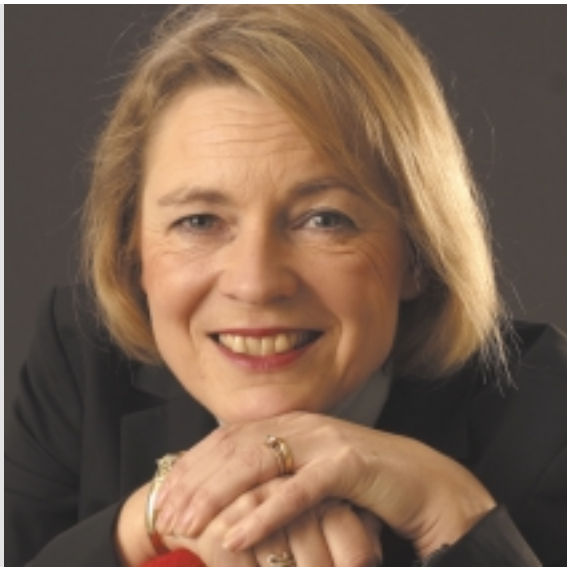
July 2003

HeartMatters

Bulletin of the European Heart Network

08



A smoke-free world

by Susanne Volqvartz
Chair, European Heart Network

A smoke-free world – is it an impossible dream or a near-future reality? Whatever the answer, the unanimous adoption of the Framework Convention of Tobacco Control (FCTC) by all 192 members of the World Health Assembly on 21 May 2003 is without any doubt historical and momentous.

Although it was expected that the FCTC would be adopted, it came as a surprise that it was adopted unanimously. For a long time it seemed that the United States and Japan would vote against it, and that Germany would block the European Union from supporting it. Its unanimous approval, therefore, must be welcomed so much the more.

As Chair of the European Heart Network and on behalf of all its members, I think that it is appropriate to express our gratitude to the World Health Organization and the people in it who have worked so hard to overcome many obstacles. I also wish to thank the European Commission and its officials for their equal efforts in meeting the challenges, and Germany for accepting its responsibility and thus allowing its EU partners to be among the first countries to sign the FCTC Treaty.

Will the FCTC lead to a smoke-free world? Yes. If not in the immediate future, the FCTC has certainly paved the way for a more level playing field which will make it easier for countries to improve their tobacco control policies. To keep the momentum, though, the role of the NGOs that have worked together to achieve the tobacco control Treaty is essential. The Treaty that was adopted would not have been as strong as it is without the significant pressure by NGOs and the streamlined coordination of their activities. Now the NGOs must assume the role of guardians of the Treaty to ensure its proper implementation. A tall order.

Too often good legislation has no effect because of slack implementation or enforcement. This is the case for instance with smoke-free areas in restaurants and bars. As you will see from the article in this issue of Heart Matters (see page 5) on a recent report published as a European Network for Smoking Prevention Framework Project, people who do not smoke have not yet really benefited from legislation intending to provide smoke-free areas. Sadly, one of the reasons is that, apparently, people do not ask for a smoke-free area where they are entitled to one. Lack of demand leads to lack of supply. So non-smokers, please do request a smoke-free area – even if there is no legislation in your country, your demand may help put it on track.

In several European countries legislation restricting smoking in public places, including bars and restaurants, is already in existence. Some countries are moving to implement legislation banning smoking completely in bars and restaurants. Such legislation protecting non-smokers is based on sound evidence that environmental tobacco smoke (ETS) causes serious diseases.

ETS is an important risk factor for both heart disease and stroke. It has been established that it doubles the risk for stroke and may bring on an acute stroke. It must also be remembered that not all non-smokers decide to go to a restaurant

or a bar just for enjoyment. The people who work in bars and restaurants become involuntary smokers, suffering from the same diseases as active smokers do.

A smoke-free world? Not yet. Moving towards it? Certainly. Any tobacco use is harmful, and comprehensive tobacco control measures are essential to sustain decreasing levels of smoking amongst the adult population. I should say rather in the adult male population, because the trend for women is worrisome; many European countries report increasing smoking rates among women, especially younger women.

A smoke-free world is the goal. Tobacco use causes heart disease and stroke. Together they kill most people in Europe – and this can be avoided. All governments in Europe must commit to and implement strong tobacco control measures. Their credibility is at stake.

contents

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

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Smoking is hazardous to the heart

By Antero Kesäniemi, Professor of Medicine, M.D. Ph.D., Department of Internal Medicine, University of Oulu, Finland

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Smoking is a major risk factor for heart diseases. Altogether there is a 1.6 fold greater risk for coronary heart disease and other cardiovascular diseases in smokers compared to non-smokers.

Why is smoking so harmful to heart health?

The harmful effects of smoking are mediated by a number of different mechanisms:

- Smoking affects clotting factors in the blood, thereby increasing the risk of acute myocardial infarction.
- Smokers have an increased amount of carbon monoxide and carboxyhaemoglobin in their blood.
- Smoking increases the heart rate and blood pressure and thereby increases the need for oxygen and the work the heart must do.
- By increasing adrenaline and noradrenaline, smoking increases the risk for various, often fatal arrhythmias.
- Smoking also negatively affects the tonus of the vessels, particularly the coronary arteries, resulting in the constriction of the blood vessels and therefore diminishing the blood flow in the heart muscle, which may be very harmful, and particularly so for a heart that is already diseased.

Smoking is also a major factor in accelerating the process of atherosclerosis in the arteries. Smokers have lower high density lipoprotein (HDL) cholesterol ("good" cholesterol), together with higher serum triglyceride values and higher levels of modified, oxidised low density lipoprotein (LDL) cholesterol ("bad" cholesterol). Smoking damages the endothelial surface of arteries (which has an area about the size of a tennis court), and this has a serious negative impact on the way the arteries react to various haemodynamic stresses. Smoking directly affects the endothelium through oxidative damage, and activates certain white blood cells, the neutrophiles, that are believed to play an important role in the process of atherosclerosis. Because it increases serum fibrinogen and blood viscosity, smoking increases the risk for thrombosis in the arteries.

"It may not be generally known that smoking in relative terms is more dangerous to women than men. On the other hand, quitting smoking helps women reduce their risk of heart disease within one to three years."

How does quitting help?

For the heart, it is never too late to stop smoking. When smokers quit smoking, their blood pressure decreases in twenty minutes, carboxyhemoglogin level is lower in a few hours, pulmonary function improves in 30% of the subjects in two to three months, and the risk for coronary heart disease will be lowered by 50% within the next year. In addition the need for expensive invasive heart procedures such as percutaneous coronary angioplasty and coronary artery by-pass graft is lowered remarkably in ex-smokers compared to smokers who continue the habit.

Smoking also significantly affects the pumping properties of the heart. Compared to the non-smokers, smokers have 1.4 fold greater risk for death, 1.2 fold greater risk for hospitalisation and 1.5 fold greater risk for myocardial infarction in patients who already have heart insufficiency.

"For the heart, it is never too late to stop smoking."

It may not be generally known that in relative terms smoking is more dangerous to women than men. Thus smoking seems to negate the benefit that the females have because of their oestrogen levels. This negation of benefits occurs even in female smokers who only smoke three to five cigarettes per day. It has also been shown that so-called light cigarettes result in the same risk for heart disease in women as regular cigarettes.

On the other hand, quitting smoking helps women reduce their risk of heart disease within one to three years.

Three-pronged approach

Because smoking is a major health hazard for heart disease in our societies, we need a three angle policy to help people.

- First, we need effective population strategies designed and encouraged by the political decision makers to help to create a non-smoking environment for people.
- Second, we need special actions, particularly by health care professionals, doctors and other health care workers, to help people to quit smoking, including using the newest effective ways of combating nicotine addiction.
- Third, we need special urgent efforts to help those who already suffer from heart disease quit smoking.

"There is a 1.6 fold greater risk for coronary heart disease and other cardiovascular diseases in smokers compared to non-smokers."

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Protection of non-smokers' rights in the restaurants and bars of Europe

A survey in five European countries

By M. Andrien, Centre d'enseignement et de recherche pour l'environnement et la santé, University of Liège, Belgium (CERES) and P. Bartsch, Fondation contre les Affections Respiratoires et pour l'Education à la Santé, Brussels, Belgium (FARES).

Introduction

In 2001 - 2002, a European Network Against Smoking Prevention (ENSP) framework grant application, led by researchers from the CERES and FARES, received funding from the European Commission's Europe Against Cancer Programme to carry out a study to assess the awareness and attitudes of professionals working in bars and restaurants (owners, leaseholders or employees) concerning protection measures against Environmental Tobacco Smoke (ETS).

The study also analysed the way the law restricting smoking is applied, where there is such a law. Furthermore the survey also tried to evaluate what professionals think about the economic impact of a non-smoking area (judged by their income evolution and by the number of customers) and about several health issues linked to the presence of a non-smoking area, a smoke elimination system alone or the absence of any of such protection.

The sample included 1748 bar and restaurant professionals: owners, leaseholders or employees, from five countries: 385 in Belgium, 368 in Finland, 394 in France, 400 in Germany and 201 in Spain.

The sample included 26% of establishments without any protective measures, 22% with a smoke elimination system alone and 52% with a non-smoking area (with or without a smoke elimination system).

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Economic impact

In all five countries a large majority admitted that having protection measures had no impact on the number of customers (86%). In total 5% of the sample thought that there were fewer customers when a non-smoking area existed and 9% answered that there were more customers in this case. Very similar results were obtained regarding the income evolution: 91% reported there was no change, only 2% reported less income and 7% more income since they had installed a non-smoking area.

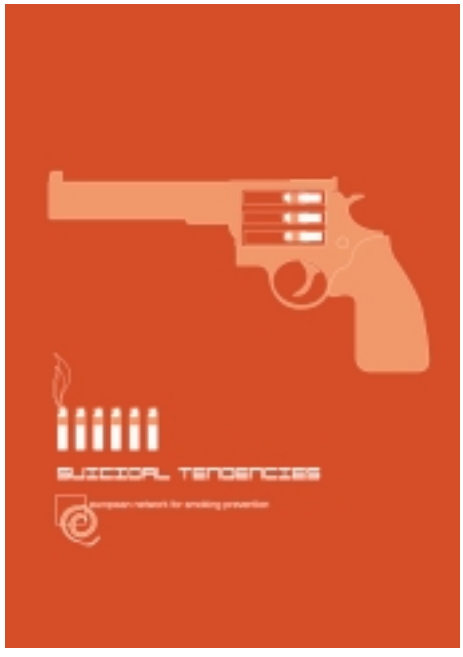

Photo courtesy of François Boulengier
f@graphandgraph.com

Advantages of having clean air

Advantages in having clean air were seen by 73% of interviewees, but by only 54% in the establishments without protective measures. The main reasons put forward were protecting customers' health, protecting the health of the manager and the staff, responding to the demand from the customers, respecting the law (avoid penalties), increasing comfort, and decreasing costs. The cost is not a reason for not having a non-smoking area, the major argument being material difficulties (architecture) or a weak demand from consumers.

Health issues

Although 78% of interviewees know the risk of lung cancer from ETS, only 41% know about cardiovascular risks. The overall awareness score concerning health issues decreases from Finland to Belgium, France, Germany and Spain. It is noticeable that the number of smokers in that professional category is greater everywhere than in the corresponding general adult population.

Interactions with the customers

The large majority (85%) of the professionals said they reacted when a smoker lit a cigarette in the non-smoking area. It was estimated by the interviewees that 15% of consumers had complained about smoke during the last three months.

Knowledge of the law

In Spain and Germany there is no law restricting smoking in bars and restaurants; in Finland, Belgium and France, there is. In Finland, 98% of the interviewees know the law exists. In Belgium, only 75% and in France 76% are aware of the existing legislation. Even when the existence of a law is acknowledged, the content is still better known in Finland than in France and Belgium.

Attitudes

In establishments with a non-smoking area, only 6% of staff members disapprove of the idea of having a non-smoking area, but there are differences between countries (from 2% in Belgium to 12% in France). The non-smoker interviewees are more numerous in establishments which have a non-smoking area: 53% of the staff are non-smokers in non-smoking areas; 40% of the staff are non-smokers in areas with smoke elimination only and 43% of the staff are non-smokers in areas without any protection measures.

Interviewers' observations

In more than 20% of the establishments with a non-smoking area this area is badly located, mainly because there is no protection of this area from the smoking area (45%), or because there is no view to the outside (36%) or because it is the area with the highest level of traffic (27%). Concerning the visibility of sign-posting (smoking versus non-smoking area) Germany and France are fair: 81% and 78%. Belgium and Spain are bad: 64% and 63%. Finland looks worse (41%), but this is due to the fact that many establishments are totally smoke-free and have no signs inside!

Final recommendations

In all EU Member States:

- Develop a communication strategy targeting owners and leaseholders of bars and restaurants about the demand of customers for a smoke-free environment, about the positive economic impact of taking protective measures and about the risks of exposure to ETS (Environmental Tobacco Smoke).
- Develop a communication strategy for encouraging people to voice their demand for clean air.
- Evaluate the impact of these communication strategies.
- Create the position of an ombudsperson by consensus between governmental and non-governmental organisations.
- Pursue a step-by-step procedure, according to the national conditions, with the final aim of establishing common European guidelines that define minimum requirements.
- Promote occupational health and safety regulations aimed at eliminating ETS exposure of employees in restaurants and bars.

In EU Member States without a law:

- Encourage Member States to take the first legislative steps for providing protection against ETS exposure in bars and restaurants ensuring that:
  - restaurants with more than 50 seats have a non-smoking area including at least 50% of the seats, where smoke is not perceptible and with clear and visible sign-posting;
  - the legislative measures include requirements for sign-posting and a description of penalties.
- Ensure that the legislative measures are enforced and infringements fined.

In EU Member States with a law:

- Include information on the law in the communication strategy aimed at bar and restaurant owners.
- Improve the enforcement of the law and strengthen the penalties where they are minimal, as for example in France.
- Monitor the implementation and effectiveness of the law.

Countries involved in the survey:

Belgium: Fondation contre les Affections Respiratoires et pour l'Education à la Santé (FARES), Centre d'enseignement et de recherche pour l'environnement et la santé, Université de Liège (CERES)

Finland: School of Public Health Tampere University

France: Comité National contre le Tabagisme

Germany: German Medical Action Group – Smoking and Health

Spain: Societat Catalan per la prevencio del tabaquisme, Corporacio Sanitaria Clinic in Barcelona

Survey Carried out by:
M. Andrien (CERES, Liège university) and P. Bartsch (FARES), Brussels

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Framework Convention on Tobacco Control (FCTC)

On 21 May 2003 the 192 members of the World Health Organization unanimously adopted the Framework Convention on Tobacco Control (FCTC). This is the first international treaty negotiated and approved under the auspices of the World Health Organization. Concluding four years of work, the Treaty is part of a global strategy to reduce tobacco-related deaths and diseases around the world. The FCTC was adopted despite earlier opposition from countries such as Germany, the United States and Japan, which are home to leading tobacco multinationals.

The World Health Organization estimates that about 4.9 million people die each year from tobacco use. If current trends continue, this figure will reach about 10 million per year by 2030, with 70% of those deaths occurring in developing countries. While the measures in the FCTC represent a minimum set of tobacco control policies, the treaty explicitly encourages countries to go above and beyond these measures. Strong action on the part of countries will give them the opportunity to reduce the human suffering caused by tobacco and to curb runaway costs of health care.

A minimum of forty countries must ratify this treaty before it can enter into force. On 2 June 2003 the European Union unanimously approved a decision to sign the Treaty on 16 June 2003. On this date, 27 countries and the EU signed the treaty at a special ceremony in Geneva. These countries are: Bangladesh, Botswana, Brazil, Burundi, the Czech Republic, Denmark, Finland, France, Greece, Hungary, Iceland, Iran, Italy, Kuwait, Luxembourg, Malta, the Marshall Islands, Mongolia, the Netherlands, New Zealand, Norway, Palau, Paraguay, South Africa, Spain, Sweden and the UK.

The Treaty is not only signed by the EU but also by its individual Member States, since it constitutes a mixed agreement containing some provisions within the sphere of competence of the Community and others within the sphere of competence of the Member States.

Content of the Treaty

The Treaty requires signatory parties to introduce a comprehensive ban on advertising, marketing and promotion within five years of ratification of the treaty, unless constitutional barriers exist. Countries that cannot implement a complete ban are asked to restrict tobacco advertising, promotion and sponsorship within the limits of their laws.

The Treaty acknowledges that tax and price measures are an important way of reducing tobacco consumption, particularly in young people. It requires signatories to consider public health objectives when implementing tax and price policies on tobacco products.

Moreover, countries must also implement warnings of at least 30% or more of the principal display areas of the pack. Countries have the option of using pictures, pictograms or a combination of both. Packaging and labelling requirements also prohibit misleading language that gives the false impression that the specific product is less harmful than others. The Convention therefore strongly urges countries to ban misleading descriptors such as "light" and "mild" on cigarette packs.

Parties to the Treaty are encouraged to pursue legislative action to hold the tobacco industry liable for costs related to tobacco use.

Parties are required to provide financial support for their national tobacco control programmes. In addition, the text encourages the use and promotion of existing development funding for tobacco control. The eventual need to enhance existing mechanisms or to set up other appropriate financial mechanisms to channel additional financial resources, which may include a voluntary global fund, should be assessed by the Conference of the Parties based on a review of the existing and potential sources and mechanisms of assistance and on an assessment of their adequacy.

The Treaty also requires countries to promote treatment programmes to help people stop smoking and education to prevent people from starting, as well as to prohibit sales of tobacco products to minors and to limit public exposure to second-hand smoke.

The Treaty recognises that the elimination of smuggling, illicit manufacturing and counterfeiting of tobacco products, including the development of an effective system for the tracking and tracing of such products, and the development and implementation of related national law, are essential components of tobacco control. It requires the Parties to take appropriate measures in this regard.

Dr Gro Harlem Brundtland,
Director General of the WHO

"Today, we are acting to save billions of lives and protect people's health for generations to come. This is a historic moment in global public health, demonstrating the international will to tackle a threat to health head on. Now we must see this Convention come into force as soon as possible, and countries must use it as the basis of their national tobacco-control legislation."

"We must do our utmost to ensure that young people everywhere have the best opportunities for a healthy life. By signing, ratifying and acting on this Tobacco Convention, we can live up to this responsibility."

David Byrne,
EU Commissioner for Public Health

"This is a ground breaking first and signals the commitment of governments all over the world to fight the tobacco scourge and protect their citizens from the worst excesses of a powerful global industry. Global problems need global partnerships and local solutions. Armed with this convention we can move forward to make tobacco control a cornerstone of health and development. The Convention is testimony to the solidarity of an alliance of 192 countries who have decided to put the health of their citizens first. I would also like to congratulate Dr. Gro Harlem Brundtland for the courageous leadership she has shown and the sterling work done by the World Health Organization in taking the initiative to launch the process and in bringing the negotiations to a successful conclusion."

European policy developments

Directive on tobacco advertising and sponsorship

On 2 December 2002 the European Council of Ministers agreed on a new Directive on tobacco advertising and sponsorship. This new Directive aims to harmonise regulations on tobacco advertising in newspapers and magazines, on the radio and the Internet, and at international events. It is the follow-up of the Directive (98/43/EC) which 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 text of the new Directive was published in the Official Journal of the EU on 20 June 2003 (L152 page 16). Member States are required to transpose this Directive into national legislation by 31 May 2005 for it to become effective in their countries.

The new Directive aims to ensure coherency and equal treatment by eliminating the difference that exists for print media. It also prohibits the use of the Internet and radio for tobacco advertising. Although the Directive will not apply to national events, it will eliminate sponsorship of cross-border events involving tobacco promotion. Furthermore, free distribution of tobacco products as a promotion method in the context of sponsorship events will be banned as well.

The ban will extend to the advertising and promotion of tobacco via different channels:

- Press and printed media: advertising of tobacco products is to be limited only to publications intended exclusively for tobacco trade professionals and to publications which are published and printed in third countries, where those publications are not principally intended for the EU market;
- Internet: advertising that is not permitted in the press and other printed publications shall not be permitted in information society services. Commercial information on ingredients, quality standards and health aspects can still be made public via the Internet;
- Radio: all forms of radio advertising shall be prohibited. Radio programmes may not be sponsored by undertakings whose principal activity is the manufacture or sale of tobacco products;
- Sponsoring events and activities: the ban is valid only for events with cross-border effects (international events).

Council Recommendation on the prevention of smoking

On 2 December 2002, the Council of Health Ministers agreed on a Council Recommendation on the prevention of smoking and on initiatives to improve tobacco control. The text is intended to supplement a number of Community measures on tobacco control, notably the tobacco products Directive and the Directive on tobacco advertising and sponsorship, by addressing aspects of tobacco control which are the responsibility of the Member States. This concerns in particular tobacco sales to children and adolescents, tobacco advertising and promotion that has no cross-border effects, the provision of information on advertising expenditure, and the environmental effects of tobacco smoke.

The Council Recommendation can be found at the following website:

http://europa.eu.int/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=en&numdoc=32003H0054&model=guichett

"Feel Free to Say No" campaign

In May 2002, the European Commission launched an anti-smoking campaign entitled "Feel Free to say No". The aim of the EU anti-smoking campaign is to increase awareness among teenagers of the negative effects of tobacco consumption. The years between 12 and 18 are crucial for the rejection or adoption of a smoking habit. According to recent findings of the World Health Organization (WHO), the age of young people experimenting with tobacco is decreasing while the rate of young smokers is increasing in all EU Member States. (See pages 11-12 for statistical information.)

The Commission is using two "lifestyle" approaches to reach teenagers with this anti-smoking campaign: sports (football players) and pop music. The kick-off of the tobacco free 2002 World Cup and the World No Tobacco Day coincided with the launch of the EU-wide campaign (31 May, World No Tobacco Day). Football legends such as Zidane, Raul, Figo, Mpenza, Ballack and Maldini teamed up with the EU to fight against young people smoking. They say "No" to cigarettes.

In November 2002 a large number of pop artists (Moby, Sophie Ellis Bextor, Tiziano Ferro, A-Teens, Liberty X, Loona, Billy Crawford, Natural and many more) also joined the EU-wide campaign. They appear in advertisements which will be broadcast by 38 television channels in all Member States and by MTV throughout Europe. The ads will also be shown in more than 5,000 cinemas in the EU.

Another aspect of the campaign is an extensive website in eleven languages http://www.feel-free.info/ which also includes links to Quit-lines, NGOs, national authorities and EU websites.

Interesting links

- http://www.tobacco.org
- http://www.cdc.gov/health/tobacco.htm
- http://www.smokingprevention.co.uk
- http://www.tobaccofreekids.org
- http://www.feel-free.info

Tables

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Country profiles	Austria	Belgium	Bosnia	Czech	Denmark	Estonia	Finland	France	Georgia	Germany	Greece
% of adult smoking prevalence (older than 15)											
Male	30	30	no info	36	32	44	27	38.6	60*	39.5	47
Female	19	26	no info	22	29	20	20	30.3	15*	31	29
Average	24.5	28	18	29	30.5	32	23.5	34.5	37.5*	35	37
source: tobacco fact file 2000-2003 (* = 1999)											
% of youth smoking prevalence (under the age of 15)											
Male	16	9	no info	7	6	7	9	8	30.1	11	5
Female	16	8	no info	5	8	3	9	10	13.7	11	5
source: tobacco fact file 2000-2003 (* = 1999)											
% of tobacco related cardiovascular deaths (age 35-69)											
Male	23	35	no info	42	28	40	22	28	28	26	28
Female	9	8	no info	10	33	7	7	4	1	9	6

source: WHO Tobacco Control Country Profiles, 2000

Tobacco Control Measures	Austria	Belgium	Bosnia	Czech	Denmark	Estonia	Finland	France	Georgia	Germany	Greece
Advertising											
Advertising ban	X	X	X	X	X V	X	X	X			X
Advertising restriction	X	X		X	V	X		X	X	X	X
Sponsorship ban	X	X	X		X V		X	X			X
Sponsorship restriction										V	X
Health promotion and education											
Health education curricula or programmes	V	X		V	V	V	X	X	X	V	
Public information initiatives	V	X	V	V	X	V	X	X	X	V	X
Sales and distribution restrictions											
Free products or samples	B	B			V	B		B		V	
Tobacco sales restricted to certain locations			X			X		X			
Sales of smokeless tobacco prohibited	X	X			X		X	X			X
Sales or distribution to minors prohibited	X		X	X		X	X		X	X	
Vending machines		R					R	R			B
Other restrictions on tobacco sales	X	X			X		X	X			
Tobacco product regulations											
Health warning on tobacco packaging	X	X	X	X	X	X	X	X		X	X
Ingredient control: maximum nicotin yield	X	X			X		X	X		X	X
Ingredient control: toxic constitutents / maximum tar yield	X	X			X		X	X		X	X
Ingredient disclosure on packaging	X	X	X	X	X	X	X	X		X	X
Smokefree indoor air restrictions											
Aircraft domestic flights	V	V	B	V	B	B	B	B		V	B
Aircraft international flights	V				R	B	B	R		V	R
Education facilities	B	B	B	B	B	V	B	B	B	X	B
Government buildings	B	B	B	B	R		B	B		X	B
Health care facilities	B	B	B	B	B	V	B	B		V	B
Public transport	B	B	B	B	B	B	B	B		X	B
Workplace	B	B V	R	B	V	B	B	B		X	R
Other public areas	X	X	X	X	X	X	X	X	X	X	X
Other provisions											
National committee on tobacco control		V		V	X	V		V	X	V	V

KEY
B Banned through legislation or regulations **R** Restricted through legislation and/or regulations **V** Voluntary provisions

Hungary	Iceland	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	Switzerland	Turkey	UK
44	25	31	32.2	37	31	30.2	55.1	30	42.1	19	39	65*	28
27	23	27	17.3	29	32	7.1	30	20.3	24.7	19	28	24*	26
35	24	29	24.9	33	31.5	18.7	42.6	24.5	33.5	19	33.5	44*	27
9	8.2	10	6.1	13	8	6	7	4.6	5	4	7	13.9	8
6	7.4	7	4	10	8	5	3	4.7	7	6	7	9.1	11
43	no info	25	30	29	16	19	40	39	28	13	40	no info	23
16	no info	20	6	18	10	no info	6	8	no info	12	9	no info	23

Hungary	Iceland	Ireland	Italy	Netherlands	Norway	Portugal	Slovakia	Slovenia	Spain	Sweden	Switzerland	Turkey	UK
X	X	X	X	X	X	X	X	X	X	X	X	X	X
X		X		V					X		V		X
	X	X	X	X	X	X		X	X	X	X	X	X
X		X		V		X			X	X	X V		X
V	X	V	V	X	V	V	V	X	V	V	V	V	V
V	X	V	V	X	V	V	V	X	V	X	V	X	V
B		B	B	B	B	B	B	B	R	B	V X	B	B
X	X			R			X		X				
	X	X	X	X	X	X		X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X	X		X	X
	B	R	R	R	B	B	B	B	R				R
		X			X		X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X	X	X	X	X
		X	X	X		X	X		X	X			X
X		X	X	X	X	X	X	X	X	X	X		X
X		X	X	X	X	X	X	X	X	X	X		X
B	B	R	V	B	B	B	B	B	B	B	V	B	B
	R	V	V	B	R	R	B	R	V	B	V	B	V
B	B	B	B	B	B	B	B	B	B	B	V	B	V
B	B	B	B	B	B	B	R	B	B	B	V	B	V
B	B	B	B	B	B	B	B	B	B	B	V	B	V
B	B	B	B	B	B	B	B	B	B	B	B	B	B
B	B	B		R	B	R	R	R	R	R	R	B	V
X	X	X	X	X	X	X	X	X	X	X		X	V
V	X			X	V	X		V	X	V	V	V	V

X Provisions included in legislation and/or regulations

source: WHO Tobacco Control Country Profiles, 2000

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Smoking in Belgium in 2002

The statistics

Over the past twenty years, the Consumer Organisation Study and Information Centre has conducted an annual poll[1] involving a test group of approximately 2,000 individuals.

In Belgium a number of factors influence the smoking habits of each individual. Examples include age, sex, social class, marital status and mother tongue. Individuals over the age of 65, women, married people, the upper social classes and Dutch speakers smoke less. By way of example, only 4% of Dutch-speaking women who are older than 65 and do not live in one of the five largest cities smoke either every day or on occasion, compared to 73% of French-speaking 15 to 44-year-olds who are unmarried, although head of a family, and who belong to the lower social classes.

In 1996, 6,522 people died from lung cancer in Belgium, 5,538 of them men and 984 women. Belgian has the highest death rate from lung cancer amongst men in the entire European Union. Each year, 20,000 Belgians suffer premature death as a result of smoking.

Smoking rates stable after earlier decrease

From 1982 to 1993, the percentage of daily smokers fell from 40% to 25%. Since 1991 this percentage has hovered around the 25-30% mark and no further decrease in the number of smokers has been observed. A new study involving 2,029 individuals of age 15 or over showed the percentage of smokers who currently smoke on a daily basis in Belgium to be 29%. In 2002, 6% of those interviewed maintained that they smoked on an occasional basis and 65% claimed not to smoke at all. By region, in 2002 Flanders had a 26% rate of daily smokers, Brussels 27% and Wallonia 35%.

In Belgium in the year 2002, 14,314 million cigarettes and 8,417 tonnes of rolling tobacco were sold. These figures correspond to increases of 10% and 1,400 tonnes (+20%) respectively in comparison to 2001. This rise in sales is most likely essentially attributable to the hike in the number of cigarettes purchased by British citizens. Every year, British citizens legally buy around five million cigarettes abroad, and above all in Belgium and the Grand Duchy of Luxembourg.

In 2002, Belgium earned €1,979 million in taxes from tobacco products, representing a rise of €267 million, or 16%, compared to 2001. And a further €37 million in tax earnings must be added to this total figure for sales to Belgians in the Grand Duchy of Luxembourg and to cover the underlying trade agreement between Belgium and Luxembourg. Therefore, a total of €2,016 million in tax earnings was made on tobacco products in 2002. Thus far, none of these tax earnings have been invested in smoking prevention campaigns in 2002. Tax earnings from tobacco products are expected to rise further yet in 2003, partly as a result of higher prices (+ €190 million) and the enhanced flexibility of the rules surrounding cross-border sales to British citizens. From 1 December 2002, British citizens shall be entitled to purchase 3,200 cigarettes, up from 800 cigarettes, and three kg of rolling tobacco, up from 1 kg, in other countries of the EU.

Health care spending remains high

The health objective of the Flemish Government in terms of smoking, i.e. to reduce the number of smokers in Flanders by 10% between 1998 and 2002, focussing equally on men and women and above all on young people, has not been met.

Spending on health care in Belgium as part of the health insurance system is estimated at €14.6 billion for 2003. On the basis of research from other countries, we expect the cost of smoking to amount to 10% of health spending, i.e. €1.46 billion.

The majority of non-smokers have difficulty finding no-smoking areas in cafés and restaurants

A poll carried out by the Consumer Organisation Study and Information Centre in November 2002 and involving 666 non-smokers has shown that 59% of non-smokers have difficulty in finding no-smoking areas in cafés and restaurants; 41% stated that they found it easy to find no-smoking areas.

Of the 59% who found that no-smoking areas were few and far between, there were major discrepancies amongst the different provinces: the best results were obtained in Limburg and Henegouwen where 46% of the non-smokers interviewed found no-smoking areas sparse, whilst Brussels and Luxembourg, with figures of 76% and 80% respectively, yielded the worst findings.

These differences are most likely the result of varying levels of control by the authorities in the provinces concerned.

[1]Poll carried out by INRA. The margin of error for a test group of 2,000 is 2.2%.
There was no significant difference between the percentage of daily smokers in 2001 and 2002.

In Limburg, law enforcement is stricter than in the other provinces as it combines both written and on-site monitoring. The written monitoring mechanisms used comprise amongst other things an indication of the size of all areas and stipulate the use of extractor equipment as well as the provision of no-smoking zones.

The Royal Decree of 15 May 1990 states that all cafés and restaurants must be equipped with a smoke extraction or ventilation system in order to avoid a build-up of smoke and that half of the space in cafés and restaurants that cover an area greater than 50 m^2 must be set aside for use by non-smokers. This decree places non-smokers at a disadvantage. Non-smokers make up two-thirds of the adult population and yet only half of available space in cafés and restaurants is set aside for their use.

And although this decree has been in place for twelve years now, it is often not upheld. Some 60 inspectors from the Foodstuffs Inspectorate carried out 2,036 studies in 2001 which revealed that in 32% of catering businesses that cover an area larger than 50 m^2, the no-smoking area provided does not comply with the applicable legislation. And 24% of the 4,855 individual businesses covered had no extraction system. Furthermore, in several cases the extraction equipment had been insufficiently cleaned or not cleaned at all, diminishing its maximum capacity. In 2001, 24 fines were issued for failure to comply with the legislation.

In 2002, the inspectors were provided with guidelines encouraging them to be much stricter in their work. As a result, the number of inspections carried out by both the Foodstuffs Inspectorate and the Federal Agency for Food Safety rose from 6,891 in 2001 to 7,636 in 2002, the number of warnings issued increased from 566 to 2,801 over that same period and the number of fines charged climbed from 24 to 144. The applicable administrative fines were increased from €250 to €750. A full 40% of the catering and hotel businesses inspected in the year 2002 still had not conformed to the legislation.

Passive smoking in Belgium possible cause of 2,200 deaths

A report published by the International Agency for Research on Cancer (IARC) in 2002 confirmed that passive smoking can lead to cancer. A report drawn up by the American Environmental Protection Agency (EPA) estimates the number of deaths through lung cancer caused by passive smoking in the United States at around 3,000 per year.

Furthermore, passive smoking increases the risk of death as a result of diseases of the coronary arteries by some 25%. The National Cancer Institute calculated in 1999 that passive smoking in the United States of America leads to 62,000 deaths as a result of such coronary illnesses. The effect of passive smoking in terms of specific heart conditions is greater than that for lung cancer. This is because in the rich countries of the world, heart diseases are the number one cause of death, and because short, repeated passive smoking, such as that experienced by a non-smoker who spends 30 minutes in a smoking environment, greatly increases the chances of acute heart attack for older people and heart patients.
By extrapolating these American data, based on a population of 290 million, to the situation in Belgium, which has a population of 10 million, we can suggest that passive smoking in Belgium results in around 2,200 deaths per year. However, given that there are fewer smokers in the USA and that much better protection is offered against passive smoking, this figure is optimistic.

Both increased monitoring and an information campaign on passive smoking are needed to make catering businesses, smokers and non-smokers aware of their responsibilities, rights and duties and to guarantee the right to good health of all non-smokers.

Non-smoking heart patients

The top priority of the Danish Heart Foundation's anti-smoking campaign is to help heart patients quit smoking cigarettes.

Fewer smokers

Smoking increases the risk of contracting diseases and significantly reduces heart patients' chances of survival. The number of smokers may have fallen in recent years, but smoking is still a contributory factor in one in five Danish deaths.

The Danish Heart Foundation, the Danish Cancer Society, the Danish National Board of Health and the Danish Lung Association launched a national study of smoking habits in 2002. The study found that 31% of Danes over the age of 13 smoke, 28% of Danes smoke every day, and slightly fewer women (26%) smoke than men (31%).

It also showed that attitudes to passive smoking have changed. One third of all homes now have smoking rules, and a majority of the population (52%) are in favour of a general ban on smoking in public spaces, public transport, etc.

In 2003, The Danish Heart Foundation and the National Institute of Public Health commissioned a survey of smoking habits among patients with cardiovascular disease.

Anti-smoking partnership

The Danish Heart Foundation offers advice about how to stop smoking at all of its advice centres, as well as running anti-smoking courses for companies.

After eight rewarding years, the STOP partnership between The Danish Heart Foundation, the Danish Cancer Society, the National Health Board's Centre for Prevention and the Danish Lung Association has come to an end. More than 2,500 stop smoking instructors were trained under the auspices of STOP. They distributed more than 30,000 Stop Smoking Guides, a self-help tool for people who want to stop smoking.

The Danish Heart Foundation is now part of the Danish Network for Tobacco Prevention, the objective of which is to coordinate campaigns to curtail smoking in Denmark.

The Danish Heart Foundation is delighted that the EU Directive 2001/37 containing provisions on labelling and warnings on tobacco packaging has been incorporated into Danish legislation and heartened by the failure of the tobacco industry's attempts to stop the Directive. A campaign is being run in 2003 to introduce an age limit (16 years) for purchasing tobacco. The Danish Heart Foundation would prefer an age limit of 18 years.

On a more negative note, The Danish Heart Foundation finds it extremely regrettable that the Danish Parliament decided to disregard health issues and reduced taxes on tobacco, alcohol and soft drinks as from the end of 2003.

The Danish Heart Foundation response to the tax cut was a letter to the parliamentary Finance and Health Committees and to the Ministers of Health and Finance, complaining that the government has ignored negative effects on health in favour of short-sighted economic interests. The Danish Heart Foundation has appealed to the government and the Parliament to raise the duties again as soon as possible.

The tax reduction clearly underlines the necessity of a common European action in the health sector.

Objectives of the Danish Heart Foundation's tobacco policy

- Ban on smoking in workplaces dealing with health and children, in sports halls and their cafeterias
- Smoke-free public transport and restaurants
- Smoke-free working environment guaranteed by law
- Smoking areas to be isolated from smoke-free areas
- Public funding for people who seek the help of their doctor to stop smoking
- Higher flat-rate excise duty on tobacco – the revenue to be earmarked for prevention
- Tobacco and other prevention to be built into the education and training system
- Ban on smoking in public places

French government declares "war on tobacco"

Fifteen years after kicking a two-packs-a-day habit to improve his presidential hopes, French President Jacques Chirac launched a "war on tobacco" in March 2003.

Mr Chirac promised a national crackdown on smoking as part of a five-year 500 million campaign against cancer. Cancer is the main cause of death in France, Mr Chirac said, claiming 150,000 lives a year – 30,000 of them linked to smoking. It is killer number one before the age of 65. In addition, the number of cancer cases has nearly doubled in France over the past decades, from 160,000 in 1980 to 278,000 in 2000.

The President's crusade includes a ban on cigarette sales to under-16s, an intensified clampdown on smoking in public places, and a proposed major price increase for tobacco.

French President Jacques Chirac quotations

"I want to insist on one priority: the war on tobacco. The law will be applied without exception, notably in public places. We have got to ensure respect for the principle of tobacco-free schools."

"In a nation where cigarette smoke fills cafes and restaurants and smokers routinely ignore no smoking signs," Chirac said he is concerned "that one out of four women, one out of three men and one out of two youngsters smoke."

"If no action is taken, tobacco could kill twice as many people within 20 years," he said. "We must dissuade young people from starting to smoke and convince adults to give up."

"The fight against smoking is a must, an absolute priority," Chirac said in a speech to health professionals and politicians. "This isn't about undermining individual liberties, but about doing everything to change attitudes and save lives."

Four days before World Non-Smoking Day, Health Minister Jean-François Mattei reinforced Mr Chirac's message, announcing his "plan of attack": France intends to abandon its traditional tolerance of tobacco and smoking over the next few years.

Among 15 to 24-year-olds in France, 53% are smokers, making them the heaviest smokers in their age group in Europe. So France is to ban the sale of cigarettes in tens – known to tobacco companies as "children's packets". Mr Mattei's strategy includes re-proposing a law to ban the sale of tobacco products to those under 16 years old – this was struck down by the French National Assembly in April 2003 because the fines for breaking the law (€3,750, increasing to €7,500 for second offenders) were deemed too severe for tobacconists and therefore difficult to apply.

A stricter application of the 1991 Tobacco Evin law – named after the health minister of the time – will take place in schools, hospitals and businesses, thereby enforcing no-smoking and smoking areas more strictly, dissuading non-smokers from starting and encouraging smokers to stop. "Tobacco-free company" labels will be created for businesses. Respect for the law has increased in recent years, but it is still far from universal.

The French government also plans to bring about sharp and regular increases in the price of tobacco products – at least 25% (this will help finance social security) – and "denormalise" the image of tobacco while transforming the image of the smoker. In addition, French tobacco product packaging will bear warnings covering 40% of surface areas from October 2003, and these will be followed by graphic images to further dissuade smokers.
The World Non-Smoking Day was the date chosen by several organisations and associations to launch their advertising campaigns against tobacco.

- "Jamais la première cigarette", by la Fédération Française de Cardiologie: 2003 clip to be shown on TV and in cinemas.
- The cigarette, a chemical barrel – "It's surprising what you can put inside a cigarette" by INPES; 2003 Non-Smoking Day Campaign – outdoor posters (26 May to 3 July).
- The World No Tobacco Day theme for 2003 was "tobacco-free films, tobacco-free fashion: Action!"

Smoking in Finland

Finnish Tobacco Act

The aims of smoking reduction efforts in Finland today are preventing children and young people from beginning smoking, preventing passive smoking, and encouraging smokers to quit smoking. In 1977 comprehensive legislation was passed that prohibited all advertising and restricted smoking in public places. Since then many amendments have been made to the tobacco act; a 1995 amendment made workplaces smoke-free. Currently the minimum age for purchasing tobacco products is 18.

In 1999 further legislation included tobacco smoke in the list of carcinogenic substances. As a result, employers have to ensure that employees are not exposed to tobacco smoke as a part of their duty to provide a safe working environment. Restaurants (those with a serving space of a minimum of 50 m^2) have to offer a smoke-free area for their customers. Restaurants can provide 50% of their seats for smokers, however.

Government Resolution on the Health 2015 public health programme

The Government Resolution on the Health 2015 public health programme outlines the targets for Finland's national health policy for the next fifteen years. The main focus of the strategy is on health promotion.

The special target included in the resolution is "Smoking by young people will decrease, to less than 15% of those aged 16 to 18." According to trend data, in recent years the number of boys smoking has decreased while the number of girls smoking has increased. Under the age of 18, about 24% of Finnish boys and 25% of the girls smoke regularly. The Cancer Society of Finland, with partners including the Finnish Heart Association (FHA), is planning a national information campaign aimed at preventing the start of the use of tobacco products and supporting quitting among young people. The Ministry of Social Affairs and Health sponsors the project.

Increasingly, decisions made in the European Union (EU), but also those related to cooperation with neighbouring areas and in other parts of the world, have an impact on Finnish health. In the legal regulation of many health risks, national sovereignty has already shifted to the EU. This is why there must be a stronger international dimension in new health policy initiatives and impact.

The Government emphasises that initiative and inputs in the health promoting activities of the international organisations must be increased. In the field of smoking Finland has been active for example in the promotion of the international Framework Convention on Tobacco Control (FCTC) sponsored by the World Health Organization (WHO) and in the new EU tobacco-related directives.

Smokers

The National Public Health Institute has been monitoring health behaviour in Finland since 1978 using annual postal surveys; the latest report presents results from the survey done in spring 2002. According to the surveys, smoking among men decreased from the 1980s until the middle of the 1990s, but since then it has stayed at the same level. Women have behaved differently: their smoking increased in the middle of the 1980s and after that stayed unchanged. In 2002 the changes were relatively small: 28% of men and 20% of women were daily smokers. Around 25% of young men (15-24 years old) reported that they smoked daily and 10% were occasional smokers. The situation was nearly the same among young women (15-24 years old); 24% were daily and 11% occasional smokers. Among the smokers, 77% were worried about the effects of smoking on their health. Over half expressed their desire to quit smoking, 52% of the men and 53% of the women. Approximately 74% of all the respondents and 90% of the non-smokers reported that no one smoked inside their home.

World Conference reviews global proportions of tobacco epidemic

The World Conference on Tobacco or Health in Helsinki, 3-8 August 2003, will deal with many aspects of tobacco control: from global perspectives to the latest findings on nicotine dependence. Participants represent a wide array of professionals from different fields of science.

Practical emphasis will be the Framework Convention on Tobacco Control (FCTC), initiated by WHO. "This all reflects that the importance of the tobacco issue as a global public health issue has mushroomed over the last few years," says Pekka Puska of the WHO, who chairs the conference's international steering committee.

There is a sharper realisation of the proportions of the tobacco epidemic. The debate extends beyond medical circles to the public and political arenas. So the Helsinki conference will be a truly global event.

Deeply committed to this important conference, the European Commission is contributing substantially to its programme. Commissioner Byrne will deliver his visions on tobacco control, and in addition to the Commission's contributions to other sessions there will be specific European sessions.

The Finnish Heart Association is the organiser of the special session "Smoking and Heart Diseases". The topics are:

- Smoking is an important risk factor of coronary artery diseases and heart attacks; why?
- Metabolic consequences of smoking
- Smoking and women's health

New best practice guideline – Smoking, nicotine addiction and treatment for nicotine addiction

A best practice guideline that is now available is directed at health professionals. The starting point is that every smoker has to have a possibility of support from health care providers for quitting smoking. Best practice for health care practitioners includes asking about smoking, following up smoking, advising patients on how to stop smoking and offering the means of quitting. The guideline gives clear, concise and up-to-date information on issues related to smoking cessation.

Information, education and training of health care professionals are a crucial part of the implementation of the guideline. Synergies between existing programmes will be maximised and new, innovative approaches looked for. The Finnish Pulmonary Association, together with a wide range of partners including FHA, is the coordinator of the project.

"Stumppi" – telephone counselling for people who want to quit smoking

"Stumppi", which receives financial support from Ministry of Social Affairs and Health, is a charity that helps smokers quit smoking. The Finnish Pulmonary Association is responsible for the service, working with its project partners the Allergy and Asthma Association, the Pharmacists' Association, FHA, the Cancer Society, the Health Association and the National Public Health Institute.

The telephone number of the help line has been promoted e.g. in health centres, pharmacies and on cigarette packs. The telephone line is open on weekdays from 13.00 to 18.00. Based on the "Phase Process Model", the counselling gives clients help in every phase of the quitting process. The service also gives information on local supportive services and can send additional supportive materials.
Since its launch in April 2002, over 1200 people have called the service. When the phone number was printed on cigarette packs the number of calls increased dramatically, and the message reached people who had never planned to quit smoking.

So far the mean age of the clients has been 35 years. Most of them had smoked on average 20 cigarettes a day for 20 years, and had tried three times to quit smoking, but 20% of the clients had never previously tried to quit smoking. Their main reason for quitting was health concerns.

A brief overview of tobacco control activities in Ireland

Smoking levels decline

In Ireland it is estimated that 7000 people die each year from smoking-related diseases. The recent National Health and Lifestyles Survey (SLAN 2003) showed a positive 4% decline in smoking rates, from 31% of the population in 1998 to 27% in 2002. Smoking is down in almost all age groups and social class groupings.

The report also pointed to a decline in levels of exposure to passive smoking in areas such as the workplace, at home, and on public transport – areas which have to some extent been affected by legislation. However, passive smoking in pubs and clubs remains high, affecting 47% of men and 31.6% of women.

Commenting on the findings, the Minister for Health and Children said that "This survey is extremely valuable in providing relevant data and information for the development and implementation of policy and programme planning within my department and indeed, other statutory and non-statutory sectors."

Environmental tobacco smoke

New legislation was signed in 2002 to allow for a more comprehensive legislative basis for regulating and controlling the sale, marketing and distribution of tobacco products, including:

- the introduction of a total ban on smoking in the workplace, including the hospitality industry – pubs, bars, restaurants and clubs – from January 2004;
- the prohibition of the sale of tobacco products to persons aged under 18 years;
- a comprehensive ban on advertising and sponsorship by the tobacco industry.

The pressure for this initiative springs from ongoing lobbying by three NGOs, the Irish Heart Foundation, the Irish Cancer Society and ASH Ireland, as well as from ongoing work and reports by both the Department of Health and Children and a committee representing all parties in the national parliament looking at health and children. The scientific basis for the government's initiative is presented in a comprehensive report commissioned by the Office of Tobacco Control and the Health and Safety Authority – "Report on the Health Effects of Environmental Tobacco Smoke (ETS) in the Workplace." (The report can be viewed at www.hsa.ie - click on public consultation on smoking in the workplace.)

The decision by the Government to introduce a workplace ban is being strongly opposed by the Vintners associations, a small number of politicians and some sections of the media. The main health-focused NGOs continue to lobby for a total ban at every opportunity.

The Health and Safety Authority in Ireland is currently conducting a public consultation on the subject and holding a series of information meetings around the country to enable the public to find out what this ban will mean for them as individuals, for employers and workers.

Tobacco price

Pricing of cigarettes is recognised as a major factor in encouraging smokers to quit and discouraging young people from starting to smoke. However, despite significant lobbying, the Irish Government is slow to introduce major price increases in tobacco products, primarily because of the effect on inflation. The NGO sector and the Heart Health Task Force, established by the Minister for Health to ensure implementation of the cardiovascular health strategy, have lobbied the Government on the removal of tobacco from the Consumer Price Index (CPI), and there is some possibility that this may happen.

In the 2003 budget the Irish Government increased the price of a pack of 20 cigarettes by 10 cents, although ASH, the Irish Heart Foundation and the Irish Cancer Society had called for a price increase of €2.

National campaigns

The Department of Health and Children have run two successful stop smoking campaigns:

- Break the Habit is targeted at smokers, offering them advice and support to quit and referring those thinking of stopping to the Irish Cancer Society's national Quitline;
- NICO, a male character, showing "anti-cosmetics" cigarettes - a range of cigarette based cosmetics that have a negative effect on the users (as opposed to the positive effect expected from wearing cosmetics) e.g. lipstick in a cigarette shaped tube worn by a model with smoke stained teeth etc. The campaign is targeted at young females.

Smoking in the workplace

In addition to the proposed legislation for 2004, the Irish Heart Foundation and Irish Cancer Society have been involved for many years in promoting smoke-free policies and smoking cessation support.

The two organisations also work in partnership with the Construction Workers Health Trust to run an annual "Kick the Habit" - stop smoking competition, which takes place starting on National No Smoking Day and finishes on World No Tobacco Day each year. To date over 700 construction workers have taken part with a quit rate of approximately 30% after 12 months.

Support for quitting smoking

As a result of funding from the new cardiovascular health strategy – Building Healthier Hearts – all health boards are working to ensure effective smoking polices are introduced within the health services as a priority and to offer cessation services to communities and workplaces.

The Irish Cancer Society runs a national Quitline that gives advice and support to those wishing to quit smoking.

Nicotine Replacement Therapy is available free of charge to low-income smokers.

For more information on ASH Ireland, please contact Valerie Coghlan, Administrator at tel. +353 1 2310521 or fax +353 1 660 7955.

Smoking trends in Italy

In Italy the 13-14 million smokers constitute about 23% of the Italian population. Smoking is more prevalent among men than women, with one-third of the male population smoking, compared with one-fifth of the women. According to data from 1998, smoking prevalence was highest among 25-39 year-olds, with 44% of men and 37% of women smoking, and lowest among the population aged over 65 (14% of men; 12% of women).

Youth smoking remains a cause for some alarm. According to a recent survey, 25% of Italians aged between 15 and 24 are smokers, and among them 19% are regular rather than occasional smokers. They start smoking quite young:

- 81% between 13 and 17 years old;
- 13% after 18 years of age;
- 6% before the age of 12.

Mortality from tobacco use

Lung cancer trends in Italy, as elsewhere in Southern Europe, are characterised by a marked divergence in the rates for men and women. In 1995, smoking was estimated to have caused just under 70,000 deaths among men, and about 11,000 among women (from lung cancer only). Recent data says that over the last three years smoking has accounted for 90,000 deaths annually, approximately 246 per day.

Passive or "second hand" smoking

Studies and research have provided evidence of the health risks related to so-called "second hand smoking" or passive smoking. Exposure to passive smoking nearly doubles the risk of heart attack and death in non-smokers.

It is estimated that there are 15 million Italian non-smokers living with at least one smoker. This amounts to 26.5% of the Italian population. Four million of these are under 14 years of age, about 1.5 million are under the age of 4. Approximately 50% of Italian children live with at least one smoker.

Health education and smoking prevention

Health education in Italy is carried out mainly at the regional and local levels rather than at the national level. ALT and its alliance members have always been active in the tobacco prevention area. In particular several advocacy campaigns have been organised; these have effectively contributed to the latest achievement in regulating smoking in public places: by the end of 2003 smoking will be forbidden in all Italian public places (see under anti-tobacco legislation). Although no national campaign has ever been organised, ALT has continuously promoted smoking prevention through all its CVD prevention activities. Among these are:

- Dillo con la TV: school programme aiming at teaching pupils between 11 and 13 years of age how to adopt a healthy lifestyle, focusing in particular on nutrition, physical activity and the health consequences of smoking. An additional aim of the programme is to influence parents' lifestyles through pupils' experience.
- The "healthy month": targeting employees, it aims at prompting them to quit smoking and to take up a healthier life style.

  Other organisations are also effectively active on Italian territory: the National Institute for Cancer Research (IST) in collaboration with the Italian League against Cancer and the EU have been carrying out an educational programme for the prevention of smoking, targeting school children. Smoking prevention initiatives have also taken place in the military sector. Other anti-smoking programmes have been targeted at women and adolescents. Smoking cessation courses are also organised in Italy.

  Italian associations/foundations have been cooperating closely to make people aware of the serious harm caused by smoking, to help them to change their habits connected with it and follow a healthy lifestyle. Among the wide range of initiatives:
- "Tobacco-free Healthy Cities" – as a part of the "Healthy Cities International Plan" by the World Health Organization (WHO), these projects are based on three main guidelines: to inform and educate people; to support more efficient policy and management measures; to carry out scientific epidemiological research in the cities.
- "Smoke Free Class Competition" – a Europe-wide competition for children in the seventh and eighth years of school. Taking place annually, it currently involves 14 different countries. Pupils enter as a class and pledge not to smoke for the competition period. Successful classes are entered in regular Prize Draws and can win cash for their schools.
- "Quit and win 2003!" – a smoking cessation competition for adults (18 years or older). People taking part in the competition are to abstain from smoking and using tobacco products for a four-week period.

Tobacco legislation in Italy - restricting smoking in public places

- November 1975 (legge 584/1975) the second Italian law concerned with banning tobacco products was approved. This was a Public Health directive that aimed to prevent people from smoking in public places; the results were mixed, with theatres, cinemas and public transportation smoke-free, hospitals and schools not always, and restaurants definitely not. This partial failure was mainly due to the quite complex enforcement procedure.

- The Italian Parliament recently passed a bill banning smoking in most public places. The law takes effect as from the end of 2003. The bill requires bar and restaurant owners to create separate smoking areas if they want to allow smoking. Owners failing to enforce the law face up to €2,000 in fines. Individuals who are caught smoking where forbidden will be fined from €25 up to €250, and the latter amount can double if individuals smoke near a pregnant woman or a child under the age of 12. Smoking currently is banned in some restaurants, offices and public places, but in spite of regulations, Italians frequently light up in no-smoking areas. As 23% of the population smokes, the new regulation is expected to effectively reduce these figures.

Some Italian paradoxes

The tobacco issue in Italy is characterised by a very clear conflict of interests: on the one hand, over the last few decades, Italian authorities have attempted to enact more comprehensive and effective regulations to prevent tobacco advertising and to prevent smoking in public places, while on the other hand the State has a monopoly on the distribution of cigarettes. As the sole legal distributor, the Italian state receives 74% of the package price, plus the producer percentage (16%) if the cigarettes are produced by ETI (the Italian Tobacco Public Corporation).

Selling cigarettes to people under 16 years of age has been forbidden since 1934, but at the same time the Italian government allows the use of automatic vending machines, which of course evade any age control. Over the last three years these automatic machines have experienced exponential growth. However, thanks to intense anti tobacco advocacy campaigns, from January 2004 the State Monopoly will allow the access to these machines only at restricted times where less youth is expected to have access to them, namely from 11p.m. to 7 a.m.

From the cigarette market the Finance Ministry earns about 8.5 billion euros annually. This is roughly the same amount spent, on a yearly basis, by the Public Health Ministry for the cure/treatment of smoking-related diseases (asthma, cancer, cardiovascular diseases).

Advertising ban

Advertising tobacco products has been banned in Italy since 1962 (L.10/4/62 n.165). A 1991 decree implements the EU directive on television advertising and prohibits both direct and indirect advertising of tobacco products on television. Italy has also banned indirect advertising of tobacco products in all other forms, including a ban on sponsorship.

In spite of the law, cigarette logos continue to appear on television and in newspapers: tobacco multinationals sponsor Formula 1 racing, covering drivers' outfits, race cars and stands with cigarette logos. Whenever races are broadcast or drivers are interviewed, the cigarette logos are indirectly shown to the public. Italian authorities justify this paradox by claiming that the races are shown because of TV's "untouchable" right to broadcast.

Funding prevention with the proceeds from fines

According to Italian law, prevention campaigns and increasing awareness of health damages caused by smoking should be financed by the proceeds of fines collected among people/companies that fail to comply with the tobacco advertising ban. As a matter of fact, since the law was enacted (1982) the financial police (authority in charge of the law enforcement) have not been able to collect the money required for an effective campaign.

EU subsidies to tobacco production

Italy is one of the main tobacco producers in Europe. In many southern regions tobacco crops are taking the place of the traditional cultures (e.g. tomatoes). This ludicrous situation is possible because of the EU's two-faced policy on tobacco. On the one hand the EU is trying to enact a Directive to ban tobacco advertising, while on the other hand it subsidises tobacco growers.

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- "Ipocrisia di Stato" di Sabrina Giannini: **www.report.rai.it**
- "I giovani ed il Fumo": **www.utenti.fastnet.it**
- "Fumo Passivo: soluzione difficile ad un problema semplice", Sitab-Onlus: **www.sedes.it**

Reducing smoking in The Netherlands

In The Netherlands nearly 30% of young people and adults smoke regularly. This lifestyle behaviour is the main cause for about 23,000 deaths every year. Therefore in 1974, the Netherlands Heart Foundation, in collaboration with the cancer and asthma foundations, founded a national institute for smoking prevention and tobacco control activities, called STIVORO, for a smoke-free future.

New tobacco laws to discourage smoking

To protect non-smokers and children, in July 2002 a more stringent Tobacco Law was accepted in The Netherlands. This Law contains articles relating to age restrictions, advertising, the right to a smoke-free workplace, and health warnings. Tobacco products may be sold only to persons who have reached the age of 16. There is a ban on all forms of advertising and sponsoring. There are some exceptions, mainly regarding point-of-sale advertisements and advertisements in international publications. All packaging units of tobacco products shall come with both a general and an additional health warning. On 1 January 2004 the right to a smoke-free workplace will come into force.

Together with education and prevention, this Tobacco Law is meant to help decrease the smoking rates in The Netherlands as well as to protect non-smokers and children.

Educate to prevent or stop the habit

Most of the tobacco education and prevention activities in The Netherlands are organised by STIVORO. Each year STIVORO carries out a mass media campaign encouraging people to give up the smoking habit. Its aim is to motivate smokers to make an attempt to quit smoking on or around New Year's Eve. The campaigns consist of free publicity (media advocacy), paid television exposure on national television, activities through regional health care organisations and intermediaries, and the provision of evidence-based smoking cessation support, such as telephone counselling, tailored advice, group courses, self help materials and so on. In 2003 there will be a campaign to highlight the dangers of passive smoking for employees in support of the introduction of the smoke-free workplace under the new Tobacco Law.

Involving physicians in the struggle

About 30% of Dutch general practitioners have now adopted the Minimal Intervention Strategy. This strategy, developed by the University of Maastricht, provides practitioners with a model for tailor-made smoking cessation advice that they can give to their patients in less than ten minutes. Cardiologists and nurses in cardiology outpatient clinics and midwives have also begun using this intervention model.

Toward smoke-free schools

In a special yearly smoke-free school campaign, schools are motivated to tighten their smoking policy so that they become "Smoke-Free Schools". STIVORO provides various incentives to smoke-free schools.

There are state-of-the-art smoking prevention education programmes for the last year of primary school and the first three classes in secondary school (targeting 10 to 16-year-old children). Furthermore, since 1999 all schools have been able to participate in the Smoke-free Class competition (ENYPAT).

These programmes (including teaching and other materials) are all provided free of charge by STIVORO through the regional health care system. Tobacco prevention is part of the national school curriculum. New programmes are being developed with a major focus on smoking cessation and the roles of adolescents and parents in prevention.

For more information on Stivoro, please contact Renate Spruijt at tel. +31 70 312 04 31 or fax + 31 70 312 04 95.

News from Norway
by the Norwegian Council on Cardiovascular Disease

Nasjonalforeningen for folkehelsen

Norwegian governmental tobacco control policy

Statistics

The number of daily smokers dropped to 29% in Norway last year. The difference between the sexes is gone, and there are now equal proportions of daily smokers among men and women. In addition, approximately 12% smoked occasionally. In the early 1970s, 51% of men smoked daily compared to 32% of the women (ages 16-74).

In Norway about 7,500 people die each year because of tobacco-related diseases, and in addition 350-550 lives are lost due to passive smoking. Cardiovascular diseases are the greatest cause of increased mortality among smokers, causing more than 4,000 deaths every year.

Young people smoke less than in the 1970s, but there has been no significant decrease during the last decade. Low educational level is the most important explanatory factor for prediction of smoking prevalence. The difference in smoking behaviour between the less-educated and the highly-educated is increasing.

Restrictive measures

In 1996 the National Tobacco law in Norway ruled that public places like cinemas, cafeterias, theatres and airports should be smoke free. The law also said that tobacco was not to be sold in vending machines. In 1998 half of each restaurant was supposed to be smoke-free.

In 2004 Norway will, as the first country in the Europe, have an amendment of the National tobacco law that enforces a total ban on smoking in bars, restaurants and clubs. The amendment will enter into effect as from 1 June 2004.

The main purpose of the ban is to protect employees and guests from passive smoking. Employees in restaurants and bars are the only group in Norway today that has no effective legal protection against smoking at their workplaces. Research has shown that waiters and barkeepers have a significantly higher risk of acquiring lung cancer than other groups of employees. An American study has also shown that after only four weeks of banning smoking in restaurants in California, the health of the employees had already improved.

Education and information

Since the 1970s the government has developed information material on various topics concerning tobacco and health which has been distributed widely. In 2003 a national media campaign based on the Australian campaign – every cigarette is doing you damage – was run widely. Money has been allocated to run similar campaigns over a five-year period. The campaign had great responsiveness because of its strong effects; using pictures of smokers' lungs, arteries and other images to show smokers the facts about smoking. The response was enormous, in media debate and in response to the telephone service for smokers and others, but it is still too early to determine the effects. The second campaign is now being planned.

Cessation activities

Norwegian tobacco control policy has a strong focus on cessation. Its activities include a telephone quit-line and the training of counsellors for quit smoking courses. These cessation initiatives are important as a balance to the restrictive measures implemented by the government.

Preventive approaches

The Norwegian government also offers several prevention programmes for youth. One of these programmes have been evaluated and shown to be very effective. The school programme called Be Smoke Free was developed in cooperation with the Norwegian Cancer Society and The Norwegian Health Association. The programme is free for all school classes for 13 to 15-year-olds.

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Progress meeting the challenges of tobacco control in Spain

Tobacco is a particularly difficult issue for Spain, a major tobacco producer of the European Union. Much of the progress made in decreasing tobacco consumption has been thanks to EU measures which had to be implemented into Spanish legislation.

But lately public legislative developments in Spain give hope for progress in the field of tobacco control.

Facts on smoking in Spain

A survey about tobacco consumption made in schools in Madrid (47.4% males, 52.6% females) showed a decrease in smokers after 17 years of age: at 15, 41.1% of pupils smoked; at 16 there was a reduction to 38.8% and at 17 and over a significant decrease was registered, with only 20.1% of young people smoking.

The price of tobacco in Spain is, together with Greece, the lowest in the EU. Since the consumption of tobacco among young people is proportional to prices, it has been calculated that an increase of 10% in price will reduce the demand by approximately 4% (Health Promotion Studies Centre, CNPT).

In Spain, according to the last National Health Survey (1997), of the population over 16 years of age, 35.7% are tobacco consumers. Compared with the results of the previous survey, conducted in 1987, where the level was 38.1%, a slight decrease in tobacco consumption can be observed.

There is a significant variation in consumption depending on age and sex. In the 1997 survey the percentage of smokers among males was 44.8%, while among females it was 27.2%. Analysing in detail the consumption trends from 1987 to 1997, we can observe that while tobacco consumption decreased significantly in men (from 55% to 44.8%), a higher number of women smoke (from 23% to 27.2%). This increase of young women smoking will have health consequences in the short and medium term in mortality due to cancer, CVD and respiratory diseases.

Legislation for smoking prevention

A National Plan for Tobacco Prevention and Control (2003-2007) has been launched by the Spanish Ministry of Health. One of the measures included in this Plan is that from 31 December 2003, smoking will be prohibited in public administration buildings. A positive aspect of current legislation is that it states the priority of the right to health of non-smokers over the rights of smokers. Therefore, there are limitations in consumption in public transport, health care centres, workplaces with pregnant women, schools and buildings open to the public. On 27 May 2003 a Managing Commission formed by different sectors was constituted in order to evaluate and follow-up this five-year-plan.

In September 2003 the European Directive 2001/37/CE concerning manufacturing, presentation and sale of tobacco products will be implemented in Spain. The ongoing discussions at EU level on the bans on tobacco advertising have also had their effects on the development of the Spanish legislation. The Spanish legislation on tobacco advertising was the most permissive in Europe, with no regulation on radio advertising and with press advertising restrictions limited to a ban on advertising to children. 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 is especially crucial in preventing tobacco addiction.

Combating smoking through NGOs

Different private organisations have dealt with the problem of tobacco in Spain up until now, and the Spanish Heart Foundation (SFH) along with a number of other Spanish private health and anti-tobacco organisations have worked diligently to prevent and to reduce tobacco consumption in our country.

One of the SHF partners in this fight is the National Committee Against Tobacco (CNPT), a non-governmental institution formed in 1995 to lobby more effectively for the legislative control of tobacco in Spain. CNPT unites cardiologists, psychologists, pneumologists, public health experts and others from 24 varied associations jointly concerned by the ravages caused by tobacco.

The World Health Organization (WHO) has awarded the 2003 Smoke-Free World Day Medal to CNPT to recognize their great efforts not only to spread knowledge about tobacco concerns among the general public and the mass media but also to promote successfully the need for legislation on tobacco control among Spanish policy makers. Together with European colleagues working in tobacco control, CNPT have also pushed through the implementation of the Directive on Tobacco Advertising in the EU announced in December 2002. The application for the award was submitted by the European Network for Smoking Prevention (ENSP).

The CNPT is preparing the third Tobacco Prevention & Treatment Congress that will take place on 13-15 November 2003 in Zaragoza. The scientific sessions will analyse this epidemic from different points of view: prevention, psychological and pharmacological treatments, epidemiology and regulation, analysing the prevention and treatment of the first cause of illness and death in our country.

CNPT members promote debates in Spanish in Globalink, provide important information and links in their web site and publish reports about tobacco on a regular basis. In addition, different actions and mass media conferences are organised for the World No Tobacco Day.

Another SHF partner, the scientific association called the Spanish Society of Family and Community Medicine (SemFYC), created the Working Group on Tobacco *(Grupo de Abordaje del Tabaquismo)* in 1996. They give support to professionals, organise courses to help people quit smoking and provide scientific forums, among other activities.

The fourth Smoke-Free Week (26-31 May 2003), will take place in more than 1,600 primary health care centres of Spain. Coinciding with the World No Tobacco Day (31 May), it is an initiative of the Spanish Society of Family and Community Medicine and is supported by the Health Ministry of Spain. Supporting materials have been developed for professionals and for helping patients in their treatments, besides different informative materials. Schools, neighbourhoods and NGOs will be informed about the negative consequences of tobacco and the benefits of a healthy lifestyle.
The President of SemFYC, Luis Aguilera, explained at the presentation of this initiative that more than 55,000 deaths in Spain are caused yearly by tobacco and one out of two smokers dies due to tobacco. He stated that each person who starts smoking in his or her youth loses an average of 20 years of life.

With the slogan "To begin this week without smoking", this Smoke-Free Week aims at persuading primary care professionals to reinforce their activities helping their patients and the population to quit smoking. The goal is for 40,000 smokers to start a treatment to quit smoking.

Involving the health care profession

According to Dr José Maria Carreras-Castellet, responsible for the smoking prevention unit at the Carlos III Hospital, several epidemiological studies show that tobacco consumption among health professionals is high in Spain: between 38% and 42.3%, with an even higher proportion in nursery professionals. Female doctors smoke more than male doctors. In 1987, 49.2% of doctors were smokers. A survey that is currently being conducted by the National Health Service (Insalud) shows a significant reduction, to 38.9% of health professionals and 34.7% of doctors.

Besides the importance of health professionals' involvement (vital also as an example), the President of SemFYC stated as basic in the fight against tobacco the creation of a social environment that helps people quit smoking and makes it more difficult for young people to start smoking (decreasing the number of smokers and increasing the tobacco-free areas, as recommended by Joan R. Villalbì, President of the CNPT).

Also, the Spanish Society of Cardiology has created a Working Group on Tobacco, chaired by Dr. Vìctor López Garcìa-Aranda, to conduct scientific studies, give support to professionals and provide scientific forums, among other activities.

In public hospitals, units specialised in the treatment of tobacco have been created in order to help those who want to quit tobacco (even with a telephone help line).

Interesting links

- http://www.fundaciondelcorazon.com
- http://www.secardiologia.es
- http://www.cnpt.es
- http://www.msc.es/salud/epidemiologia/tabaco/informacion.htm
- http://www.atenciontabaquismo.com

Spanish Heart Foundation activities in the fight against tobacco

- A TV campaign was shown last year for two months, aimed at young people, in order to fight tobacco manufacturers with the same weapons they use to attract customers.
- During the last Training Course for School Teachers, one day was specially dedicated to tobacco, giving teachers specific material to use with children at schools.
- The latest issue of the Spanish Heart Foundation magazine, "Heart & Health" (April 2003) was devoted to tobacco. The cover page title, "10 reasons to quit smoking", clarifies the content, where the main reasons are analysed, encouraging people to give up tobacco and providing information on strategies to do so, treatments and interesting addresses.
- The web site of the SHF has two sections on tobacco: "To quit smoking: false myths about tobacco", with questions and answers on tobacco addiction, strategies and treatments to quit. And "To know is to prevent" an analysis of tobacco consumption in children and teenagers, passive smokers and so on.
- With the Heart Week several tobacco prevention activities are developed, as conferences and debates. In addition, tobacco is especially emphasised in all the campaigns carried out by the Spanish Heart Foundation in any area.
- On the occasion of World No Tobacco Day, the SHF participated with the CNPT in an informative campaign on 31 May 2003 in the main subway stations of Madrid. Under the slogan "10 reasons to quit smoking", cigarettes will be exchanged for candies and a brochure with "10 reasons to quit smoking" will be given to the passengers.

Sweden heading for smoke-free bars, restaurants and cafés

The decrease in mortality as a result of cardiovascular disease in Sweden is largely because Swedes are smoking less and less. Barely 20% of adults smoke every day. But continued positive development calls for continued wide-ranging work on providing information and influencing attitudes, opinions and legislation.

Eliminating smoking in public places

The year 2003 is an important one for Swedish work on the harmful effects of tobacco. The key issue of smoke-free bars, restaurants and cafés is at a crucial stage. According to the proposal under discussion all bars, restaurants and cafés will be made smoke-free, but it will be allowed to provide special smoking rooms where no food or drinks are served.

Removing smoke from bars, restaurants, cafés and other food-and-drink outlets is being approached as an improvement to the working environment. While all other employees in Sweden have the legal right not to have to suffer involuntary passive smoking, waiters and waitresses are excepted from this law. Far too many restaurant staff work in air which increases the risk of cardiovascular diseases, cancer and diseases of the respiratory tract.

On behalf of the Swedish Heart-Lung Foundation, an investigative company recently performed an interview-based study in which over a thousand adult Swedes gave their views on smoking in restaurants. Of those questioned, 96% consider that everyone is entitled to a smoke-free working environment. However, when it comes to waiters' and waitresses' rights not to be subjected to other people's smoke, people are more hesitant. Nonetheless, 74% of Swedes consider this exception a bad thing.

The organisations forming part of the Swedish Network for Tobacco Prevention, which includes the Swedish Heart-Lung Foundation, have been pursuing the restaurant issue for many years. The Swedish Institute of Public Health has also become involved in the issue in different ways, with measures implemented in various forms and at numerous levels. Attitude studies have been a good tool for creating mass-media attention and public debate. Collaboration with the trade union organisation for restaurant staff, the Hotel and Restaurant Union, has recently increased, and has played a significant role. The work also includes measures aimed at restaurateurs. Around 1,500 of Sweden's 30,000 restaurant owners have taken the opportunity to market themselves as smoke-free establishments through the Swedish Heart-Lung Foundation's website.

There have been many political ups and downs, with the Swedish Hotel and Restaurant Employers' Association offering tough resistance to legislation on smoke-free bars, restaurants and cafés. But last year saw an encouraging parliamentary resolution. As from 1 January 2003, all bars, restaurants and cafés must have smoke-free areas (this used to apply only to restaurants seating over 50). And according to the parliamentary resolution the target is completely smoke-free bars, restaurants and cafés.

Aiming at freedom from passive smoke

Following the submission of reports, to be concluded by the middle of June 2003, the Government will provide information on how this target is to be achieved. In an investigation the Swedish Institute of Public Health has established that freedom from smoke cannot be achieved voluntarily within a reasonable period of time.

"If we cannot achieve the target voluntarily I am prepared to legislate," said the new Minister of Public Health, Morgan Johansson (Social Democrat), immediately after his accession in autumn 2002.

The parliamentary resolution adopted in Norway and which will implement a law on smoke-free bars, restaurants and cafés by spring 2004, has hopefully further strengthened his resolve. If the government presents a draft bill after the summer, a new law can probably apply as from 2005.

Other positive developments

There are other ways in which it is currently encouraging to work in the field of tobacco prevention in Sweden. A three-year government investment totalling SEK 90 million (€ 9.8 million) has been started to further the work on tobacco prevention. Led by the Swedish Institute of Public Health, the aim of this investment is to support and develop local and regional work in connection with tobacco. Non-profit-making organisations and the Stop-Smoking programme will also receive increased support.

One of the main aims of the investment is to increase activities that are related to breaking the habit of smoking in Sweden. There are currently major shortcomings in this area. Another major goal is to simplify the introduction of smoke-free bars, restaurants and cafés.

Snus, the new threat

Even though the work in connection with harm caused by tobacco is going well, all problems have not been solved. The situation with regard to snus (Swedish chewing tobacco) is worrying. About a million Swedes take snus (= 22 %). Swedish snus sales are constantly increasing, and the snus manufacturer Swedish Match is making successful efforts to spread the use of Swedish snus all over the world. By comparing snus-taking with smoking, the marketers are making snus appear to be a less damaging product. But the truth is that snus creates severe nicotine dependency, damages the oral mucosa, affects the metabolism, raises the pulse and increases blood pressure. Studies also indicate that snus-taking increases the risk of Type 2 diabetes and cardiovascular diseases. Snus contains many carcinogenic substances, and research into the risk of cancer has been insufficient. Snus-taking during pregnancy can lead to a lower weight in newborn babies and can also affect foetal development in other ways.

It is a myth that it is thanks to snus-taking that smoking has decreased so much in Sweden. The proven fact is that nearly as many Swedish women as men have stopped smoking, yet it is uncommon for women to take snus.

Swedish Match is working on removing the ban on trading of snus within the EU (Sweden is currently the only EU country excepted from the ban) and has brought the matter to the European Court. To the great disappointment of those involved in public health, the Swedish government has now also addressed the ban on the trading of snus. It is being referred to as a trade barrier, and the public health considerations associated with it are being neglected.

It is appropriate here to challenge everyone working on matters of public health in the rest of Europe. Do not be deceived by the arguments for snus-taking as a way of reducing smoking and harm caused by tobacco! There are effective and safer aids for stopping smoking. There is no reason why countries that are fighting to reduce smoking should open the door to a further use of tobacco with largely unknown consequences!

Continuing the fight against tobacco damage

To reduce the prevalence of smoking in the UK, the British Heart Foundation (BHF) directs hard-hitting campaigns at vulnerable and high risk groups.

Strengthening support for ethnic minorities

In Britain, one of the most multicultural societies in the world, many ethnic groups have an increased risk of heart disease as a result of smoking levels higher than in the rest of the population. It is estimated that a staggering 42% of Bangladeshi men are current smokers, and research has shown that Pakistani and Muslim men are up to 50% more at risk of heart disease because of high smoking levels. In response, the BHF has launched a number of initiatives aimed at lowering the smoking rates of these ethnic groups to minimise their chances of heart disease. As part of a joint initiative by the BHF, a recent project asked Muslims in Manchester and the surrounding areas to stop smoking for Ramadan last year (6 November – 5 December). As well as not eating and drinking during the daylight hours of the holy month, Muslims choose not to smoke, making it an ideal time to kick the habit.

Imams from local mosques and other community leaders in Manchester present at the launch signed a Joint Declaration of their intentions to promote a smoke free lifestyle to their congregations. With the cooperation of the British Muslim Council and the Islamic Society of Britain this project was a success, and similar initiatives will be initiated in Birmingham, Bradford, Glasgow and London.

In addition, the BHF has helped set up and fund the Asian Quitline to tackle high smoking levels in the Asian communities. The Quitline has been contacted by over 60,000 Asian smokers, the majority of whom did not link smoking to heart disease.

UK youth smoking statistics

The need to raise awareness of smoking issues in young people is evident from current UK statistics. Given that half of all teenagers who continue to smoke will die of smoking-related diseases, a continual and major focus at the BHF is to develop effective and efficient anti-smoking campaigns aimed at teens.

The Break Free Schools Programme was designed by Quit (a charity that helps smokers quit smoking), which receives financial support from the BHF. The campaign, which offers straightforward, non-patronising information to educate young people, has been running since 1996. External evaluations indicate that it continues to be a major contributor to encouraging young people to quit and persuading them not to start smoking. Since the programme was established, Break Free sessions have been held at over 850 schools, reaching over 800,000 pupils.

The funding provided by the BHF pays for a Break Free Schools Presenter and a Break Free pack with eight vivid, informative postcards for every pupil attending a presentation. Quit is currently piloting Break Free sessions in primary schools while looking at ways to adapt the session for younger children. The BHF supports this move and will be considering what kind of exciting new resources could be developed for 7 to 11-year-olds.

Competition

Part of Break Free, the Butt Out Competition encourages young people to explore and raise awareness of smoking-related issues, by asking 11 to 16-year-olds to develop a thought-provoking and innovative resource to discourage other young people from smoking. Entries include posters, leaflets, web pages, songs and poems.

The Butt Out competition poster contains a variety of information including facts and figures, role play activities, brainstorm activities, ideas for discussion sessions and web sites for further information. The poster will now be expanded and developed into a personal, social and health education classroom resource as a video pack. The video, following the processes and activities that pupils are involved in as they make their competition entry, is currently being made by two competing schools.

Launched in June 2002, Butt Out was limited to schools that have had a Break Free session in the past four years. The BHF is currently at the judging stage and the winning school will receive £500 (= €725). As part of the prize, the BHF and Quit will also develop and produce the winning entry into a key resource to discourage young people from smoking. The BHF also plans to develop additional resources inspired by ideas from the other shortlist entries.

Hack is a colourful and appealing newsletter aimed at young people to discourage taking up smoking or to encourage kicking the habit. It answers questions, highlights the negative consequences and states several facts about smoking.

£15 million (€21 million) Government Grant

The Government has spent £59 million (€83 million) over the past four years on anti-smoking advertising, but believes that channelling money through charities will add greater impact. As a result it has agreed to make £15 million (€21 million) available to BHF and Cancer Research UK over the next three years in support of their anti-smoking objectives, funding a hard-hitting TV campaign based on similar successful techniques in California and Australia. The new advertisements will be backed by new warnings on cigarette packets and reduced prices for smoking cessation aids.

The BHF is currently in the very early stages of cooperative work with the Department of Health to decide on the programme.

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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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EUROPEAN HEART HEALTH INITIATIVE

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