our striving for a society that is tobacco free, and thus healthier.

EHN cautiously welcomes the European Commission's proposal for a new Directive aimed at banning certain types of tobacco advertising and sponsorship in the European Union. By adopting this proposal, the European Commission demonstrates its commitment to tobacco control. It is a step in the right direction - but it is not enough.

EHN supports a comprehensive ban Europe-wide on all tobacco advertising and promotion. By a comprehensive ban on tobacco advertising and promotion we mean that any commercial communication whose main, secondary or incidental aim or effect is to promote a tobacco brand or to promote tobacco use should be prohibited.

In the EHN, we believe that legislation that aims at a total ban on tobacco advertising and promotion is fully justified on health grounds.



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Heart Matters, focusing on cardiovascular disease prevention, is a quarterly publication relevant to policy makers, public health experts and organisations involved in health promotion, disease prevention and public health research.

TOBACCO AND CHILDREN
TOBACCO AND YOUNG PEOPLE

Adolescent smoking

by Bente Wold, Research Centre for Health Promotion, University of Bergen, Norway

Smoking rates among young people

In Europe it is estimated that smoking tobacco is a primary or major contributory cause of lung diseases (e.g. cancer, bronchitis, emphysema) and cardiovascular disease (World Health Organization (WHO), 1996). Evidence from extensive research shows that about half of those who start smoking cigarettes regularly in their teenage years, and keep on smoking steadily, will eventually be killed by tobacco (about one quarter in old age plus one quarter in middle age) (Peto et al., 1994). In European countries, most adult smokers report taking up regular smoking between the ages of 13 and 15 (Reid et al., 1995).

The Health Behaviour in School-Aged Children (HBSC) study is a unique cross-national research effort (Currie et al., 2000). The first survey was carried out in Finland, Norway, England and Austria in 1983/84. Since then, the surveys have been conducted at four-year intervals in a growing number of countries, the latest in 1997/98 collecting data from 26 European countries and regions, Israel, Canada and the United States. The next survey is due to take place during the academic year 2001/02. Together with data on a wide range of health behaviours, the surveys ask questions on smoking.

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In the most recent HBSC survey (1997/98), students were first asked whether they had ever smoked tobacco. The findings are reported in Nic Gabhainn & François (2000). The rates for tobacco experimentation were lowest for 11-year-olds; in most countries fewer than 20% of children reported ever having tried cigarettes. Levels rose to 40-50% for 13-year-olds and 60-70% for 15-year-olds.

The data also illustrated wide variations between countries and between genders within countries. Students from countries that reported low rates of tobacco experimentation at age 11 tended to be those who report the lowest levels through ages 13 and 15. In relation to gender, the experimentation rates for boys substantially exceeded those for girls at each age level.

Daily smoking increased substantially across age groups. No country exceeded a daily smoking rate of 2% for 11-year-olds, while most were under 10% at age 13 and under 30% at age 15. In general, about 20% of 15-year-olds reported that they smoke daily. The most striking differences between countries were among 15-year-old girls, where the rates varied between 6% of Lithuanian girls and 56% of girls from Greenland. Greenland is of particular concern, as smoking rates are exceptionally high at 24% at age 13 and 50% at age 15. In Nordic and Western countries, smoking was more common among girls than boys, while the opposite was found for Eastern European countries.

Although both weekly and daily smoking rates in most countries were high, the median number of cigarettes smoked, as reported by those who said that they currently smoke, was relatively low. At age 15, rates varied from 8 cigarettes per week in France to 30 in Greece, Greenland, Northern Ireland, Scotland and Wales. In general, 15-year-old boys reported smoking substantially more cigarettes than girls.

Trends in smoking among young people

The reduction of smoking among young people is a major public health priority in many countries in the European region. Following a number of large community-wide efforts, the prevalence of smoking among young people declined steadily in Europe and North America in the 1970s and 1980s. This decline then levelled out, and in the 1990s it appears that the prevalence of smoking is increasing again among adolescents and college students in America and many European countries (Kraft & Svendsen, 1997; Gilpin & Pierce, 1997; Wechsler et al., 1998; Nic Gabhain & François, 2000).

Data on daily smoking trends among 15-year-olds for the last decade is available from eight countries participating in the HBSC study (Wold et al., 2000). The results clearly show that smoking among boys has been decreasing in Denmark and Finland over the last decade, and has levelled out in Austria and Norway, but has been increasing in Belgium, Germany, Scotland and Wales. Smoking among girls has been increasing in all countries except Finland. In Austria, Belgium and Scotland, smoking prevalence among girls has doubled (or nearly doubled) in less than ten years.

'The reduction of smoking among young people is a major public health priority in many countries in the European region.'

'School is the place where adolescents are most likely to smoke, with up to 90% of young daily smokers in some countries smoking at school during the school day.'

The explanation for this recent increase of smoking among adolescents has not been ascertained, but it is likely to be the result of more than one factor. A number of scholars have suggested that insufficient use of preventive measures might contribute (Kraft & Svendsen, 1997; Wechsler et al., 1998), while at the same time the tobacco industry is constantly developing new strategies to target their advertising at young people (Pierce et al., 1991, King et al., 1998, Arnett & Terhanian, 1998).

Determinants of adolescent smoking

Given the fact that regular smoking becomes prevalent between the ages of 13 and 15, policies and programmes to prevent young people from becoming smokers need to be based on knowledge about the development of this behaviour. Previous research (Reid et al., 1995; King et al., 1996; Nutbeam & Aaroe, 1991; Tyas & Pederson, 1998; NHS Centre for Reviews and Dissemination, 1999; Wakefield & Chaloupka, 2000; Wakefield et al., 2000) suggests that the major factors contributing to the decision of teenagers to start smoking or not to smoke are:

- Socio-environmental (i.e., whether their best friend smokes, whether their parents smoke, whether older siblings smoke, the socio-economic status of the head of the household, tobacco advertising, the availability and price of cigarettes, whether or not they perceive that tobacco use is culturally acceptable, smoking of teachers, and the existence or absence of health education programmes at school);
- Behavioural (i.e., participation in other risk behaviours such as alcohol use); and
- Personal (i.e., low academic achievement, alienation from school, and beliefs about the psychological and social benefits of smoking).

Policy influences on adolescent smoking

The Control of Adolescent Smoking (CAS) study is an international research study investigating the association between national tobacco policies, school smoking restriction policies and the smoking of young people. The CAS study received funding as a Concerted Action under 6.2 of the BIOMED research programme of the European Commission, and included eight of the countries which are also involved in the HBSC study: Austria, Belgium (French-speaking Belgium only), Denmark, Finland, Germany (North Rhine-Westphalia only), Norway, Scotland and Wales. Findings from the study are presented in three reports (Wold et al., 2000; Wold & Currie, 2001; Kannas & Schmidt, 2001).

The CAS study was based on theoretical assumptions about student uptake of smoking in that observational learning, as suggested by Social Cognitive Theory, may influence individual attitudes and subjective norms, which in the Theory of Reasoned Action are assumed to be basic determinants of intentional behaviour. Observational learning was assumed to be influenced by national and school tobacco policies through exposure to smoker role models.

Schools were chosen as the subject of this study not only because of the impact that they have on adolescent development, but also because aspects of the school environment appear to be related to smoking initiation among young people. Furthermore, health education and health promotion programmes aimed at young people are most often made available through schools.

Data for the CAS study was collected at three levels – national, school and student levels – during the academic year 1997/98. The data collection at the student level was carried out as part of the HBSC study. The staff survey was administered as an integral part of the fieldwork with students. National data on governmental tobacco control policies, in particular those relating to smoking at school, were gathered through a review of scientific and official documents and interviews with key informants in each country. The hier-archical structure of the data enabled the use of multilevel techniques in statistical analysis.

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'Good teacher support for students was correlated with lower smoking rates in students.'

The CAS study found huge variations between countries in the extent and comprehensiveness of national smoking policies. Some countries have used legislation to ban advertising or restrict smoking in public buildings. Other countries have used a non-legislative approach, and instead have established voluntary agreements between the government and the tobacco industry.

The study found that certain aspects of government policy did appear to be related to lower smoking rates among young people. In particular, countries where it was difficult for adolescents to get access to cigarette vending machines, and where cigarette prices were high, had a lower smoking prevalence than countries with easy access to vending machines and relatively low prices.

Students are also less likely to be exposed to teachers smoking in school in countries with comprehensive national smoking policies. For example, in Finland and Norway, which have very comprehensive national smoking policies, only 5% of students in the survey reported being exposed to teachers smoking in schools, whereas in those countries with little in the way of national tobacco policy, e.g., Denmark, Scotland, Wales, about a third of young people reported that they saw or knew about teachers smoking in their schools.

The findings show that schools are playing a paradoxical role in teaching young people about smoking. Lessons from health education classes are often contradicted by lessons in the school yard or toilets where smoking by students is commonplace in all countries. In fact, school is the place where adolescents are most likely to smoke, with up to 90% of young daily smokers in some countries smoking at school during the school day.

However, findings from the CAS study show that efforts to combat smoking in schools can work. In schools that had smoke-free policies, there was a 7% probability for students reporting having been exposed to teachers smoking indoors, whereas the probability was 37% for students in non-smoke-free schools. Findings from Scotland showed that students were also less likely to see other students smoking in schools where smoking restrictions were consistently enforced. And there was some evidence from Wales that where policies in schools were both comprehensive and enforced, the actual smoking rates among students were lower. In Welsh schools where policies were strong only 10% of students were daily smokers, compared to 30% in schools where they were weak.

The study also found that good teacher support for students was correlated with lower smoking rates in students. Thus, smoke-free school policies are likely to work better in supportive school environments. The development and implementation of smoking policies in schools should be a joint enterprise between students, staff and parents in order to maximise effectiveness and minimise the risk of any unforeseen negative side effects.

It has to be noted that in some countries, very restrictive national policies on indoor smoking at school can push teacher smoking outdoors, resulting in the negative and unforeseen side effect of making smoking more visible to students. But the main recommendation from the CAS study is to aim for smoke-free schools and support this aim with comprehensive national tobacco control policies.

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Young people and tobacco in Europe

by Meri Paavola, Project Director, European Network on Young People and Tobacco (ENYPAT)

Smoking is the single largest preventable cause of premature death in Europe. The onset and development of tobacco use occur primarily during adolescence. Although the total consumption of tobacco products decreased in the European Union during the 1990s, the trends in early teenage smoking have been stable or have even shown an increase in some Member States. Smoking among girls has been increasing in most European countries.

Tobacco control through policy

There are remarkable differences in tobacco control legislation, policies and programmes between European countries. Some countries have comprehensive tobacco legislation, some hardly anything. International cooperation is essential today when the tobacco industry is trying harder than ever to get young people addicted.

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Lately, international bodies and organisations have initiated large scale policies and programmes in order to decrease tobacco use in the world. One of the most important legislative actions in the process is the ban on tobacco advertising and promotion in the European Union. It is well known that cigarette advertising influences the smoking behaviour of young people — and the tobacco industry knows it. For example, in Finland tobacco advertising has been banned since 1977, but Finnish children are still able to view tobacco advertising on TV when, for instance, they watch Formula I motor races or other sport events.

A new European Union directive on the sale, marketing and manufacturing of tobacco products sets out rules on key issues such as additives, addictive substances, health warnings and misleading claims. It also reduces the maximum level of tar, carbon monoxide and nicotine permitted in cigarettes.

The EU is linking its efforts to the ongoing negotiations in the World Health Organization (WHO) for a Framework Convention on Tobacco Control (FCTC). The first international treaty on public health ever proposed by WHO, FCTC is a new legal instrument that could address issues as diverse as tobacco advertising and promotion, agricultural diversification, smuggling, taxes and subsidies. Countries from all over the world are involved in the negotiations and it is planned that the first protocols will be adopted by the year 2003.

ENYPAT – European Network on Young People and Tobacco

The aim of ENYPAT (European Network on Young People and Tobacco) is to contribute to the reduction of tobacco use among young people in Europe. It has been funded by the Europe against Cancer programme of the European Commission since 1993 and currently has about 1200 members. Previously hosted by ASH Scotland, ENYPAT has been operating since 1997 from the National Public Health Institute (KTL) in Finland. From the beginning its role has been to exchange information, knowledge and know-how in the field of young people and tobacco.

Since 1998 ENYPAT has been responding to the Commission Services request to develop wider and more coherent smoking prevention programmes in Europe. The current ENYPAT 'Framework Project' includes five sub-projects: Smokefree Class Competition, Quit and Win–Do not Start and Win, Gender Differences in Smoking Prevention, Spring School, and Smokefree Youth Conference. All the EU Member States, Iceland and Norway are involved in the projects.

With its programmes ENYPAT has managed to promote both international collaboration between EU countries ('added value') and collaboration between health educators, experts, policy makers and researchers. However, smoking prevention programmes should be just supportive methods, definitely not the sole solution. Comprehensive tobacco policy is necessary and in order to be effective and successful, it has to be maintained over a long time period.

'It is well known that cigarette advertising influences the smoking behaviour of young people.'

Benefits of networking

Successful international programmes often come from relatively simple ideas. A good example of this is the Smokefree Class Competition, a school-based smoking prevention programme, which has been effective according to evaluations. The competition was carried out for the first time in the 1997/1998 school year in seven countries with a total of 3,819 classes and approximately 100,000 pupils. Since then, the number of participating countries has increased each year and in the 2000/2001 school year fifteen European countries implemented the programme with a total of 14,800 classes and approximately 370,000 pupils. In addition, some countries outside the EU, like Israel and South Africa, will organise the competition in their countries. To be successful, projects have to have flexibility to take into account national circumstances.

In order to build capacities for carrying out smoking prevention and cessation programmes among young people in Europe, the first ENYPAT Spring School was organised in 2001. The next Spring School will be organised in March 2002 in Helsinki. It is targeted at people who already have some experience in programme building and who are interested in developing European or national level programmes and policies concerning young people and tobacco. Information about the next Spring School will be available in November on: www.ktl.fi/enypat.

'Comprehensive tobacco policy is necessary and in order to be effective and successful, it has to be maintained over a long time period.'

ENYPAT will hopefully continue to develop youth programmes in the future even though the Europe against Cancer programme will end in 2002. We hope that our networking activities will be supported by the new Public Health Programme of the European Commission.

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European Policy Developments

The European Union (EU) has been active in tobacco control policy since the 1970s when it first adopted a number of tobacco taxation directives. However, it was not until the decision of the Milan Council in 1985 to establish a Europe Against Cancer Programme that the Community began to give serious thought to the tobacco epidemic. In 1987 the Commission established the Europe Against Cancer programme (EAC) and tobacco control quickly became a central part of its work. This work has included five proposals for directives, two Commission Communications on tobacco control, a Council Recommendation on Smoking in Public Places, the adoption of the Tobacco Fund Regulation and the funding of numerous tobacco control projects.

The Commission Communications

Prior to 1996, Community tobacco control policy was largely legislative in nature and took the form of internal market harmonising measures. However, since 1996 EU tobacco control policy has been guided by two Commission Communications. The first of these set out the context in which Community policy was based and prioritised actions to protect young people and women. The second gave an overview of tobacco control policies and legislation in the Member States and suggested how these policies could be harmonised at EU level.

The 1996 Communication

The 1996 Communication highlighted the half a million deaths attributable to smoking-related illness in the EU every year, according to World Health Organization (WHO) figures. Its key findings were:

- The EU has a high rate of smoking prevalence: over 40% of the adult population smokes;
- Thirty-three percent of young people are smokers by the age of fifteen;
- Women, especially the young, are taking up smoking faster than men;
- The better off increasingly avoid smoking;
- Non-smokers are increasingly demanding protection from smoking.

In order to deal with these problems and meet the demands of non-smokers, the Commission proposed six options for future Community action, including better data collection and epidemiological evidence, a code of practice to protect children from tobacco smoke, an evaluation of the toxicity of additives, and better consumer information and protection.

In addition to the Community-level measures suggested, the Communication also proposed ways in which the Member States could improve cooperation between themselves:

- Measures to protect non-smokers, especially children and pregnant women;
- The establishment of targets for the reduction of smoking in the population;
- National rules limiting access to tobacco products, especially by young people;
- Increases in the real price of tobacco products;
- Measures to protect workers from environmental tobacco smoke (ETS);
- A limitation on televised tobacco-sponsored events;
- Better funding of health education targeted at smokers;
- Free or low-cost provision of nicotine replacement therapy.

Attached to the Communication were the 1996 Helsinki Recommendations. These Recommendations, drawn up by the Cancer Advisory Committee of the European Commission, reinforced the Communication and advocated immediate Community action to reduce the level of nicotine in cigarettes to 0.5 mg per cigarette and prohibit the use of misleading descriptors such as 'light', and called for the disclosure of the additives used in tobacco products. Following favourable reaction to the Communication from the European Parliament and the Member States, and taking the Helsinki Recommendations as a base, the Commission published a proposal for a consolidated tobacco products and labelling directive which was adopted in May this year (see opposite).

'Thirty-three percent of young people are smokers by the age of fifteen.'

'The advertising directive was seen as the most important policy initiative in the fight to reduce smoking prevalence among young people.'

The 1999 Communication

Between 1996 and 1999 the European Commission continued to develop its tobacco control policy. Its legislative work at this time was focussed on finding a text for the tobacco advertising directive suitable for adoption as a Council Common Position and acceptable to the European Parliament. Its follow-up work to the 1996 Communication concentrated on an analysis of the tobacco control legislation and policies of the Member States in order to assess the need for further harmonising legislation and initiatives. To this end, the Commission sent out a number of questionnaires to the Member States to ascertain their policies on such matters as nicotine levels, additives, youth age limits for tobacco sales, and sale by vending machine. The replies to these questionnaires, plus an update on prevalence figures, formed the basis of the 1999 Communication.

The Communication identified three groups who could most benefit from Community tobacco control efforts: young people, smokers who want to quit, and non-smokers.

Young people

The Communication youth policy was based on two elements: the 1998 Tobacco Advertising Directive, in tandem with the 1989 Television Without Frontiers Directive, and the Community Fund for Research and Information on Tobacco (the 'Tobacco Fund'). The advertising directive was seen as the most important policy initiative in the fight to reduce smoking prevalence among young people as it was expected that the restrictions on the ability of the tobacco companies to advertise their products would result in fewer young people taking up the habit. Obviously, the subsequent annulment of the tobacco advertising directive presents a major blow to the coherence of Community policy on reducing youth smoking prevalence.

The Tobacco Fund was also seen as an important element of this policy. The fund was established in 1994 and amended in 1998. The Fund takes 2% of the total agricultural subsidies paid to tobacco farmers and ploughs the money back into projects. Divided into four areas, there are projects concerning: why young people start smoking; the factors that motivate young people to continue smoking; the impact of health education policies on smoking in schools; and the development of a comprehensive youth smoking prevention policy. The European Commission recently launched a call for tender for bids to create a tobacco counter-advertising campaign throughout the EU. The bidding closed on 25 July and the successful bidders will be notified this autumn.

Smokers

The Communication gave a comprehensive list of smoking-related diseases and reasons why smokers should quit. Rises in tobacco taxation and the tobacco advertising directive were suggested as the main ways of assisting smokers who want to give up to do so.
The Communication did not repeat the suggestion made in 1996 that nicotine replacement therapy should be provided at no or minimal cost to smokers seeking to quit.

Non-smokers

While the Communication noted that more and more non-smokers are demanding the right to smoke-free environments because of increasing evidence about the harm caused by exposure to ETS, actual EU policy was limited to writing to the Member States to ascertain their current legislation in the sector and whether they were considering introducing further legislation to protect vulnerable groups. No mention was made of any possible EU-level binding legislation to protect non-smokers and none has been forthcoming. EU policy in this area remains restricted to rules prohibiting smoking in certain workplaces because of the synergistic effect with other dangerous agents, and a 1989 Council recommendation on smoking in public places.

EU legislation

In 1989, the first tobacco labelling directive was adopted. This obligated the Member States to ensure that the tar and nicotine levels of cigarettes were given on cigarette packets. Manufacturers also had to print health warnings such as the now-familiar 'Tobacco seriously damages your health' on the packages. Minimum sizes were laid down for these warnings, ranging from 4% of the pack surface area for monolingual countries to 8% for trilingual countries. This directive came into force at the end of 1991.

The second directive introduced gradual limits on the levels of tar allowed in each cigarette, starting with a maximum of 15 mg per cigarette as of the end of December 1992 and 12 mg from the end of 1997. Prior to this directive the average yield of tar in cigarettes on sale in the European Community had been approximately 18 mg. In 1992, the Community took rapid action and passed a directive banning the sale of oral tobacco following a rise in the number of under-age children using the product. The legislation came into effect in July 1992, although the sale of oral tobacco is still allowed in Sweden.

Most recently, the European Union adopted a new tobacco products directive designed to consolidate and update the three existing products and labelling directives. This Directive (2001/37/EC) will come into force with effect from September 2002. Its key provisions are:

- A reduction in tar yields from 12 mg per cigarette to 10 mg;
- A new maximum level of 1 mg of nicotine per cigarette;
- Bigger warning labels – up from the current 8% to 50% in certain cases. Member States will also have the opportunity to require pictorial warning labels such as already exist in Canada;
- New warning messages, including 'Smoking Kills';
- The prohibition of terms such as 'light' and 'low tar';
- A requirement that tobacco companies supply governments with full details of all the ingredients used in their tobacco products.

The tobacco advertising directive took nine years to become EU law and attempted to restrict or prohibit almost all types of tobacco advertising and sponsorship, including print advertising, brand diversification and the sponsorship of sporting and entertainment events by tobacco companies. Unfortunately, this directive was declared illegal by the European Court of Justice in October 2000 on the grounds that it failed to liberalise the Internal Market in tobacco advertising services. The Commission has now published a new proposal for a tobacco advertising directive restricted largely to print advertising and sponsorship of sporting events. This draft bill will be debated by the European Council and the European Parliament this autumn.

Other activities

Funding of tobacco control projects

Approximately two million euros are allocated to smoking prevention projects by the EAC each year. This contrasts with the almost one billion euros spent on tobacco subsidies each year in the EU. Smoking prevention projects are managed through two networks: the European Network on Smoking Prevention (ENSP) and the European Network on Young People and Tobacco (ENYPAT) – see article on page 7 of this issue. In addition, further funding has been available through the Biomed programme and other research framework programmes as well.

Framework Convention on Tobacco Control (FCTC)

The World Health Organisation (WHO) is currently negotiating a global tobacco control treaty with its 192 members and the EU is a very active participant in this process. The European Commission has been given a mandate to negotiate on behalf of the Member States in all those areas covered by Community competence (labelling, tar yields etc.). The Presidency speaks on behalf of all the Member States on all other issues. Restrictions on tobacco advertising, smoking cessation, product regulation and duty free sales of tobacco are among the topics being discussed.

'Approximately two million euros are allocated to smoking prevention projects by the EAC each year.'

European Heart Network Recommendations

In 1998, the European Heart Network adopted a paper called: *Tobacco Use: the dramatic effect on cardiovascular disease in the European Union and priorities for action.*

These priorities include:

- Banning tobacco advertising;
- Increasing taxation of tobacco;
- Limiting the availability of tobacco products;
- Legislating for smoke-free environments;
- Tightening laws on health warnings;
- Ending European Union subsidies on tobacco production; and
- Increasing funding for health promotion and smoking cessation.

A new campaign on passive smoking

In connection with 'World No Tobacco Day' on 31 May 2001, the Belgian Heart League launched a new campaign on passive smoking entitled 'Smoking: a lack of respect.' The campaign will run until next year's 'World No Tobacco Day.'

Carried out by the Belgian Heart League in collaboration with the Belgian Federation against Cancer, the campaign was also supported by the Scientific Society of Belgian General Practitioners, the Belgian Institute for Health Promotion and the Belgian Federation against Respiratory Diseases.

Myth or reality?

Several surveys indicate that passive smoking is a demonstrated risk factor in the development of different health problems: lower birth weight and height, and sudden death in infants. There are also manifest arguments in favour of a causal connection between passive smoking and the development of respiratory diseases. Children are particularly sensitive to infections of the lower respiratory system, chronic respiratory diseases and middle ear infections.

Passive smoking is also directly the cause of a major increase in the relative risks for the development of lung cancer and cancer of the nasal sinus, and the development of fatal and non-fatal myocardial infarction and angina.

In addition to the demonstrated causality of passive smoking, there are also a number of effects that are very suggestive of a causal relationship, including spontaneous abortion, a negative neuropsychological development of the child, a decrease in the lung function and cancer of the uterine cervix.

The conclusion is unequivocal: passive smoking is responsible for a large number of diseases and deaths. Passive smoking is therefore not a myth, but a terrifying reality.

The gaps in Belgian Law

Belgian Law includes several regulations (for example a Royal Decree of 15 May 1990) that limit or prohibit smoking in public places: restaurants, pubs, hospitals, sport sites, and public transport. In some cases, smoking is prohibited, but certain spaces are conjointly reserved for smokers under certain conditions. All this is very well. However, enforcing these regulations is apparently not a priority for the legislative power. For eventual plaintiffs, the procedures are totally unknown.

In the workplace the situation is even more blurred, because of the lack of precision of the law (Royal Decree of 31 March 1993).

Briefly, in Belgium the legal texts and the application procedures are in urgent need of improvement.

Campaign activities

To launch the campaign against passive smoking and draw attention to its central issues, a press conference was organised to highlight the following issues:

- Passive smoking: myth or reality?
- Legislation against passive smoking: its usefulness and the difficulties in implementing it.
- Three pillars in the fight against passive smoking.

A poster on the theme was designed for physicians to display in their surgeries, for chemists' and for schools. The partnership with general practitioners is an especially important part of the coalition for this campaign.

By law, Belgian restaurants must reserve one-fifth of their space for non-smokers, but it is not clear that this regulation is being observed. A small card in four languages, French, Dutch, German and English, was produced for restaurants and mailed to 400,000 large and small establishments. In line with the campaign's goal, which is not against smokers but in favour of more considerate smoking, the slogan on the card is 'Smoking – a lack of respect.' More cards have been printed, and further mailing will be done during the year.

Smoking in Finland

Due to successful anti-smoking policies in Finland, willingness to quit has remained common, with the decrease in tobacco sales supporting the data obtained in health behaviour studies. Currently 27% of 15 to 64-year-old Finnish men and 20% of Finnish women smoke daily.

A continuing problem is the exceptionally early age at which Finns begin to smoke. Even though the sale of oral snuff is forbidden in Finland, it is available in duty-free shops in the ferries cruising between Finland and Sweden, and boys increasingly use oral snuff. Snuff use is popular in sport circles, especially in ice hockey and swimming, and the boys imitate their idols.

According to trend data, the number of boys smoking has decreased while the number of girls smoking has increased. As a whole, however, smoking among young people has not increased during the last ten years. Very few smoke at the age of 12, probably because in 1995 the age limit for purchasing tobacco products was raised to 18. The proportion jumps to 12% of boys and 17% of girls by the age of 14. Under the age of 18, 24% of Finnish boys and 25% of the girls smoke regularly. Between the age groups there are educational and occupational differences: with a rise in educational and occupational status the percentage of smokers decreases sharply.

Finnish Tobacco Act

The aims of smoking reduction are preventing children and young people from beginning smoking, prevention of passive smoking and encouraging smokers to quit smoking. In 1977 comprehensive legislation was passed that prohibited all advertising, restricted smoking in public places, and imposed a 0.5% levy for tobacco control purposes. The amendment of the Tobacco Act in 1995 made work-places smoke-free. In 1999 further legisla-tion included tobacco smoke in the list of carcinogenic substances. After that action, employers have to ensure that employees are not exposed to tobacco smoke as a part of their duty to provide a safe working environment.

Finnish Strategy to promote health and non-smoking among young people

The challenge of smoking reduction among youngsters was addressed in the national 'Spark without Smoke' meeting in autumn 1996. The meeting panel prepared measures to prevent children and young people from beginning to smoke, including 38 recommendations for different organisations, the Ministry of Social Affairs and Health, local and regional authorities, schools and voluntary organisations. In 1997 a contact network was set up to coordinate and follow up the enforcement of the strategy. As a result of a follow-up meeting in 1999, renewed recommend-ations for action were drawn up and named 'The Finnish strategy to promote health and non-smoking of children and young people for the years 2000 to 2003.'

The renewed recommendations for action stress the role of adults, living conditions and environment in steering the growth and development of children and young people. The mission of preventing children and youth from becoming smokers belongs to the whole community and is the responsibility of every adult. Smoke-free living conditions and environments are the starting point. The government has a central role in promoting non-smoking among young people, and measures directed towards different ministries either directly or indirectly support the efforts to decrease smoking among young people. Local authorities are expected to draw up health policy clarifications; day care centre, school, health services, youth affairs, leisure time and physical activity authorities have securing the smoke-free, healthy and safe growth and development of children and youth as an ongoing assignment.

Organisations and church parishes working with children and young people also have a crucial role. It is proposed that organisations coordinate a national information campaign aimed at preventing the use of tobacco products among young people and at increasing the responsibility of parents in children's growth process. Young people are also taking part in planning campaigns.

In addition, it is recommended that personnel working with children and young people do not use tobacco products during working hours, and even that non-smoking be a criterion in hiring new employees.

Campaigns and programmes

In addition to normal health education, campaigns for preventing children from starting smoking have been organised at schools. They have been carried out at regional, community or school level as a separate entity or as a part of the use of intoxicants. The level of action varies between schools, with the teaching method affecting the process. Health promotion should be handled more carefully in teachers' basic and further education. Strengthening the cooperation between home and school could provide one forum, and new forms of cooperation ought to be developed. The New School Act adopted in June 2001 requires that health education be included as an independent subject in the curriculum at all school levels, a major challenge and opportunity in health promotion among children and young people.

Youth and smoking in Finland: motives and attitudes

The Cancer Society of Finland has completed a survey to explore and analyse young people's motives for smoking, attitudes and experiences concerning smoking and smokers to improve communication tools for anti-smoking campaigns among young people. Attitudes towards smoking proved to be complex, with four major attitude or behavioural profiles: distant; curious; habitual; and addicted. The motives for smoking or not smoking form a multi-layered and sometimes conflicting collection of knowledge, potential sanctions, outside pressures, self-perceived images, ideals, and social roles. Feedback from previous and existing campaigns and ideas for future campaigns showed a clear need to reconsider approaches and adopt new communication strategies. Effective campaigns have to be modern, have an emotional impact, allow absorp-tion, and, most importantly, can be faced alone for an in-depth exploration of the topic. The Cancer Association concluded that an Internet-based solution can meet all of these criteria, so a dedicated site (www.serialkiller.fi) was created.

Competitions

Finland takes part in both Europe-wide European Cancer Programme sponsored competitions, Smokefree Class and Quit & Win - Don't Start & Win. The Smokefree Class competition is targeted to the 7th and 8th years in school. The class makes a commitment not to smoke or use oral snuff during six months, with the whole class taking part in the competition. More information about international competition is available at www.ift-nord.de/sfc.

The Quit & Win competition is targeted towards young people 16-25 years old. The purpose of the competition is to encourage young people to make a decision to give up smoking or remain non-smokers together. More information: www.ktl.fi/enypat.

Never the first - mobilising youth to combat youth smoking

In a successful bid to involve youth themselves in convincing young people not to smoke, the French Federation of Cardiology is currently in its fourth annual campaign of 'Smoking, no thanks.' Young people are helping experts determine why many children between the ages of 10 and 15 begin smoking and why others do not smoke. An intriguing contest to create anti-smoking ads stimulates youthful creativity and the competitive spirit.

Contest entry is linked to a survey on smoking behaviour and motivation. Youngsters who want to enter the advertisement contest first fill out a questionnaire that asks whether they smoke and invites them to reflect on why they do smoke or why they do not. They fill out the questionnaire either as a class or as a voluntary group of at least ten children. This questionnaire must then be returned with the contest entry.

For the contest, the children write a scenario for a short anti-smoking ad, then make up a story board for their scenario. The web site, at www.jamaislapremiere.org, gives complete instructions on how to go about turning an idea into a scenario and story board, specifying the level and type of detail that must be supplied. From the launch at the beginning of October, would-be contestants have until mid-February to assemble and submit their entry. The idea is to share their conviction that people should never take that first cigarette, and young people are ideally suited to presenting this message in a 'cool' and effective way to their peers.

All entries are carefully considered by a jury of cardiologists, filmmakers and other partners, who select the top 100. A second round reduces this list down to 20 story boards. Then young people themselves decide which five story boards are the most effective. The winning five are produced as short animated cartoons by a professional, with the same expert drawing all five for a uniform effect. The contest culminates at the end of March in a banquet, the 'Trophée des Coeurs d'Or' (the Golden Hearts Trophy), where the five cartoons are shown and a vote is taken as to the very best for the year. The winning ad is then produced professionally and shown on television and in cinemas throughout France.

Drawing competition

A complementary campaign for youngsters is now entering its 13th year. Aimed at slightly younger children, this campaign, 'Smoking is bad for your heart' invites 8 to 12-year-olds to submit drawings on the theme.

Both 'Smoking is bad for your heart' and 'Smoking, no thanks' are timed to climax on 'World No Tobacco Day', 31 May.

Lobbying Senators for legislative support for non-smoking

Mindful of the need to reach legislators as well as the general public, the French Federation of Cardiology also lobbies the French legislature. In January 2002, French Senators will be provided with an opportunity to meet with cardiologists from the French Federation of Cardiology for a 20-minute CVD check-up. With attention focussed on their own health, Senators should be ready to support legislation to curb the smoking habit in the young.

Focusing on freedom and independence to help young people resist the lure of smoking

BE smokeFREE, a three-year tobacco prevention programme based in schools, now involves about 54% of Norway's 13 to 15-year-olds, and it seems to be achieving its aims. First implemented as a pilot study by the Norwegian Cancer Society from 1994-97, the programme is the result of cooperation between The Norwegian Council on Tobacco and Health, the Norwegian Cancer Society and the Norwegian Health Association. Starting in 1997, it was offered to all secondary schools throughout Norway. According to the evaluation from 2000, significantly fewer young people from among programme participants began smoking by the end of their tenth year in school.

Building self-confidence

With the focus firmly on freedom and independence, the programme aims to show young people the basic contradiction involved with taking up smoking: youngsters who want to demonstrate their independence do so by choosing to go into slavery to the tobacco habit.

Through the programme young people will learn to see that by and large they can choose their own behaviour, and that they can have an influence on others. These teenagers are being trained to be aware that they make their own decisions, and to expose and resist manipulation both from their own friends and from the mass media. They discuss alternative methods for reaching their goals, such as how to stay slim, how to feel more secure, and how to be accepted without cigarettes.

The objective is for young people to find tobacco as unnecessary and useless as they choose to let it be.

Integrated into the curriculum

Education specifically in health is not necessary for implementing BE smokeFREE. The decision was made early on to have classroom teachers present the programme. With their extensive training and experience in teaching, teachers are ideally placed to convey the material effectively, and in addition because they know their own pupils, they can adjust the programme to the needs of each particular class. There is an emphasis in the programme on methods that suit high-risk groups as well as average groups, and the methods used avoid stigmatising pupils who have already tried smoking.

Norway's latest secondary school curricula have an emphasis on special themes and project methods, so the programme can be smoothly incorporated into the overall curriculum.

Each year the teachers receive a plan for the programme. Five to seven lectures are included, which may each take more than one regular lesson period. The number of lessons the students are exposed to is important, as it has been determined that the effect decreases in proportion to a decrease in the number of lessons.

Annual courses are arranged for teachers in each county, one course for each school grade. BE smokeFREE covers all the costs incurred, with the exception of the salaries of temporary replacement teachers who staff classrooms while regular teachers are absent for training.

Involving the parents

Parents are a significant part of the programme as well. Through meetings and with the help of brochures they are kept fully informed about the programme. Because involving the parents has a strong effect on youth, there is also a contract component to the programme. Parents and youngsters who wish to do so can sign a contract concerning non-smoking. There are three such contract periods during secondary school. In each class a winner is drawn who receives a prize from the school administration.

Branching out

Experience from other programmes on positive lifestyle changes shows that additional elements can increase the effect of a programme. BE smokeFREE uses mass media, profiling articles, and local organisations, among other things, to increase its effectiveness. The partner organisations have produced posters, radio spots, postcards, videos and a Web site to spread their message. All material is free of charge for participating schools.

Enforcing the legal approach

Another campaign in Norway, with quite a different focus, is the joint effort by the Norwegian Health Association and the Norwegian Foundation for Health and Rehabilitation to reduce the illegal sale of tobacco to underage people in Norway. Two years after the law prohibiting people under 18 years of age from buying tobacco was enacted in 1996, it was determined that the number of underage smokers remained unchanged. Youngsters purchase tobacco themselves or persuade friends who are also underage to buy for them. Since seven out of ten Norwegian smokers take up the habit before the age of 18, it is hoped that reducing the sale of tobacco to minors will reduce the number of smokers.

Targeting employees who sell tobacco in various types of stores, the Norwegian Health Association focused this campaign on having the employees ask for identification before selling tobacco. Testing the campaign in two regions, they divided the targeted group into three segments, the first to receive materials by post, the second to be visited personally, and the third as a control group. Using telephone interviews before and after the campaign, surveyors assessed employees' attitudes toward the law and the experiences of 16 and 17-year-olds in obtaining tobacco.

Preliminary results show some effect. Employees are aware of the campaign, and report that they are less likely to sell tobacco to minors, though their attitude toward the importance of the law is unchanged. Minors do not report great changes in obtaining tobacco, and may also have minor friends do their buying. Further evaluation of the results will be done before the campaign is implemented on a national level.

Fundación Española del Corazón

Decreasing tobacco consumption in a tobacco-producing country

Tobacco is a particularly difficult issue for Spain, a major tobacco producer of the European states. Official smoking prevention programmes are restricted to advice from health care professionals that their patients quit smoking and occasional advertising campaigns. Tobacco prices adjusted to parity purchasing power are 31% lower than the median for EU countries. Much of the progress made in decreasing tobacco consumption over the last several years has resulted from the necessity of adapting Spanish legislation to European measures.

According to Ministry of Health data for 1997, 35.7% of the population over 15 years of age smoked, a high rate in comparison with EU norms. Between the ages of 10 and 15, 40% of Spanish children try smoking, and 50% of 16 to 18-year-olds smoke regularly, with a higher proportion of girls than boys in the smoking camp.

National and EU government policies and actions are crucial in the control of health problems, including those caused by smoking. Preventive measures such as fiscal policies that increase prices and regulations on the promotion and advertising of tobacco products are particularly important. Governments hesitant about the loss of income from tobacco taxes that results from a decrease in smoking should look at the long-term savings to be realised in the treatment of the 25 illnesses that are related to tobacco consumption.

The National Committee Against Tobacco

In 1995 a non-governmental organisation, the Comité Nacional de Prevencion del Tabaquismo (CNPT, National Committee Against Tobacco) was formed to lobby more effectively for the legislative control of tobacco in Spain. CNPT unites cardiologists, psychologists, pneumologists, public health experts and others from 19 varied associations jointly concerned with the ravages caused by tobacco. A member of the EHHI National Alliance of the Spanish Heart Foundation, CNPT is working to modify the Spanish legislation on tobacco, currently the most permissive in Europe with no regulation on radio advertising, and press advertising restrictions limited to a ban on advertising to children.

CNPT's priorities are:

- A tax policy that leads to prices that discourage smoking;
- Strict regulation of advertising and promotion;
- Effective enlargement of non-smoking areas;
- Expansion of EU prevention initiatives;
- Aid to smokers who want to quit smoking;
- Development of information campaigns addressed to the general public;
- Consolidation of a prevention network.

Tobacco advertising plays a major role in captivating new customers. Since virtually no one starts smoking after the age of 18, advertising targets youngsters, identifying tobacco with the process of becoming an adult and connecting smoking with positive images that make it appear to be an aid to being socially or sexually attractive. Therefore, controlling tobacco advertising and promotion and publicity is especially crucial in preventing tobacco addiction.

Spanish Heart Foundation activities in the fight against tobacco

The Spanish Heart Foundation will fight against tobacco with the same weapons tobacco producers use to attract customers and increase earnings: advertising. A television campaign is being developed with the aim of raising young people's awareness of the need not to start smoking. Two television adverts have been produced. One has the slogan 'Teach a smoker to read', a reference to the advice on cigarette packs that 'smoking causes CVD', while the other conveys the point that 'You have only one heart: take care of it.' The ads were broadcast in July, August and September 2001, and will be shown on television again in January and February 2002.

The Spanish Heart Foundation will publish the book *La Vida Saludable* (The Healthy Life), addressed to children and teenagers, with a chapter especially dedicated to tobacco aimed at convincing them not to start with tobacco consumption by giving them accurate, comprehensive information. This book will be distributed free of charge in schools.

For 2001 Heart Week, in October, which will be dedicated to CVD prevention in children and teenagers this year, several tobacco prevention activities will be developed. In addition, in all the campaigns carried out by the Spanish Heart Foundation in any area a special emphasis on tobacco will be made.

To further make the point, the magazine *Corazón y Salud* (Heart and Health) published by the Spanish Heart Foundation, is dedicating its October issue to tobacco prevention. It includes an especially interesting article by cardiologist Victor López, the outgoing President of the National Committee Against Tobacco. Information on activities and campaigns developed all around Spain will also appear in this special issue.

Also covered extensively in the October *Corazón y Salud* is the initiative under way in the Juan Canalejo Hospital Complex of La Coruña. Without using restrictions, the initiative aims at making hospitals tobacco-free areas. After ten years of studies and efforts, the number of hospital professionals who smoke has decreased from 36% to 19%. Surveys show that 81% of workers find that smoking inside a hospital is not acceptable; 90% of patients and 90% of children polled believe that hospitals should be free of tobacco. The Juan Canalejo Hospital Complex has carried out an advertising campaign to make each of their centres a tobacco-free space.

Smoke-free pregnancy and smoke-free children in Sweden

At the beginning of 1960, 50% of the men and 25% of the women in Sweden were smokers. Forty years later Sweden became the first industrialised nation to reach the World Health Organization's goal for 2000 – to reduce the ratio of smokers to 20% of the population. The latest data from 1999 shows that 19% of Swedish men and 19% of Swedish women smoke on a daily basis.

One reason for the decline in smoking is that Sweden was among the first countries in the world to fund tobacco-control efforts. Since 1963 a programme has been developed that includes legislation on smoke-free environments, a ban on tobacco advertising and promotion, public information and education activities, smoking cessation facilities, etc.

Another very important factor is that smoking habits among pregnant woman have changed; the proportion of pregnant women who smoked decreased from 31% in 1983 to 13% in 1999. This is to a large extent the result of a maternal health project entitled 'Smoke-free Pregnancy' launched in 1992 by Sweden's National Institute of Public Health in co-operation with the Swedish Heart-Lung Foundation and the Swedish Cancer Society.

Promoting smoke-free pregnancy

A special conversation technique for nurses, motivational interviewing, was developed specifically for discussing tobacco with pregnant women. By now almost 85% of the maternity and child care centres have participated in courses on motivational interviewing. Many of the nurses say that they used to avoid the theme of smoking as they did not want to be considered as doing too much lecturing and being authoritarian. After having learned the method of motivational interviewing they find it easier and more fun to bring up the theme of smoking.

In order to change attitudes through motivational interviewing, it is of vital importance that a number of interviews be carried out. In Sweden all mothers-to-be have free access to pre-natal care. They meet 'their' trained midwife at the maternity centre for the first time when they are 8-10 weeks pregnant, and then nearly every month thereafter until delivery.

Smoke-free children

Along the lines of 'Smoke- free pregnancy', 'Smoke-free Child' was launched by the Swedish Heart-Lung Foundation, Swedish Cancer Society and the Asthma-Allergy Society in 1995. Its purpose was to influence the parents of infants and small children who visit child-care centres to stop smoking. As is the case with maternity care, child care is also offered free of charge in Sweden. After delivery the average family visits the child care centre 15-20 times during the first year of the newborn child's life, which gives the nurse ample opportunity to carry out motivational interviewing continuously.

Smoking habits of mothers and fathers have been recorded at child health clinics in most parts of Sweden since 1996. The first registration takes place when the child is 0-4 weeks old and the second at eight months. For children who were born in 1997 the information corresponded to 91% of the mothers and 87% of the fathers of 0-4 weeks old babies and 88% of the mothers and 86% of the fathers when the babies were eight months old.

Encouraging results

The results of both projects have been gratifying. Nearly every other woman smoker was able to quit smoking during pregnancy, and very few of the smoke-free mothers began smoking again during their child's first eight months.

School programmes help teens 'break free' of smoking

In the United Kingdom, the British Heart Foundation funds a number of programmes concerned with smoking, including some that concentrate on teen smoking. These include both research and action campaigns.

'Break Free' aimed at secondary school students

QUIT, which receives British Heart Foundation financial support, is a charity that helps smokers quit smoking. QUIT's Quitline, the longest running smoking helpline in the world, receives thousands of calls from young people every year to its free counsellors, available to provide listening and concrete help.

QUIT also helps directly in the schools. Working with young people, QUIT designed a 'Break Free' pack that gives the facts about smoking in a straight-forward, non-patronising way so that they can make their own informed choice. Lively, innovative and interactive, Break Free presentations are often integrated into Personal Social and Health Education lessons. The programme is presented by a young 'trained schools presenter', who adapts the presentation to the needs of the special year groups, using games and quizzes to convey messages effectively.

External evaluations show that the presentations are effective in reducing smoking take up rates, and the pupils enjoy them too. Once an area has secured funding, Break Free is completely free for all the secondary schools in the area as long as the funding lasts. Funding pays for a Break Free Schools Presenter and a Break Free pack for every pupil who has attended a Break Free presentation. Each Break Free Pack contains a set of eight vivid, informative postcards. Since its launch in 1996, Break Free has reached more than 700,000 young people.

Teacher Break Free packs

Each school that participates in Break Free can also receive a Break Free Teacher's Pack, 'Exploring smoking issues,' so that teachers can continue tobacco education in the classroom. The Teacher's Pack, launched at the initiative of Jacqui Smith MP, Parliamentary Under Secretary of State for School Standards, covers topics such as tobacco and the media, tobacco and the environment, and the effects of tobacco on health. It includes fact sheets and activities that can be adapted to the needs of specific classes.

Publications for teens

Produced in 1998, a teenage newsletter called Hack contains an A-Z of facts about smoking. Drawing from sources including universities, scientific journals and other anti-smoking related organisations, Hack encourages young people to look at health-related issues but also at the economic and social issues connected with smoking. Young people can read the newsletter on their own, but it can also be used in classrooms or youth clubs.

Hack can be ordered through the British Heart Foundation website www.bhf.org.uk. The web site also has two colourful posters targeted at young people, 'Butt Head' and 'Conclusion – Smoker' which can be printed off from the 'BHF and Young People' section of the site or ordered from the public section.

GPs a secret weapon for attacking youth smoking

New research funded by the British Heart Foundation at Oxford's Keith Durrant Project indicates that general practitioners and practice nurses could play a vital role in keeping young people from smoking. Children are most likely to start smoking at the ages of 14-15, according to research. A multi-pronged approach to convincing them not to start seems advisable.

The research project, involving 2,942 children from the ages of 10 to 15 in Oxfordshire who had declared themselves to be non-smokers, began with a questionnaire sent through the post that concerned their attitudes and behaviour regarding smoking. They were then divided into a control group and an intervention group. While the control group received no further information, targeted, age-specific anti-smoking information was sent by post every three months to the intervention group, including posters, materials about the benefits of not smoking and about smoking issues other than health.

Children in the intervention group remained non-smokers in significantly higher numbers than in the control group. Those children who were strongly opposed to smoking were more likely to remain non-smokers than those who had identified themselves as potential smokers.

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The mission of the European Heart Network is to play a leading role through networking, collaboration and advocacy in the prevention and reduction of cardiovascular disease so that it will no longer be a major cause of premature death and disability throughout Europe.

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