A REVIEW OF NATIONAL SMOKING CONTROL PROGRAMMES IN EUROPE AND CONSIDERATIONS FOR THE DEVELOPMENT OF A SMOKING CONTROL PROGRAMME IN CHILE

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INTRODUCTION

The purpose of this document is to report on a study visit to smoking control centres in Europe, sponsored by the WHO Cancer Unit, from 9-20 September 1985, to see how activities are organized, implemented and planned, to see what has been achieved at the various control centres and to discuss its applicability in Chile. The study visit consisted of personal meetings and reviews of the documentation supplied by the various centres. The centres visited were as follows:

- **London:** Action on Smoking and Health (ASH), David Simpson
  Health Education Council (HEC), Linda Seymour, Donald Reid, Alan Davis

- **Oslo:** National Council on Smoking and Health, Per Morten, Inger Thürmer
  Norwegian Society for Fighting Cancer, Lilly Christensen

- **Stockholm:** National Smoking and Health Association (NTS), Lars Ramström
  National Swedish Board of Health and Welfare, Division of Health Education, Margaretha Haglund

- **Helsinki:** National Board of Health, Osmo Saarelma
  The Finnish Council for Health Education, Tuuluki Juusela
  The Institute of Public Health

UNITED KINGDOM

Background

In the United Kingdom, smoking has been declared the single most relevant factor for the prevention of disease and death. It is estimated that 15-20% of all deaths in the United Kingdom can be attributed to the habit of smoking (1).

Over the last 20 years there has been a noticeable decline in the prevalence of smoking. In 1960 60% of men and 42% of women were smokers, while in 1982 the respective figures were 38% and 33% (2).

The decline in the smoking habit has been particularly marked in the upper and "educated" socioeconomic classes, and among light smokers. A considerable impact has been made on the medical profession, in which only 10% now smoke (2).

Smoking control activities in the United Kingdom

1. Changes in cigarette composition

   The trends are towards reduction of nicotine, tar and carbon monoxide content. It is thought that the reduction in the tar content (49% between 1934 and 1979) has helped to reduce mortality from lung cancer in men. However, promotion of low tar cigarettes both by the Government and by tobacco companies has been counter-productive since it has encouraged people to continue smoking rather than to drop the habit. It is advisable to reduce the toxic content of cigarettes without advertising the fact.

2. Economic factors

   There has been no sustained increase in the price of cigarettes in real terms in the United Kingdom; nevertheless, a substantial price increase (20%) resulting from increased taxes brought about a sharp fall in consumption between 1980 and 1982.

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1 Information taken mainly from reference (2) and an interview with Mr D. Reid.
3. Legislation

There have been few developments in legislation relating to tobacco in the United Kingdom. These aspects are dealt with by voluntary agreements between the tobacco companies and the Government. The most pertinent laws in force are the following:

- Ban on sales to minors under the age of 16, which is ineffective since there is no means of enforcement. Eighty per cent of shops continue to sell cigarettes to minors.
- Ban on cigarette advertising on television, which the tobacco companies get around by indirect advertising through the sponsorship of sporting and cultural programmes.
- Warning on cigarette packets, but not on other forms of tobacco.

The British Medical Association is at present campaigning for a total ban on tobacco advertising.

4. Health education

This includes various forms of anti-smoking education using the mass-media or conducted at more personal levels by health professionals, teachers, community leaders, etc.

4.1 General activities

The events which have attracted the greatest publicity and achieved a substantial reduction in the prevalence of smoking (about 5% annually) have been the publication of the reports of the Royal College of Physicians from 1962 to 1971 warning about the health risks of smoking, and the law banning cigarette advertising on television in 1965.

However, these campaigns have not been sustained over time. In the last eight years, the Health Education Council has organized mass publicity campaigns directed especially at adolescents and aimed mainly at detracting from the image of smoking and promoting non-smoking behaviour. These campaigns are in the process of evaluation. It has recently been decided that the campaign should be directed at families, so as to involve parents, whose influence as models for their children's behaviour is important.

There is a National No-Smoking Day organized by the Health Education Council and other community organizations, which seems to be very effective in alerting the public to the problem (information apparently reaches some 90% of the population) and serves as a good stimulus to spontaneous cessation of smoking.

The Health Education Council issues short tactical warnings on a smaller scale in the course of the year, depending on the resources available.

4.2 Adult personal education

This consists mainly of doctors' advice to give up smoking. The Health Education Council has recently issued a set of leaflets for general practitioners to distribute to their patients who are smokers. Inquiries have shown that the actual effect of these leaflets has been to increase the number of doctors who counsel their patients against smoking. However, the coverage effectively achieved does not appear to have been very high and it is estimated that only 3% of family doctors are making use of this set of leaflets. The problem would appear to lie mainly in the fact that doctors receive very little training in preventive work.

There are also five smoking cessation clinics, but they have very little impact on reducing the trend among the population; only 15% of those who attend are still non-smokers after one year, and the treatment is very costly. For every person in the United Kingdom who gives up smoking as a result of this special assistance, there are 3000 people who give up spontaneously in response to the influence of simpler factors.

As there is still a large number of smokers among nurses and matrons, the Health Education Council has developed educational activities aimed at these groups.
4.3 Personal education for children and young people

The Health Education Council and other organizations have developed anti-smoking education programmes for schoolchildren. The following educational aids, based on the theory of social learning which has been successfully developed in other countries, have recently been produced:

(a) The "My Body" project, lasting 40 hours, for primary schools (age 7-11), which has lasting effects on knowledge and attitudes and is producing a small but significant effect on smoking.

A school project based on the immediate effects of smoking rather than the long-term risks, which are a remote concept for children, has also been undergoing evaluation recently.

(b) School health education project for young people from 11 to 16 covering a number of subjects, of which smoking is one of the most important. Its main aim is to give young people information to help them resist peer pressures and advertising.

(c) Leaflets for parents encouraging them to take responsibility for their children's education and to cooperate with the schools.

(d) Leaflets and guidance for teachers.

Evaluation of smoking control activities in the United Kingdom

In Mr D. Reid's analysis (2), the preponderant factor in the decline of smoking has been health education. Legislation and the economic factor (rise in tobacco prices in real terms) have not been so relevant, since little has been done in the field of legislation and there has been no consistent policy to raise the real price of tobacco.

All in all, smoking control activities in the United Kingdom have been more effective in convincing adults to give up smoking than in preventing the young from taking up the habit. Twenty-seven per cent of 16-year-olds are regular smokers and the trend appears to be rising. This is probably due to the limited coverage achieved in school education (only 10% of schools have anti-smoking education). Furthermore, since there is no national educational programme, the Health Education Council can only offer advice and solicit the cooperation of teachers, who are not always very highly motivated.

Present organization of smoking control activities in the United Kingdom

There is a central committee comprising:

- The Health Education Council (HEC)
- Action on Smoking and Health (ASH)
- The Cancer Research Campaign
- The Imperial Cancer Research Fund
- The British Heart Foundation
- The Scottish Branch of ASH.

The purpose of this committee is to generate and discuss ideas. The main executive bodies are ASH and HEC.

Action on Smoking and Health (ASH)

The annual budget is US$ 170,000. Although 90% of the budget originates from the State, ASH functions as an autonomous organization.

The activities of ASH include: public information, target group lobbying (public opinion, Members of Parliament, trade union leaders, business and industrial management, etc) and regulation of smoking in public places and the workplace.
Information is obtained from a number of sources such as national statistics (Royal Statistical Society) which are available on prevalence, attitudes, behaviour, sales and tobacco consumption. Information is also obtained from scientific reports and publications from tobacco companies. This material is published in a variety of booklets and leaflets available for sale to any organization requesting them.

There is no budget for the use of the mass-media, but ASH suggests and submits articles to the printed press.

ASH works in close cooperation with the Health Education Council.

Health Education Council (HEC)

The HEC was founded in 1968 and is a multidisciplinary group of professionals appointed by the Secretary of State for the Social Services.

It has an annual budget of US$ 9 000 000, one-third of which is devoted to the smoking control programme, which has been made a priority.

The Council's anti-smoking activities are directed towards persuading smokers to give up the habit and deterring young people from starting. These activities can be classified as follows:

- Direct contact with the public, including mass campaigns and the supply of leaflets, posters, publications, etc. The last mass campaign focussed on smoking in the family and on promoting non-smoking, and involved the participation of prominent personalities and community leaders. The HEC takes an active part along with other agencies in organizing the National No-Smoking Day;

- Activities in support of local health, education, communication and community work in general;

- Research and evaluation activities. Research is essentially operational and directed towards improving the effectiveness of the anti-smoking message.

NORWAY

Background

Norway, the prevalence of tobacco smoking has fallen sharply among men in the last 10 years (from 50% in 1973 to 40% in 1982) but not among women, where the rate has remained stationary at around 32%.

The decline in smoking among men has been mainly in the professional or most highly educated classes. There has been much less impact among fishermen, miners and people with lower general education, for whom the figures are close on 60%, most of them heavy smokers.

The proportion of adolescent smokers showed a downward tendency between 1975 and 1980. The proportion of daily smokers for 1980 was around 22%.

Smoking control activities in Norway

Anti-smoking activities in Norway began in 1950 and were organized by the Norwegian Cancer Society, but had no impact on the Norwegian people. In 1964, at the request of the Norwegian Parliament, influenced by the report of the Surgeon General of the United States, a committee was appointed to propose smoking control measures. This committee submitted a report ("How to influence the smoking habit") in 1967, which proposed restrictive measures, information and assistance, and the creation of a National Council on Smoking and Health to serve as the consultative and coordinating body for smoking control activities.
1. Legislative measures

The above-mentioned committee proposed the enactment of special legislation on tobacco - "The Tobacco Act", which came into force in 1973. It covers the following aspects:

- Abolition of all forms of tobacco promotion or advertising;
- Ban on the sale of tobacco to children under 15;
- Mandatory health warning on cigarette or tobacco packs (there are at present 12 different versions).

Projected legislation to monitor nicotine, tar and carbon monoxide contents and to require this information to be stated on the packet is at present under study. It is also being proposed that this law should include provisions to restrict smoking in public places, in the light of fresh evidence of the health hazards of tobacco smoke for passive smokers.

2. Information and education activities

Mass campaigns are essentially organized by the Council and concentrate especially on schoolchildren and on leaders of public opinion. The Council also puts on special campaigns in the community, scheduled to run in recreational centres during the holidays. These campaigns have not been evaluated, but it would appear that they are too expensive and produce meagre results.

The National Office of Information finances anti-smoking announcements in the press. Recently these announcements have only been appearing in weeklies, but these papers are very popular.

Anti-smoking education in schools is part of the basic teaching curriculum; these programmes have been developed by the Council and their main thrust is to provide children with objective information on the health hazards of tobacco. In addition to these activities, a programme for six and seven-year-olds has recently been introduced in primary schools, and involves both the children and their parents and teachers. This new programme lays greater emphasis on the immediate effects of tobacco on health and on environmental pollution (3). The educational programmes have not generally been evaluated and there are only subjective assessments as to whether they have been successful in their impact.

3. Measures of assistance

These measures are not very highly developed. There are some volunteer groups, such as the Seventh Day Adventists, which have set up smokers' clinics. The general view of the Council is that there are many smokers who could give up the habit by simpler and less expensive means.

4. Economic measures

The price of tobacco underwent successive increases in 1980-1982 which resulted in a significant reduction in consumption as a percentage of GNP. It is very unlikely that there was also an increase in consumption of illegally imported tobacco. At present the price of tobacco is within relatively easy reach of the whole population, as the policy of price control has not been continued.

Evaluation of smoking control activities in Norway

Since smoking control activities were initiated as a result of the Government's decision, a gradual decline in the prevalence of smoking among men has been achieved, especially in the middle and upper classes with higher levels of education. There has been no impact among women, and it is thought that this is partly due to the fact that education on smoking has focussed mainly on the risks to men's health (4).
The success so far achieved must be attributed both to Government measures and to the activities of volunteer organizations (5). It must also be stressed that things have been facilitated by the fact that this is a small, culturally homogeneous nation without any great economic involvement with the tobacco industry (5).

Present organization of the smoking control activities in Norway

**National Council on Smoking and Health**

This is the main organization devoted to smoking control. It is state-run and comes under the Ministry of Social Affairs, but is free to function fairly independently.

It has an annual budget of Nkr 2 500 000 and its members are appointed for a four-year term of office. The committee is composed of two physicians, one psychologist, two sociologists, one epidemiologist, one educationist and one representative of students in the rural sector. The Council prepares, proposes, coordinates and oversees government measures to control the hazards of tobacco.

**Voluntary organizations**

The Norwegian Cancer Society, the Non-smokers' Organization and the Norwegian Organization on Smoking carry out a variety of information and publicity activities in conjunction with the Council. The Norwegian Organization is a small but fairly influential private entity, which is highly successful at lobbying opinion leaders.

**SWEDEN**

**Background**

In Sweden the prevalence of daily smoking among men has declined steadily from 53% in 1970 to 30% in 1982. In women, however, prevalence remained stationary until 1976, when it began to fall very slowly to 30% in 1982. Smoking is more common among the less well educated part of the population (6).

A drop in smoking was observed among adolescents aged 13 and 16 from 1974 to 1980, but after that a clear upward trend appeared. In 1982 25% of 16-year-old boys and 32% of 16-year-old girls were smokers, while the figures for 13-year-olds were 8% for boys and 7% for girls (6).

The greatest impact among health professionals has been on physicians, 37% of whom were daily smokers in 1972, as compared with 20% in 1982 (22% of men and 14% of women). Other health professions do not present the same decline: 30% of nurses and 40% of auxiliary nurses are smokers (6).

**Smoking control activities in Sweden**

In 1886 the Anti-smoking Society was formed in Stockholm and functioned intermittently until 1920. In 1955 the National Association on Smoking and Health (NTS) was founded and continues to flourish to the present.

In 1966 the Government intervened officially when it made the National Board of Health and Welfare officially responsible for smoking control in its capacity as the health authority. As from then the NTS was also given State funding to function as a professional agency specializing in smoking and health. Efforts have subsequently been concentrated on educational activities for young people in schools.

In 1971 a study committee was set up, which in 1973 proposed a sweeping long-term programme - the Swedish 25-year Smoking Control Programme - which suggests that public information and education should be intensified and that legal measures should be implemented. In 1981 a new committee prepared a further report which expands the previous report and gives greater emphasis to educational activities.

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1 Information from Dr P. Nordgren (6) and Dr L. Ramström (8) and from an interview with Dr Ramström.
1. Public information and education

This includes activities aimed at the broad general public through the mass media as well as more personal means of contact using people at the local level (teachers, health professionals, community leaders, etc.). The latter have proved most effective, essentially because of their delegation of activities, so that the central bodies of the various organizations undertake the training of key groups (e.g. teachers, health professionals, community leaders) who are then asked to include these activities in their regular work. The usual target groups for these educational activities are young people, pregnant women, parents and the staff of pre-school or kindergarten establishments.

In terms of content, education on smoking has recently begun to include the usual medical aspects and considerations of psychology, environmental protection, economics, etc. An effort has also been made to change the presentation of the message by giving as much stress as possible to the positive aspects of non-smoking.

Information and education of the young

Most of the anti-smoking education of young people is done through the schools. The content of school curricula in Sweden is determined by the Government authorities. Since 1960 the curriculum has included the questions of alcohol, drugs and tobacco. In 1981 the National Health Board adopted a special programme of "Health education for schools" centred on the objective of health promotion, and the long-term objective in relation to tobacco is to abolish smoking in schools. Smoking is now forbidden in many schools and in others it is permitted only in restricted areas.

Education on smoking is included in the curriculum from the primary level (age 7-9) upwards. In primary schools it is essentially centred on the spontaneous questions asked by children, although there are some special teaching materials.

At the middle-school level (age 10-13) education on smoking is included in the study of the human body and its functions, and the harmful effects of tobacco on health are explained in this context.

At the higher secondary level (age 14-16) the question is incorporated into a number of different subjects.

Young people who are daily smokers usually have other problems, so that they are therefore referred to a nurse, psychologist or social worker.

The young also receive information on smoking through mass campaigns, which are generally organized by youth associations. In the last three years, the Freedom from Smoking Foundation, which includes representatives of both public and private sectors, has been conducting a campaign to promote non-smoking as the normal and fashionable mode of behaviour. This campaign makes use of a wide range of media, such as posters, T-shirts, stickers, cinema, radio, television and competitions in schools. It also tries to associate the message with events or personalities that are popular with the young.

Information and education for adults

Some information for adults is conveyed through the mass media, but the new policy, as noted above, is to develop information activities at the local level which permit more personal contact between smokers and appropriately trained people in the community or the health services. The grounds for this are that many smokers who wish to give up the habit may be able to do so with very simple means of support. A special programme for pregnant women has been in existence since 1976 and is conducted by the personnel who carry out antenatal check-ups.
The Swedish Cancer Society has been pressing in the last few years for doctors and other health professionals to include anti-smoking information and treatment in their consultations.

Smokers also receive general information from the various warnings that appear on cigarette packets. The specialized agencies provide posters, stickers, films, books, etc. A few years ago, a special campaign in the form of a "No-smoking week" was organized by local authorities and community leaders.

There are 10-15 special clinics where smokers who do not manage to give up smoking by simple means may be treated. The clinics use a variety of methods and some are public and others private. They achieve success rates ranging up to 25%.

2. Legislation and restriction

Warnings: Since 1977 there have been 16 versions which have been used in rotation on tobacco packets. They have been changed three times.

The carbon monoxide, tar and nicotine contents of cigarette smoke must be specified for each brand and printed on the packets. The average content of all brands sold in the country must also be printed for the purposes of comparison.

Partial restriction of advertising: Advertising is forbidden on the radio and television, in the cinema, by direct mail and in the form of free samples. Advertising is permitted in daily newspapers and magazines but with some important restrictions: people or beautiful scenery may not be used, only the packet may be shown against a neutral background, and the advertisement may not take up more than one page. Advertising in papers for young people under 20 and in sports magazines is prohibited.

The report of the Committee on Tobacco of the Swedish Ministry of Health and Social Affairs included a recommendation for the restriction of smoking in public places and the workplace, which was not approved by the Government.

These proposals were therefore adopted as recommendations. Smoking is to be totally prohibited in some places where the public spends only a short time, such as post offices, short distance transport or cinemas, and in other places restricted areas must be set aside for smokers.

In order to back up the implementation of these recommendations, they have been widely disseminated and company health and social security committees have been encouraged to discuss the information and the steps to be taken to restrict the use of tobacco, on the basis of the general recommendations distributed by the Swedish Secretariat for Social Security Board and the Swedish Board for Health and Welfare.

A study carried out in 1983 showed that 90% of the adult population in Sweden was in favour of restrictions on smoking in public places and the workplace.

The Committee has also recommended that the ban on cigarette advertising should be extended to the printed press and that taxes on tobacco could be used in support of smoking control policies.

Evaluation of smoking control activities in Sweden

The various activities carried out in Sweden have had a substantial effect on smoking. The rate for adult males has been declining since 1970. Since that same year prevalence among women has been stable and in recent years there has been evidence of a decline. A downward trend in the rates of lung cancer in men has been observed since 1978, as a result of the changes in the smoking habits of that group (8).

There was also a sharp drop in smoking among adolescents after 1970. However, in the last three years an upward trend among young people has been noted. This demonstrates the need for continual maintenance and strengthening of smoking control activities (6).
It is important to remember that in Sweden the tobacco industry is 85% State owned and that the budget for smoking control amounts to only 2–3% of the tobacco companies’ expenditure on advertising.

Present organization of smoking control activities in Sweden

National Committee: This Committee meets once a year and its principal members are representatives of the National Board for Health and Welfare, the Swedish National Smoking and Health Association (NTS), the Swedish Cancer Society, the National Board for Occupational Safety and Health, the National Office of Education and representatives of local and regional organizations.

The purpose of the Committee is not to implement activities but to generate ideas and to ensure intersectoral coordination.

The National Board for Health and Welfare, its health education unit and the NTS are the main operational agencies at the central level and work in close coordination. At the regional level, smoking control activities are administered by the health services. The National Board for Health and Welfare has the tasks of proposing legislation and implementing education and information activities. It organizes courses and lectures, produces information materials and provides consultancy services.

The Swedish National Smoking and Health Association is a specialized agency which is subsidized by the State (80% of its budget originates from State funds). It is an information and documentation centre and produces a large amount of information material for sale to institutions of all kinds and to the general public. The NTS carries out annual surveys of prevalence and evaluation studies.

The Swedish National Association for the Prevention of Asthma and Allergies and the Swedish Cancer Society include work on tobacco smoking among their activities.

There are voluntary organizations such as the Non-smokers Association (VISIR) which work through local organizations and youth clubs in schools or leisure centres. They organize groups of non-smokers and publish information materials.

FINLAND

Background

In Finland there has been a marked decline in the prevalence of daily smoking among men, which has fallen from 58% in 1960 to 34% in 1983. The number of women smokers, however, has remained relatively stable over the last 10 years at levels of less than 20%.

Since 1978 a levelling-off in the prevalence of smoking and tobacco consumption has been observed.

Among young people of both sexes aged 14-18 prevalence declined between 1973 (32% for girls and 34% for boys) and 1979 (22% for girls and 24% for boys). Since then the trend has tended to rise and the figures for 1983 were 20% and 26% for girls and boys respectively.

In Finland only 10% of teachers and 8% of doctors are smokers. On the whole the impact on the lower social classes has not been so great.

Smoking control activities in Finland

Activities to control smoking began in Finland in 1961 when the Finnish Parliament unanimously proclaimed the need for steps to be taken to reduce smoking.
Between 1962 and 1971 the health authorities and civic organizations initiated a number of legal and educational activities but these were lacking in continuity and coordination. In 1973 the Committee on Smoking and Health of the Ministry of Social Affairs and Health put forward some concrete proposals for legislation, most of which were adopted and came into force in 1977.

1. Legislation (9)

The most important legislative provisions in the Tobacco Act cover four major fields: restrictive measures, health education, research and taxes on tobacco:

- Since 1977 there has been a total ban on all types of advertising or promotion, which has been respected but needs to be monitored constantly.

- The Technical Research Institute must determine the nicotine, tar and carbon monoxide levels in tobacco twice a year. Maximum permissible limits are established and cigarettes are classified accordingly and this information must be carried on the packets. Since 1977 the maximum levels have been lowered three times.

- The sale of tobacco to children under 16 is prohibited. This provision is not fully respected for lack of the necessary means of control.

- Each packet must carry a printed warning of the harmful effects of tobacco on health.

- Smoking in public places, public transport, schools and kindergartens is restricted and suitably isolated areas must be set aside for smokers. On short domestic flights smoking is prohibited. Smoking in the workplace is not covered by the law.

- 0.5% of taxes on tobacco are used to finance health education activities. The law does not stipulate that a policy of increased tobacco prices should be adopted.

- The National Board of Health is responsible for coordination of education and evaluation activities at the national level.

2. Health education

Since 1979 the main thrust of health education has been towards the reduction of smoking. Education on smoking has been included in health education in other fields. In the last 10 years greater emphasis has been placed on the development of health education at the community level, in which more importance is attached to personal contact than to mass campaigns. Such campaigns are not now very common and are instead designed to back up the activities carried out in the community. Their basic content covers damage to health, the effects of passive smoking and economic effects.

Education on smoking for young people

The Office of Health Education, in collaboration with the National Board of Education, produces materials for education on smoking for use in the teaching of different subjects. At the present time, a project is being developed in North Karelia for young people of 12-16, based on successful experience with a pilot programme. This programme aims to influence children to adopt healthy life-styles which include non-smoking. In addition to basic knowledge of health, greater emphasis is given to teaching children to resist the pressures of their environment and to develop mechanisms for coping with stress, and to promoting support in the schools and the school community at large through cultural organizations, the health services, sports clubs, the communication media, and associations of retailers (who sell tobacco).
Education on smoking for adults

The counselling of smokers by health professionals is being promoted through the local health services. A recent study found that there was little motivation among doctors, who are more interested in the curative aspects. The Finnish Medical Association is especially concerned to promote the participation of doctors in the cessation of smoking. Since 80% of the population goes to the doctor at least once a year, it should be possible to achieve a broad coverage.

Attempts have been made to give priority in smoking cessation programmes to patients with respiratory or cardiovascular diseases, ulcers, pregnant women and workers for whom the environmental hazards of the workplace are enhanced by smoking. Time for educational activities has been taken when patients come for X-ray examinations at tuberculosis clinics. For a number of years, the method of work consisted of group sessions led by suitable trained personnel, but the results were open to question. The development of special clinics for the cessation of smoking, linked with the public health services, has recently been initiated and is in an experimental stage.

People who work with children have been the target of some special campaigns.

3. Price control policy

This is considered to be fundamental to the support of other measures and probably has the greatest impact among young people. Unfortunately this policy was not included in the Tobacco Act, although this is likely to be achieved in the near future.

Since 1975 there has been no increase in the real price of tobacco in relation to purchasing power. The Advisory Committee on Health Education has produced a report (10) which argues for a price policy which will have a real impact on tobacco consumption. An effective price increase equal to the increase anticipated by the consumer plus half the anticipated increase in his real income is advocated (10).

Evaluation of smoking control activities in Finland

As mentioned above, the Tobacco Act has been in force since 1977 and the considerable public discussion by which it was preceded made an impact on the smoking habits of the population. Since its adoption, however, successful reduction of consumption and prevalence of smoking among the adult population has not been achieved. Since the beginning of the eighties the number of young smokers has remained stationary, with a slight upward tendency.

It is generally felt that the provisions of the Act have been properly implemented, with the exception of the ban on sales to children under 16 (11). There is some doubt as to the extent to which the setting of permissible limits for the contents of tobacco smoke may be counter-productive, encouraging rather than discouraging consumption.

The National Board of Health and the Advisory Committee on Health Education are of the view that the measure that would be most effective in countering this process would be the implementation of a tobacco price policy in support of these educational activities (10). In the long run it is hoped that the fact that the younger generations are growing up in an environment that is free from tobacco advertising will have a favourable effect.

Present organization of smoking control in Finland

The National Board of Health is by law the agency responsible at the national level for the development, organization and coordination of action to control smoking and for its evaluation and supervision.

All educational activities relating to smoking are carried out within the framework of health education, which lays great stress on community development based on multisectoral committees in which voluntary organizations take an active part. Proposals for plans and programmes are made by the Advisory Committee on Health Education which is designated by the Government every three years.
The materials used in health education are developed by the Health Education Department in collaboration with the National Board of Education. Other organizations also collaborate in the production of materials, which must be approved by the National Education Council, which includes representatives of a large number of voluntary organizations.

Annual surveys on smoking are conducted by the Institute of Public Health and the Office of Health Education.

SUMMARY AND CONCLUSIONS

All the countries visited have been taking steps to control smoking for the last 20 years. Generally speaking, a reduction in tobacco consumption and the prevalence of smoking was achieved and maintained after their respective governments had expressly decided to initiate and to involve other community organizations in the implementation of coordinated and permanent activities simultaneously in the fields of legislation, education and information.

These measures have reached different levels of development in the various countries. Norway and Finland have attached great importance to the development of legislation and have introduced Tobacco Acts which govern their various smoking control activities. Apart from restrictions on advertising, promotion, sales and other activities, they concur in attaching particular importance to tobacco price control policy (although this has not yet been introduced by law in any of the countries) because of its impact in reducing consumption, especially among the young.

With respect to educational measures, the evaluation carried out by the various countries has helped them to identify successful activities, weaknesses and new problem areas, and has led to reformulation of their future plans. The present consensus is that the most effective measures are those which call for the active involvement of various sectors of the community. The dissemination of these measures from central bodies (Ministry of Health, collaborative organizations, multisectoral committees) to the community is done by what are seen as the key groups (health professionals, teachers, community leaders, the mass media, etc.).

In this connection, priority is given to activities directed at the young, and involving families, schools and the community in general. It has also been decided to use educational methods based on the modern theory of social learning which has proved its greater effectiveness. It is interesting to note that education on smoking is being integrated into the expanding development of a type of health education which promotes healthier lifestyles in general.

GENERAL CONSIDERATIONS ON THE DEVELOPMENT OF A SMOKING CONTROL PROGRAMME IN CHILE

The socioeconomic realities of Chile are obviously very different from those of the countries visited. Nevertheless, the organization of our health and educational systems, and the present state of our legislation, are such as to permit the implementation of smoking control measures on a national scale and with a good prospect of success. Moreover, the long experience of other countries in attempting to control this problem gives us the advantage of being able to choose those measures which have been most successful and which are easiest to carry out in our environment, and to discard those which have been less effective.

There are four broad general areas in which smoking control measures can be developed in Chile: legislation, education, information and evaluation.

Legislation

A committee which has access to the necessary legal advice has been formed within the Ministry of Health to examine the question of what legislation would be most appropriate and how it can be implemented.
It is felt that it would be best to introduce a Tobacco Act which would cover all legal and restrictive measures, so as to avoid having to introduce them separately which might give greater opportunities to the tobacco companies to present their arguments for and against.

The provisions of the Act should cover the following aspects:

- total ban on advertising and promotion of tobacco. If this is not possible, restrictive measures similar to those in Sweden should be developed;
- printing of a number of different warnings on tobacco packets in rotation (only one warning at present);
- restrictions on smoking in public places and the work place;
- prevent cultivation of tobacco in new areas (0.2% of the country's agricultural land at present is used for tobacco);
- establish monitoring of tar, carbon monoxide and nicotine levels in imported and domestically manufactured cigarettes, set maximum permissible limits for their marketing but prohibit advertisement of these limits;
- prohibit the sale of tobacco to children under 16;
- tobacco price policy, such that the real price makes an economic impact on consumers, especially the young and the less well off.

**Education**

In view of their proven greater efficacy, the main emphasis will be placed on interpersonal educational methods.

The priority target groups for educational activities will be key groups and young people. These will be long-term activities and will be planned by a specially appointed study group.

Given the reality of our country, in which there is no clear awareness of the problem and there is a high prevalence of smoking among key groups such as health professionals, the teaching profession and those in administrative positions in general, it is felt that the following activities should be carried out as a first priority:

- workshops for senior and middle-level staff in education, health, the mass media, and the Civil Service and public administration in general;
- training courses for health professionals, teachers and community leaders.

Alongside these activities, a pilot programme of education on smoking will be initiated in schools, with a view to extending it subsequently to the entire country, depending on the results of evaluation.

There are no plans for the moment to establish smoking cessation clinics, in view of their high cost and low impact. The measures that are suitable for implementation are individual and/or group education in the context of general or specialized consultations, and regular health check-ups.

In this connection pregnant women and mothers attending for health check-ups with their small children are a priority target group, since they are highly motivated to give up smoking when they know that smoking not only involves risks for their own health but is also an immediate threat to the health of their children as passive smokers.
Mass information campaigns

In view of their high cost, no special campaigns are contemplated in principle; rather, the strategy will be to contact key people in the mass media to get them to issue information regularly in the form of scientific articles, interviews, commentaries, promotion of non-smoking models, etc. and to provide publicity support for legislative and educational activities. The basic content of the message will stress the benefits of non-smoking, the harmful effects of tobacco on health and the problems of passive smokers.

Research and evaluation

Research should be operational in nature, aiming to add to existing information, provide overall guidance and evaluate the various activities that are being carried out.

Development of the following aspects is considered essential:

- a cost-benefit study on tobacco in the country, which is needed to back up the arguments in favour of smoking control;

- survey of prevalence at the national level, which should be possible to undertake in collaboration with the National Institute of Statistics, which carries out home surveys from time to time. This would permit the problem to be monitored;

- studies of prevalence among primary health workers, teachers and adolescent schoolchildren;

- studies of the psychosocial factors associated with smoking, so as to give better direction to educational activities.

PLAN OF ACTION FOR SMOKING CONTROL IN CHILE

1. Assign to the Ministry of Health Planning and Budget Office the central overall permanent responsibility for smoking control activities in the health sector and their coordination with the education sector and other government departments.

2. Establish an intersectoral coordination and advisory committee at Ministry level, with representatives from public and private agencies whose activities are similar to the work and/or objectives of the smoking control campaign.

3. Carry out further studies and update existing situation reports on smoking, especially in respect of:

(a) The importance of the tobacco industry for the economy and for employment.

(b) Coordination of activities and information with the National Institute of Statistics and other agencies in order to monitor the prevalence of smoking among the population throughout the country.

(c) Determination of the effects of smoking on mortality and morbidity levels in the population and on absenteeism and work-related disability.

(d) Identify the resources available in both the public and the private sector for the development of information, education and health care activities.

(e) Examine the constitutional, legal and regulatory framework, especially with respect to health, with a view to enacting legal measures in support of smoking control.
The immediate purpose of determining the characteristics and prevalence of smoking will be to prepare a Ministry report as quickly as possible, which, in addition to describing the current situation in the country, will outline an official policy for the sector and a global strategy to combat and control the epidemic, as a matter of vital interest in the field of public health. In preparing this report and carrying out the strategy that is developed, assistance will be sought from the Pan American Health Organization in connection with all aspects for which it can be provided.

**Basic objectives of the smoking control programme**

1. Prevent young people from developing the habit of smoking and discourage those who have already started.
2. Reduce smoking among those who have already acquired the habit.
3. Protect the rights of non-smokers.

In order to fulfill these objectives, strategies must be drawn up in the following fields:

1. Community information.
2. Education.
3. Treatment or rehabilitation.
4. Restrictions and other legal measures.

In preparing the global strategy and the more specific programmes, it will be necessary to set short-, medium- and long-term targets in terms both of reducing smoking and of increasing the volume and coverage of public information and education on tobacco-related hazards to health.

In formulating this strategy, consideration must also be given to its likely implications for industry, employment, taxes, etc., and to the measures or provisions that will be needed to solve or correct these problems.

The actual implementation of the strategy is to be evaluated at suitable regular intervals, using the appropriate methods to verify its scope and efficacy.

In designing and programming the strategy of action to combat smoking, the recommendations of the present workshop should be applied in the form and to the extent compatible with the institutional and legal system, the resources available and the particular features of smoking habits in the country.
REFERENCES


5. Lohsen, Per Morten. "The Impact of the Norwegian Control Policy on the Smoking Habits of Different Social Groups".


10. The Advisory Committee on Health Education. "An Evaluation of the effects of an increase in the price of tobacco and a proposal for the tobacco price policy in Finland in 1985-87".


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