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Beware of the Trojan horse...
MORGAN JOHANSSON, SWEDEN’S MINISTER OF PUBLIC HEALTH:

“We will be following developments closely”

“The ban on smoking in dining and drinking establishments that went into effect on 1 June 2005 is probably one of our most popular reforms,” says Morgan Johansson, Sweden’s Minister of Public Health, when he summarizes the current state of tobacco prevention in Sweden.

He states that, after nearly one year with the ban on smoking in cafes, restaurants, bars and other facilities where food and drink are served, there is great popular support for the new law. That is indicated by, among other things, the results of opinion surveys (more on that subject on p. 14-15).

“When my predecessor introduced the idea of smoke-free pubs in 2000, there was strong opposition, especially from the restaurant branch and the affected labour union,” notes Mr. Johansson. “Today, smoke-free dining and drinking facilities are regarded as perfectly natural. There is nothing to indicate that the new law has resulted in problems of any kind.”

The primary reason for the smoking ban was to provide service personnel with a healthier work environment. But the Public Health Minister is convinced that, by influencing general attitudes toward smoking, the ban has also produced other positive effects.

The statistics on our smoking behaviours in Sweden are looking better every year, and I believe that the new smoking ban is contributing to the continued decline,” says Mr. Johansson. “However, there are also health risks with snus and it is best to stop using tobacco entirely.

“We are also striving to bring about a reduction in the use of snus. For that purpose, it is necessary to provide information in the schools and other settings, and to make sure that support is available to those who want to quit. That is how we succeeded in turning the smoking trend downward, and that is how we have to work with the snus problem, as well.”

During 2002–2005, the Swedish government invested a total of 90 million SEK (approx 962,000€) to strengthen the work of tobacco prevention. The emphasis was on increasing the availability of cessation support and influencing the tobacco behaviours of young people. The National Institute of Public Health was given the task to design and implement a programme to stimulate the development of tobacco prevention efforts by municipal, county and regional governments. Morgan Johansson believes that many useful activities have been initiated during the past three years at both the local and regional levels, and stresses that it is important for municipalities and county councils to continue placing a high priority on anti-tobacco activity in their public health programmes.

“We will be following developments closely to make sure that there are no setbacks in that regard,” says Mr. Johansson. “In addition, the state must also provide fairly substantial long-term resources for the work of prevention. We are therefore allocating funds to the municipal drug councils throughout the country, for example. They work primarily with alcohol- and narcotics-related issues, but also with tobacco use.”

Morgan Johansson believes that it is entirely possible to fulfil the sub-goals of public health policy in the area of tobacco use that has been set for the year 2014 (see “Public Health Goals”).

“To some extent, the decline in smoking is a development which, I believe, is bound to continue in the western world,” says Mr. Johansson. “But in order to reach our objectives, it is important that people can get help to stop smoking. The work of the municipalities and county councils is very important in this regard. Another important resource is the National Quitline.” (see article on p. 17)

“We also need to work with young people, so that they don’t begin to use tobacco. The schools, and especially school health services, have an important role to play.”

“Tobacco. The schools, and especially school health services, have an important role to play.”

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Morgan Johansson, Minister of Public Health

TIMELINE IN SWEDISH TOBACCO CONTROL

1957. The Swedish tobacco monopoly was introduced. In effect since 1915, it expresses concern after the first scientific reports on the risks of smoking are published.

1959. The Swedish Medical Research Council evaluates the health effects of tobacco use and warns smokers about the risk of cancer.

1960. The state-owned tobacco monopoly distributes a brochure which warned that “heavy consumption of cigarettes can contribute to the development of lung cancer” based on the conclusion from the 1958 report.

1963. The state tobacco monopoly is dissolved and replaced by the Swedish Tobacco Company (“Tabakbolaget”). Although the new company was still owned by the state during its first decades of existence, the change led to a more distinct commercial profile and an increase in advertising for tobacco products. These trends were more apparent by the introduction of U.S. cigarette brands in Sweden.

1982. The first major survey of smoking behaviours is conducted. The results indicate that half of Swedish men smoke. A delegation of prominent scientists visit Prime Minister Tage Erlander to warn about the risks of tobacco use, following which, the government makes the first allocation for public information on the harmful effects of tobacco.

Public Health Goals for the year 2014

Reducing tobacco use is one of the primary goals for public health set by the Swedish Parliament. It includes the following interim targets:

• A tobacco-free start in life, effective by the year 2014. This refers, first and foremost, to influencing the tobacco behaviours of pregnant women and parents in general, so that children can grow up in a tobacco-free environment.

• Halving, by the year 2014, the number of young people under age 18 who begin smoking or using oral smokeless tobacco.

• Halving, by the year 2014, the proportion of smokers among those who currently smoke the most. Health gaps related to social class shall be narrowed. Among the unemployed and poorly educated, for example, the rate of smoking is significantly higher than that of the general population.

• No one shall be inextricably exposed to environmental tobacco smoke. The ban on smoking in dining and drinking facilities was an important step toward the fulfilment of this objective. But there are still occupationally hazardous areas in Sweden in which it is difficult to avoid passive smoking. Among those affected are healthcare providers and prison personnel.

Government Bill: 2002/03:35

No one shall be inextricably exposed to environmental tobacco smoke. The ban on smoking in dining and drinking facilities was an important step toward the fulfilment of this objective. But there are still occupationally hazardous areas in Sweden in which it is difficult to avoid passive smoking. Among those affected are healthcare providers and prison personnel.

Government Bill: 2002/03:35

The Swedish Tobacco Control Act of 2005
"It’s true that at first glance today’s situation looks satisfactory. Smoking in Sweden continues to decline, and the smoking ban in dining and drinking establishments is being successfully implemented. Yet it would be unfortunate if such positive developments were to give decision-makers the impression that the work of tobacco prevention is complete.” So says Dr. Göran Boëthius, pulmonary specialist and chairman of Doctors against Tobacco, one of the non-governmental organizations in the Swedish Network for Tobacco Prevention.

The battle is not over

Göran Boëthius’ assessment of the tobacco situation in Sweden in the near future differs in several respects from the more optimistic view of the Minister of Public Health, Morgan Johansson.

“Efforts to bring about a decline in smoking and its damaging effects in Sweden have been successful during the past 10-15 years,” conceded Göran Boëthius. “But we cannot rest on our heels and be satisfied so long as one million people continue to smoke, a quarter of which risk shortening their lives by 20-25 years. We can do better.”

“We must never forget how powerful and skilled the commercial forces are that we struggle against. The tobacco industry does not rest.”

One of the things that worries him at present is that the resources allocated to tobacco control have been cut back by at least 50%. In addition, the Institute is being moved out of the capital to the city of Östersund for domestic political reasons.

The move will, at least in a 2-3 years’ perspective, result in a loss of competence in the area of tobacco prevention, since few of the Institute’s most experienced personnel are making the move to Östersund.

“Article 5 of the WHO Framework Convention on Tobacco Control (FCTC), which Sweden has ratified, emphasizes the importance of a strategic national agency which co-ordinates the work of tobacco prevention. Additionally, this agency is to be supported with adequate and long-term funding. But the government does not seem willing to meet these obligations of the Convention,” says Göran Boëthius.

Efforts in recent years to develop tobacco prevention programmes at both the local and regional levels of government have produced good results, he believes.

“There exists increasing awareness of these issues in the municipalities and county councils, and excellent initiatives have been launched. But to keep this positive momentum from slowing down there is a need for support and co-ordination at the national level.”

A slowly increasing number of municipalities are introducing smoke-free working hours, a policy previously adopted by a majority of county councils and their hospitals and health centres.

“This will prove to be an important move, supporting many smokers’ efforts to get control over their smoking and promote their willingness to quit. That will result also in more smoke-free role models in the community”, states Göran Boëthius. “But again, it will not be done without continued opinion building and leadership at national and local levels”.

The national public health goals set for the year 2014 are described on p. 3.

“Those goals to further reduce tobacco use particularly, is among specified sub-populations will be unattainable unless strategic investments are made,” Göran Boëthius says. “We need an action plan running until 2014 and a continued adequate funding scheme to have a chance of fulfilling these goals.”

“We must never forget how powerful and skilled the commercial forces are that we struggle against. The tobacco industry does not rest: it has adapted to the widespread current awareness of the health risks associated with smoking. Under the mask of doing public health good by promoting snus – a cessation tool, the industry simultaneously targets young people with an ever-increasing variety of smokeless tobacco and other nicotine-containing products.”

“The truth is that the use of snus is increasing in Sweden, mostly among young women. In fact, more than one million Swedes use snus. If we consider the total extent of nicotine dependence – that is, daily smoking and/or daily use of snus – Sweden rates poorly,” says Göran Boëthius. “Every third male and every fifth woman in Sweden are hooked on nicotine.”

Göran Boëthius believes that snus and other smokeless products containing nicotine pose a great challenge to tobacco prevention in Sweden. “We all want to reduce harm – and to reduce smoking behaviour is our main focus. But there are numerous reasons why smokeless tobacco can not and should not be part of the solution to the smoking problem (see Arguments against snus, p. 9).

What the effect would be on smoking behaviour in the European Union if the ban on snus sales would be lifted is hard to predict. One of the basic principles in the Framework Convention is that health aspects should dominate economical aspects when conflicting interests are apparent.

“A popular accusation against the tobacco industry and continuously in tobacco control”, Göran Boëthius concludes.

According to a nationwide survey conducted by the National Institute of Public Health, 13 per cent of all adult males and 17 per cent of all adult females in Sweden smoked daily in 2005. The rate of smoking for all persons aged 18-84 was 15 per cent. The highest rate was among those aged 45-64.

Thirty-five per cent of men and 25 per cent of women in Sweden is nicotine dependent: they smoke and/or use snus on a daily basis.

A popular accusation by snus advocates is that the patient, without a snus option, is left with no real choice – ‘quit smoking or die’.

“This is what has been going on all the time before the harm reduction debate was even started – we have to a very small extent offered the smoking patient professional cessation support at all” argues Göran Boëthius. ”In the individual medi- cal case if a truly professional support including the recommendation for pharma- ceutical therapy is not successful, then the doctor may very well respect the patient’s wish to use smokeless tobacco – with a long term aim to support him or her to also quit that form of tobacco use”.

“Those goals to further reduce tobacco use particularly, is among specified sub-populations will be unattainable unless strategic investments are made,” Göran Boëthius says. “We need an action plan running until 2014 and a continued adequate funding scheme to have a chance of fulfilling these goals.”

“Again, the Swedish government is violating the Convention when it, for market- ing reasons, is recommending the Commission to lift the ban. At the same time the government does not spend a penny to investigate the longterm health effects of the products that it wants to impose on the Union... Such a position does not increase the credibility of the government”.

A more five per cent of all adult men in Sweden have quit smoking with the use of snus. If snus was not available, it is estimated that a maximum of 18 per cent of men would be daily smokers; in reality the prevalence is 13 per cent.

Many of the smokers who have taken up snus are hooked on the product, and continuously in tobacco control”, Göran Boëthius concludes.
Snus is harmful

The assessment was based on a review of available research on that issue. “For me, the most surprising result was that there is such strong evidence regarding the harmful effects of snus on the cardiovascular system,” says Professor Göran Pershagen, leader of the research group. The available knowledge on the health effects of snus were analysed by researchers from the departments of environmental medicine (IMM) and of medical epidemiology and biostatistics at Karolinska Institute, on a commission from the National Institute of Public Health. The resulting report, Hälsoisk med svenska snus (Health Risks of Swedish Snus), was published at the end of 2005. The conclusions of the analysis were based on both epidemiological and experimental studies. Receiving greatest attention in the media was the conclusion that Swedish snus is carcinogenic. Especially with regard to pancreatic cancer; the evidence is felt to be so strong that it can be stated with certainty that snus damages the mucous membrane of the mouth, sometimes exposes the necks of teeth where the snus plug is kept, and that some research suggests a connection between the use of snus and loosening of the teeth in general, especially among those who also smoke tobacco.

A crucial question is how the focus is affected if a pregnant woman uses snus. One Swedish study indicates that such use can result in foetal poisoning, premature birth and reduced birth weight. Other research indicates that nicotine may adversely affect the development of the brain and nervous system. “There is a need for more research on the health risks of snus, especially those relating to foetal development,” says Göran Pershagen.

Increasing use of snus

Consumption of oral smokeless tobacco is increasing in Sweden. According to a nationwide public health survey, 252 per cent of adult males and 4 per cent of adult females were daily users of snus in 2003. The highest use rates were among men and women aged 30-44 – the parent generation.

Pregnant women’s use of snus

The use of snus is increasing among Swedish women, including expectant mothers and this trend is most evident in regions of northern Sweden. In 2003, snus was used by 1.4 per cent of women in the early stages of pregnancy. Yet, in some counties of the Norrland region; however, the figure was significantly higher – among pregnant women, 9.0 per cent in Jämtland County, 7.7 per cent in Vastbotten County and 3.6 per cent in Vasternorrland County use snus during pregnancy.

The inequality aspect

The largest proportion of daily smokers among women are those that have left the workplace early, are on long-term sick leave and are unemployed. Among men, those that study are unemployed and on long-term sick leaves. The shorter the amount of time in school, the more snus is used among men. A little over a quarter of men with less education were daily snus users compared to one in ten men with higher education.

The findings of the National Board of Health and Welfare are presented to the government. It marks the beginning of a new policy, based on the insight that it is the responsibility of politicians, not surgeons, to solve the tobacco problem.

TIMELINE IN SWEDISH TOBACCO CONTROL

1970 Tobacco bylaw agreed to certain advertising restrictions in hopes of avoiding compulsorily legislated restrictions. This restriction includes tobacco advertising in connection with sporting events which never has been permitted.

1971 A second delegation of prominent scientists visit the government to warn about the dangers of tobacco. The National Board of Health and Welfare is given the task of studying sensible measures against tobacco use.

1974 The findings of the National Board of Health and Welfare’s study are presented to the government. It marks the beginning of a new policy, based on the insight that it is the responsibility of politicians, not surgeons, to solve the tobacco problem.

1977 As a result of the 1974 report of the National Board of Health and Welfare, an obligatory warning text is included on all cigarette packaging.

1977 Following an increase in advertising since the state monopoly ended in the 1980s, the tobacco industry is asked to accept an agreement on advertising restrictions. Henceforth, only the product may be depicted and the use of human images in advertising is prohibited

1996 An English summary of the report will be available at the 13th World Conference on Tobacco or Health, or electronically at www.who.int or by request: info@ihs.se. The full report in English is scheduled to be launched in October 2006.

Since 1977 an obligatory warning text is included on all cigarette packaging.

An English summary of the report will be available at the 13th World Conference on Tobacco or Health, or electronically at www.who.int or by request: info@ihs.se. The full report in English is scheduled to be launched in October 2006.
"Stop comparing snus with smoking"

Dr Gunilla Bolinder is critical of the picture spread about snus as an almost harmless product. The report on the health effects of snus has aroused a heated debate in the Swedish media. Critics argue that it is wrong to discuss the health risks of using snus without comparing them with the even greater risks of smoking tobacco. Those that oppose this view argue that the use of snus should be compared with abstinence from all forms of tobacco. They also point out that approved medications are available for those who want to quit smoking without abruptly ending their nicotine intake.

“I am surprised that even some physicians strongly defend the use of snus,” says Gunilla Bolinder, snus researcher and chief physician of the Clinical Information Centre at Karolinska University Hospital. “Often, they are doctors who work with the elderly or with patients suffering from severe cancer, lung or cardiovascular disease. Such doctors see only that it would be better for the smokers among their patients to use snus instead; but they ignore the broader perspective for society as a whole.”

Gunilla Bolinder, who serves on the Board of Doctors against Tobacco, believes that the key issue is the picture of snus use which young people receive. “If the message is conveyed that snus is a harmless product, there is a risk that even more young people will fasten to the nicotine dependence that in fact results from the use of snus.”

She believes that the development of dependence is a factor that is discussed entirely too little in the snus debate. “Many snus users expose their bodies to high nicotine levels for 13-15 hours per day. They feel that they cannot live without nicotine.”

Accordingly, she feels that using snus as a means to quit smoking is wrong. “There are medications containing some nicotine which can be used until new and more effective alternatives without nicotine are developed,” she maintains.

The Swedish organization A Non Smoking Generation conducted a public anti-snus education campaign during the spring of 2005 to deter youth from using snus. The social marketing campaign did not mention any of the harmful effects that snus can have, it concentrated instead on portraying snus users as clean and unattractive. 

“It was a new approach which, I believe, can be effective in getting young people to reflect on the issue,” says Gunilla Bolinder. “We intend to discuss and inform the public about snus without comparing it with smoking all the time.”

She also feels that it is very important to continue research on the health effects of snus. “The new report on the current state of knowledge is an important step, not least because it indicates how much research remains to be done.”

“We intend to discuss and inform the public about snus without comparing it with smoking all the time.”

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TIMELINE IN SWEDISH TOBACCO CONTROL

1983 Restrictions for indoor smoking started with guidelines for smoke-free environments that were developed by the National Board of Health and Welfare and the National Board of Occupation Safety and Health.

1990 Sweden’s National Tobacco Control Committee is established. The committee includes members from nongovernmental and governmental organizations.

1990 A national enquiry on tobacco recommends a new law including provisions for smoke-free environments, prohibitions on advertising, and other measures.

1992 The National Institute of Public Health is established, with responsibilities that include coordination of national efforts to combat tobacco use.

1992 Doctors, Dentistry and Nurses against Tobacco are founded. Other health professional groups formed thereafter include Teachers against Tobacco (1994), Pharmacists against Tobacco (1996) and Psychologists against Tobacco (2000).

1994 The Swedish Cancer Society, the Swedish Heart and Lung Foundation and the National Institute of Public Health launch a comprehensive counselling train- ing program named “the Smoke-Free Pregnancy/Smoke-Free children counselling method” specifically for midwives and paediatric nurses.

1994 A new Tobacco Act replaces all other previous laws and consists primarily of regulations for the restriction of smoking in public places with the exclusion of hospitality establishments such as restaurants and bars.

1996 The recent Karolinska Institute report (see p. 6-7) reinforces our belief that snus use indeed has serious health effects and that much more research is needed. Advocates for a liberal use of oral smokeless tobacco are taking a great responsibility upon themselves when neglecting an increasing number of indications of health effects that still have to be proven or refuted.

Good arguments against snus use

Firstly, the recent Karolinska Institute report (see p. 6-7) reinforces our belief that snus use indeed has serious health effects and that much more research is needed. Advocates for a liberal use of oral smokeless tobacco are taking a great responsibility upon themselves when neglecting an increasing number of indications of health effects that still have to be proven or refuted.

Secondly, effective measures to reduce smoking, included in the comprehensive tobacco control strategy, have been neglected. California recently reported lower smoking prevalence figures than Sweden—without the use of snus. So let’s do our homework first, investing in the strategy, before taking shortcuts.

Thirdly, a number of “side effects” of snus promotion can be anticipated or at least not ruled out: a repeated “light cigarette-illusion”, an overall increased nicotine dependence in the population; more adult snus users yielding more young users, half of which will become pregnant young women. Not least, the interaction between alcohol and nicotine should be remembered by everyone who is concerned with the generous drinking habits in the young generation.

Lastly, the Swedish snus manufacturer has made people believe that snus is a prerequisite for the reduction of smoking. Available statistics do not prove that this is the case. Most probably the inexpensive and widely available snus products may have influenced smoking behaviour in a number of men, but historical and in women. Seven out of ten men have quit smoking without help of any sort. And 40 per cent of today’s male snus users do also smoke.

How would Göran Boëthius, Chair of Doctors against Tobacco, summarize the arguments for curbing the use of snus in Sweden?
Smoking and snus use among teenagers

Smoking among teenagers in Sweden continues to decline. Figures from the Swedish Council for Information on Alcohol and Other Drugs (CAIN) indicate that 19 per cent of boys and 30 per cent of girls in grade nine smoked cigarettes in 2005. Oral smokeless tobacco consumption has declined among teenage boys in recent years, but has increased among teenage girls. The rate of oral smokeless tobacco use is 20 per cent among boys and 8 per cent among girls.

The survey was conducted in 2003 by Maria Nilsson, Doctoral student in Epidemiology at Umeå University, on a commission from the National Institute of Public Health. A questionnaire was sent by post to a sample of 4500 youths aged 13, 15, and 17, selected randomly from the national population. Nearly 3000 responded, and the results were published in a report which also included comparisons with similar surveys conducted in 1987 and 1994.

Among other things, the results of the latest survey indicate that more young people compared to previous studies want their parents to make an attempt to influence their tobacco behaviour. The survey results also indicate that teachers and other adults at the schools often do not intervene when someone smokes on school grounds. As one 15-year-old boy put it: ‘It seems sort of odd that they don’t care’. The important role of parents is underlined by the survey’s confirmation that parents who smoke or use oral smokeless tobacco (snus) more often have children who do likewise.

“The survey results also indicate that teachers and other adults at the schools often do not intervene when someone smokes on school grounds. As one 15-year-old boy put it: ‘It seems sort of odd that they don’t care’.

Attitudes toward the tobacco industry are not very favourable among Swedish teenagers. The survey included a question about which branches of the economy they would like to work in when they become adults. Working for a tobacco company was by far the least popular alternative. Among the girls, 44 per cent responded that they absolutely could not imagine themselves in such a job. The corresponding figure among the boys was 32 per cent.

One worrisome result of the survey related to smoking on Swedish school grounds which, according to a law passed in 1994, are supposed to be smoke-free throughout the day and night. It is the responsibility of the school administration to ensure that the law is followed. Of the teenagers who responded to the questionnaire, 83 per cent stated that smoking takes place on their school grounds. Nearly 40 per cent reported that many pupils did so. Among teenagers who smoke, the proportion who frequently smoke on school grounds has increased during the past ten years.

The survey results also indicate that teachers and other adults at the schools often do not intervene when someone smokes on school grounds. As one 15-year-old boy put it: ‘It seems sort of odd that they don’t care’. It makes me think that they don’t give a damn about anything else either.”

More young people, compared to previous studies, want their parents to make an attempt to influence their tobacco behaviours.

Teenagers want parents to say no

This is how one 15-year-old girl responded to the question of what she, as an adult smoker, would tell her children about smoking. The question was included in a survey that documented the tobacco behaviours of Swedish teenagers, along with their attitudes toward and knowledge of tobacco.

“I would like to say how much I regret that I smoke and how difficult, how unpleasant it is to be a smoker; and how little money it leaves for other things. I would also like to tell them how it feels when you start smoking and you are so terribly insecure, and most of all how you just want to appear more self-assured than you actually are. And I would also tell them that many others feel the same way, but that they are good enough just as they are.”

Parents are important role models. Parents who smoke or use snus more often have children who do likewise.
Collaborative effort prevented youth smoking

The project, “Tobacco prevention in the schools and the local community”, was a collaborative effort of A Non Smoking Generation, the municipalities of Gotland and Järfälla, and the Kronobern County Council. It resulted in a measurable reduction of tobacco use among youth.

The purpose was to establish a collaborative responsibility for tobacco behaviours of young people. This project set out to develop a comprehensive programme with the participation of schools, parents, the local community and mass media. Important components of the project included a letter to tobacco retailers, an information campaign and a competition for students. In addition, parent meetings and a media strategy were planned.

The project started with special training on tobacco use and its consequences for teachers and school administrators. Two booklets were developed to support teachers and parents.

A project based on cooperation between county councils and the athletic sector has been carried out in seven Swedish counties – Dalarna, Skåneborg, Sodermanland, Uppsala, Värmland, Västerbotten and Örebro – between 2003 and 2004.

The county councils worked with SISU, an organisation devoted to athletics education, to encourage as many youth-oriented athletic associations as possible to adopt tobacco control policies. Twenty-six schools with a total of 5500 students from grades 6 through 9 participated in the project. Roughly half of the students attended schools where the project was implemented, and the remainder made up the control group. Use and knowledge of tobacco, along with attitudes toward it, were surveyed by administering questionnairenaires before and after the comprehensive project.

The experimental and control groups were compared, and the most evident effect was a shift in tobacco use behaviours during the transition from grades 7 to 8. Before the project started, the rate of tobacco use among seventh-year students was the same in both the experimental and control groups. But in grade 8, after the project was implemented, the use rate was 44 per cent higher among students in the control group thereby concluding that the comprehensive effort influenced smoking rates in these communities.

So reasons Barbro Holm Ivarsson at the National Institute of Public Health who co-ordinated a recent effort to increase the availability of tobacco cessation support for adults. The effort was made because it had long been known that the level of support provided by the county councils did not meet the demand.

“One thing we tried to do was to increase awareness among political leaders, other decision-makers, and health care professionals in the county councils about the importance of ensuring a sufficient capacity to help people who want to become free of their tobacco dependence,” relates Holm Ivarsson. “That is why a compilation of existing knowledge was put together in a report entitled Tobacco and Quitting,” she explains. “It contains many important arguments directed at decision-makers and other interested parties.”

The National Institute of Public Health also wanted to improve the practical conditions for providing support throughout Sweden to those that want to stop using tobacco. One approach was to arrange 24 training sessions on tobacco cessation and Motivational Interviewing (MI) where some 3000 individuals participated. “Train the trainer” sessions were also conducted, so that the MI method could be further conveyed.

Another attempt to stimulate greater investment in smoking cessation support included a major project involving county resource persons. Each county council received funding to hire a resource person to develop tobacco cessation programmes in the county during a contractual period. “These individuals made great contributions!” says Barbro Holm Ivarsson.

A survey conducted following this project indicates that still only half of all local health centres employ a tobacco-cessation support person. Nevertheless, the resource persons reported that the total number of such personnel has doubled.

“There are clear indications that both awareness and availability of cessation support have increased,” says Barbro Holm Ivarsson. “But it is very important that this development continue, and that the county councils also make an effort to actively encourage people to stop smoking and use smoking cessation support.”

ATHLETIC ASSOCIATIONS ADOPT TOBACCO CONTROL POLICIES

A project based on cooperation between county councils and the athletic sector has been carried out in seven Swedish counties – Dalarna, Skåneborg, Sodermanland, Uppsala, Värmland, Västerbotten and Örebro – between 2003 and 2004.

The council councils worked with SISU, an organisation devoted to athletics education, to encourage as many youth-oriented athletic associations as possible to adopt tobacco control policies, use including those organizations serving handicapped youth. The idea is that such a policy will lead to a more conscious attitude toward tobacco control policy, and ultimately to reduced tobacco use rates.

During the course of the project, 502 of the 2285 athletic associations and 39 of 179 of those for handicapped youth, adopted tobacco control policies. As the policy development process continued, by December 2005, an additional 300 athletic associations and 21 for handicapped youth adopted a policy. At the national level, the Swedish Sports Confederation has established a working committee on drug issues, including tobacco.

In 1994 The National Tobacco Act is strengthened with, among other measures, a complete ban on advertising.

In 1995 Sweden joins the EU and is exempt from the oral smokeless tobacco sales ban.

In 1997 An age restriction of 18 years of age to buy tobacco becomes law on January 1.

In 1997 Tabaksfakta known today as www.tabaksfakta.org is launched as a national communication system for those working in tobacco control and for the public at large.

In 1998 The National Quit Smoking Help Line is launched. Phone number: 020-64 00 00

In 2002 A mandatory registration system is introduced for tobacco sales outlets where retailers are required to provide local authorities with information on when tobacco is sold, thereby facilitating the monitoring of the ban on the sale of tobacco to people under 18 years of age.

WANTED: Active cessation support

Pregnant women

At the start of the 1980s, roughly every third pregnant woman in Swedish smoked cigarettes. In 2003, 3.5 per cent of women registered at maternity centres were smokers, and nearly 1.5 per cent were using oral smokeless tobacco at the time of registration.

“Considering the total range and availability of support currently, I would not think that anyone in Sweden who wants to stop smoking needs to search in vain. But this is still the case as only half of all primary health care centres offer such support, which is too few. County councils also need to develop methods to actively encourage people to utilize the resources that are available."

Children and second-hand smoke

The strategy to reduce tobacco use among expectant parents and those with young children via maternity and paediatric clinics has been successful in Sweden. Yet roughly five per cent of Swedish children under the age of seven years are still exposed to tobacco smoke in the home.

Every year, around 500 cases of childhood asthma, and as many cases of ear infections, are caused by second-hand smoke as stated the National Board of Health and Welfare in its report on environmental health, 2005.

Since 1997 it is forbidden to sell tobacco to people under 18 years of age.

INSPIRING PROJECTS

TIMELINE IN SWEDISH TOBACCO CONTROL

Since 1997 it is forbidden to sell tobacco to people under 18 years of age.
Swedes like smoke-free pubs and restaurants

On the first of June, 2005, all restaurants and other public places in Sweden where food and drink are served became smoke-free. Nine of ten Swedes approve of the new law, according to the results of a survey conducted for the National Institute of Public Health by the TEMO Institute.

The survey also found that most of the Swedes interviewed had not changed their dining-out habits as a result of the smoking ban; eight of ten had not changed their behaviour at all, one of ten had started to go out more often, and one of twenty more seldom. Even among smokers, eight of ten continued to visit dining and drinking establishments as frequently as before the ban, but for another one-tenth, the frequency of visits had declined. Swedes have become even more positive to the idea of smoke-free establishments than they were before the new law went into effect. After the first six months, over ninety per cent approved, among smokers, the approval rate was seventy per cent.

Smokers were also asked if they usually comply to the smoking ban when they dine out. At restaurants, nearly all smokers (98 per cent) said that they always respect the ban, while one per cent said that they do so only some of the time. Restaurant owners have set up smoking rooms in their establishments. Eight of ten had not changed their behaviour at all, one of ten had started to go out more often, and one of twenty more seldom. When all respondents were asked if it had been their experience that other patrons respect the smoking ban, ninety percent percent responded “yes”.

Supervising the new law is the responsibility of Sweden’s municipalities. During 2005, many have reported their observations to the National Institute of Public Health, and very few violations of the smoking ban were noted.

“It is our impression that compliance with the smoking ban is very good,” says Gunnar Ågren, Director-General of the National Institute of Public Health. “Smokers in Sweden deserve praise for their contribution to improving the work environment of service personnel.”

The new law permits owners of dining and drinking establishments to set up separately ventilated designated smoking rooms. Such a room may take up only a small portion of the establishment’s total area, and shall be located in an area where others need not pass through and may not allow food or drink. According to Swedish municipality reports, very few owners have set up smoking rooms in their establishments.

“A golden opportunity for greater impact was missed”

The smoking ban in Swedish restaurants was the result of a long process. Debate on the issue had gone on for years before the Parliament decided in 2002 that all such establishments were to become smoke-free.

The primary motivation was to ensure that service personnel would have the same right as employees in other occupations to avoid involuntary exposure to second-hand smoke. The Parliament act 2004 as the target date for the proposed smoking ban. Voluntary compliance was preferred, with compulsory legislation as a less desirable alternative.

The National Institute of Public Health was assigned to study the necessary conditions for introducing a smoking ban at dining and drinking establishments, and did this in consultation with diverse groups including representatives of both the labour union and the employers’ association of the Swedish hotel and restaurant branch.

The outcome of the study resulted in a recommendation by the Institute to legislate the smoking ban, as the voluntary approach was considered to be unsuitable. In 2004, the Parliament adopted the new law that would go into effect 2005. In its final report, the National Institute of Public Health noted that substantial resources would be required for implementing the smoking ban. Based on the experience of other countries, including Ireland and Norway, a broad strategy of preparatory information and opinion-making is important to ensure the greatest possible effect of such a law; yet, the Institute did not receive any additional funding for that purpose.

“It’s a pity that we did not use that golden opportunity to provide the general public with additional information and try to further influence its attitudes toward tobacco,” observes Margaretha Haglund, who is head of the tobacco prevention programme at the National Institute of Public Health. “If we had been able to do so, the effect of the new law would probably have been even more effective due to diminished tobacco use, among other things. “As it turned out, the smoking ban received a great deal of attention, anyway, due to the strong interest of the news media on the issue. But if we had been given a chance to exploit this opportunity for public information and opinion-making, the effect of the new law would have been even greater. It is not very often that one has a chance to operate in such a favourable climate,” notes Margaretha Haglund.

“Instead, most of our limited resources were used to prepare the supervision authorities for the new law – which is also a critical task, of course.” Together with the municipal administrative boards, the Institute of Public Health arranged 18 educational sessions in which over 600 officials participated. Among them were representatives from more than 200 of Sweden’s 290 municipalities. The supervisory personnel were then able to inform the local community and the owners of dining and drinking establishments. The National Institute of Public Health also produced three brochures about the new law which were sent to the municipalities, including representatives of both the labour union and the employers’ association who distributed them to owners and other interested parties.
Questionnaire in the waiting room – an effective method

With a systematic working procedure at primary health care centres, it is possible to persuade many more tobacco using patients to visit cessation counsellors. The results of the project, “Prescription for Quitting”, which was carried out in three Swedish counties indicates that surveys in the waiting room do work.

“It should be easy to extend the procedure we developed to the other county councils,” says project leader Ulla Lindström, public health planner at Jönköping County Council.

“But it requires the allocation of adequate resources for tobacco cessation, and training of all personnel in the technique of discussing tobacco use with their patients.”

In a study conducted at the nine health care centres between October 2004 to March 2005, all patients aged 20–75 were asked to complete a simple questionnaire while waiting to see a doctor, nurse or another health care provider. Patients were asked if they currently use tobacco, in that case the amount, and to rate their motivation to quit.

The completed questionnaire was then taken to the scheduled appointment and used as the basis for a brief discussion on patients’ tobacco use with their health care provider. If accepted, the offer was followed by a written invitation from the therapist.

The questionnaire was completed by a total of 8722 patients, of which 19 per cent were smokers. Nearly one-third of the smokers accepted the offer to visit a cessation therapist. If accepted, the offer was followed by a written invitation from the therapist.

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The Quitline has made much progress since the last world conference. Most recently, the Quitline’s first PhD thesis was published by Tanja Tomsson. The report not only concludes that the Quitline is effective in assisting people to quit smoking, it is also cost effective and thus worth investing in.

In 2004, one of the Quitline counsellors, Teresa Hoikkaniemi, was invited by the Swedish Cancer Foundation to participate in a 5-part TV reality show on quitting smoking.

Another innovative example from the Quitline was to engage many people to attempt to quit tobacco use before the launch of the smoking ban on 1 July 2005. Two newspapers ran quit campaigns before the implementation of the smoking ban. An outstanding 30 000 people logged on to the newspapers’ websites pledging to quit using tobacco and some individuals were featured in newspaper testimonials.

The Ever-Changing Quitline

The Quitline is evolving over time due to technology, new research and changes in smokers’ profiles. It started as a simple telephone line with two employees. Today there is a sophisticated shared database where all counsellors can confidentially access callers’ information and history to accurately diagnose and follow-up. Prompt email support and of course old-fashioned postcard mail is also very popular.

New research indicates that oral smokeless tobacco is in fact harmful. This knowledge definitively concluded in an expert report on oral smokeless tobacco not only decreased the stock value of Swedish Match shares, it also drove people to the Quitline to seek help to stop using oral smokeless tobacco.

Almost a million people are now part of the shared database where all counsellors can confidentially access callers’ information and history to accurately diagnose and follow-up. Prompt email support and of course old-fashioned postcard mail is also very popular.

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Global problems demand global solutions. One important guiding principle of Swedish Tobacco Control work is that progress made should extend beyond the country’s boarder. Similar to other countries, Sweden has a role to play in strengthening tobacco control at the global level in order to combat the well-organized transnational tobacco industry.

Swedish Tobacco Control beyond the border

Swedish Tobacco Control

2003 A ban on indirect advertising such as using trademarks (e.g. pictures or names) of a tobacco product when marketing products other than tobacco such as watches, shoes and clothing is applied to commercial advertisements in newspapers, on radio and TV.

2004 The smoke-free nightclubs and bars legislation comes into force. This law allows a proprietor to build a separately ventilated designated smoking room where eating and drinking is prohibited.

2005 The Swedish Government ratifies the WHO Framework Convention on Tobacco Control which became official at the UN 16 June 2003.

2006 The Swedish Government ratifies the WHO Framework Convention on Tobacco Control which became official at the UN 7 July 2005.

Swedish International Development Cooperation Association

SIDA and other developing aid organisations including its sister organisation in Canada have contributed significantly to international efforts by providing financial support to tobacco-related initiatives.

“Tobacco is an important challenge to society and a major public health issue with increasing importance also for low-income countries”, says Anders Melin, Head of the Health Division within the Department for Democracy and Social Development at SIDA.

In 2006 SIDA donated funds in the tune of 9 million SEK (approx. 962,000€) over a three-year period to the Framework Convention Alliance.

European Activities

Two members from the Swedish Network for Tobacco Prevention (SNTP) actively participate in the European Network for Smoking Prevention (ENSP). Additional members work in specialized sub-networks including the European Network of Smoke-Free Hospitals; the European Network of Quillians; and INWAT-Europe.

In the past two years, there has been a specially financed European Commission Project named HELP For a Life without Tobacco. This mass media campaign targets a young audience in the 25 European Union member states. In Sweden, members of SNTP worked together to promote the campaign at the country level.

Swedish Tobacco Control 2006

Swedish Tobacco Control 2006

Margaretha Haglund – a worthy Award winner

Margaretha Haglund won a NLT’s Terry Award for her “Distinguished Career” as selected by a prestigious team of international tobacco control experts. The 2006 Awards will be presented at a ceremony on 14 July 2006 in Washington, DC, during the World Conference on Tobacco or Health, where Margaretha will be honoured with a commemorative medal.

Margaretha Haglund has dedicated her professional career, spanning over 25 years, to tobacco control and has made many advances in Sweden and internationally. She is the Director of Tobacco Prevention for the National Institute of Public Health and also serves on many tobacco control workgroups and committees. Her third term as President of the International Network of Women Against Tobacco (INWAT) ends at this World Conference.

Margaretha Haglund serves today as one of the strongest advocates for tobacco control in Sweden and internationally.

Margaretha Haglund has dedicated 25 years to tobacco control.

Promotional poster of the 2006 Terry Award for ‘Distinguished Career’.
The Network for Tobacco Prevention

A Non-Smoking Generation was founded in 1979 and focuses its efforts on young people between the ages of 11 and 16. We visit school classes and talk about health, attitudes and peer pressure. We also work to shape public opinion by producing mass media campaigns and lobbying against the tobacco industry. [www.nonsmoking.se](http://www.nonsmoking.se)

Non-smokers’ Rights Association (VISIR) is a grassroots anti-tobacco movement that started in 1974. A major objective of the Association is that every child should be able to grow up in a tobacco-free environment. [www.visir.a.se](http://www.visir.a.se)

Swedish Asthma and Allergy Foundation serves the interests of those who suffer from asthma, allergies and other forms of hypersensitivity. The Foundation works actively to influence public opinion and decision-making on smoke-free environments. [www.astmaallergiforbundet.se](http://www.astmaallergiforbundet.se)

Swedish Heart and Lung Association aims to make certain that those affected by heart or lung disease can live the best life possible. An important issue is that all people with heart or lung disease should have the right to a qualified care and rehabilitation regardless of gender, age or community where they live. [www.hjart-lung.se](http://www.hjart-lung.se)

Swedish Heart and Lung Foundation aims to combat cardiovascular and lung diseases, mainly through funding of research projects. [www.hjart-lungfonden.se](http://www.hjart-lungfonden.se)

Swedish Cancer Society is a non-profit organization whose main task is to fund cancer research within Sweden in addition to focussing on information about cancer and prevention. Within prevention, smoking is our focus as it is the single most important factor in causing cancer. [www.cancerfonden.se](http://www.cancerfonden.se)

Swedish Chiropodist Association. The foot’s health is our focus. Chiropodists have a unique opportunity to meet and treat patients in a relaxed and private atmosphere. If the patient use tobacco, the Chiropodist should inform the patient on how healing is influenced and assist the patient in quitting.

The National Institute of Public Health is a governmental authority under the Ministry of Health and Social Affairs. Established in 1992, the Institute has eleven general objectives to create social conditions that will ensure good health for the entire population including reducing the use of tobacco. [www.fhi.se](http://www.fhi.se)

The National Quitline provides telephone support to tobacco users that wish to quit. [www.slutarokalinjen.org](http://www.slutarokalinjen.org)

Doctors against Tobacco was established in 1992, primarily to influence decision-makers to adopt a comprehensive tobacco prevention policy. An important task for the organization is to increase the medical profession’s awareness of and skills in handling tobacco-related problems. [www.doctorsagainsttobacco.org](http://www.doctorsagainsttobacco.org)

Dentistry against Tobacco is made up of more than 400 dentists, dental hygienists and dental assistants across Sweden. Our work includes raising awareness within our professions on how tobacco users can be treated within dental care. [www.dentistryagainsttobacco.org](http://www.dentistryagainsttobacco.org)

Nurses against Tobacco was founded in 1992 in order to increase awareness within the profession of the dangers associated with tobacco use. Our objectives are to serve as role models by refraining from tobacco, to support tobacco-free pregnancies and to counsel patients we encounter. [www.nursesagainsttobacco.org](http://www.nursesagainsttobacco.org)

Teachers against Tobacco was established in 1994, in order to promote healthy lifestyles by preventing the use of tobacco among children and youth. The overarching goal is to actively engage school personnel to support tobacco-free school environments. [www.teachersagainsttobacco.org](http://www.teachersagainsttobacco.org)

Pharmacy against Tobacco joined other health professional groups in 1996 to influence tobacco control issues and promote tobacco cessation by way of our broad network of contacts with the public. [www.pharmacyagainsttobacco.org](http://www.pharmacyagainsttobacco.org)

Psychologists against Tobacco is a professional association which seeks to alert psychologists and other behavioural scientists to the important role they can play in preventing the use of tobacco. [www.psychologistsagainsttobacco.org](http://www.psychologistsagainsttobacco.org)

Dentists against Tobacco to actively engage school personnel to support tobacco-free school environments. [www.teachersagainsttobacco.org](http://www.teachersagainsttobacco.org)

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