

Swedish Tobacco Control

Progress & Challenge – both are greater than ever

2006

CONTENTS

The Minister's View

The Voice of NGOs

Snus is Harmful

A Focus on Youth

1 June 2005 – Smoke-free Sweden

Innovative Tobacco Cessation

The Cost-Effective Quitline

International Challenges

Margaretha – Luther Terry Award Winner

Meet the Swedish Network



Photo: Åsa Till

swedish

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 cafés, 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 and better every year, and I believe



Morgan Johansson is pleased by the decline in smoking but wants to promote the same trend for the use of oral smokeless tobacco, snus.

that the new smoking ban is contributing to the continued decline,” says the Public Health Minister. “There was a worrying increase in smoking among young women a few years ago, but that trend has now been reversed.”

However, there has been an increase in the use of oral smokeless tobacco, snus. A recent review of research on



the health effects of this product indicates that the oral smokeless tobacco sold in Sweden increases the risk of fatal heart disease and certain forms of cancer, among other health effects (*see p. 6-7*).

“The low rate of smoking among men in Sweden can in no doubt be explained in part by the use of oral smokeless tobacco instead; yet the



Photo: Pawel Flato

“The statistics on our smoking behaviours in Sweden are looking better and better every year, and I believe that the new smoking ban is contributing to the continued decline.”

Morgan Johansson, Minister of Public Health

risks of smoking are much greater,” 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 cutbacks 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.”



» 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 involuntarily 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 occupations in Sweden in which it is difficult to avoid passive smoking. Among those affected are homecare providers and prison personnel.

Government Bill: 2002/03:35

TIMELINE IN SWEDISH TOBACCO CONTROL

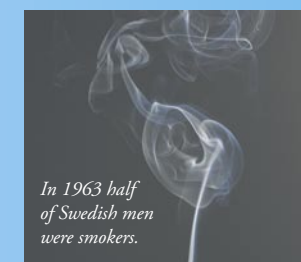
1957 The Swedish tobacco monopoly, in effect since 1915, expresses concern after the first scientific reports on the risks of smoking are published.

1958 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.

1960 The state tobacco monopoly is dissolved and replaced by the Swedish Tobacco Company (“Tobaksbolaget”). 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. Those trends were more apparent by the introduction of U.S. cigarette brands in Sweden.

1963 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.



In 1963 half of Swedish men were smokers.

Swedish Tobacco Control 2006



“It’s true that at a 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,” concedes 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.”



Dr. Göran Boëthius

“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 the National Institute of Public Health for 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 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 as 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



Photo: Ingvar Farinotte



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 behaviours 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.

“Again, the Swedish government is violating the Convention when it, for marketing 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 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 medical case if a truly professional support including the recommendation for pharmaceutical 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”.

“For the sake of credibility we must as health professionals draw the conclusions of all the knowledge we possess about the tobacco issue and take advantage of the great possibilities we have to make a

difference. Medical associations should speak out to the government about investing in tobacco control as well as to all health professionals to be more aware of and skilled in handling all aspects of the tobacco issue. And the individual doctor should stop blaming a lack of time – realizing that a brief intervention is the most cost-effective measure that can be undertaken in everyday health care. I wish we as a group could be better opinion-builders in the future”.

“The bottom line is that the Swedish tobacco control movement is challenged by several aspects. The most fundamental of them all is to make the government aware that the national public health goals for 2014 and the FCTC constitute the very best arguments for investing considerably and continuously in tobacco control”, Göran Boëthius concludes.

» 28 per cent of Swedes are nicotine dependent

According to a nationwide survey conducted by the National Institute of Public Health, 13 per cent of adult males and 17 per cent of 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-three per cent of men and 22 per cent of woman in Sweden is nicotine dependent – they smoke and/or use snus on a daily basis.

» Few men replace smoking with snus

A mere 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.





Chances of surviving a heart attack are lower among those who use oral smokeless tobacco, snus, than among those who do not. That conclusion has been drawn by a Karolinska Institute research group which recently published an assessment of health risks associated with use of snus.

Snus is harmful

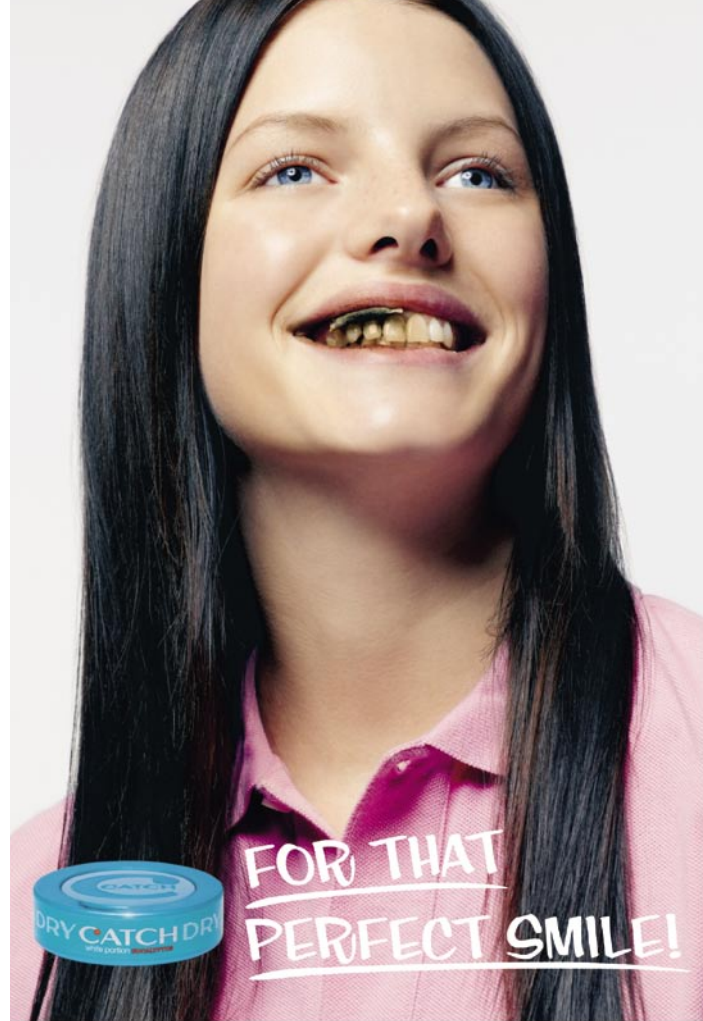
The assessment was based on a review of available research on that issue.

“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, Hälso-risker med svenskt 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 increases the risk of cancer. There are also research findings which indicate an increased risk for other types of cancer, but the evidence is not as strong.

“Actually, there is nothing new in our position on cancer risks,” says Göran Pershagen, who is professor of environmental medicine at IMM.



Produced by KING for NSG, 2005

www.nonsmoking.se/nonsnusing

Social Marketing campaign launched by A Non Smoking Generation in 2005 to deter youth from using snus.

He notes that IARC, the International Agency for Research on Cancer based in Lyon, France, has arrived at the same conclusion—that snus is carcinogenic—on two previous occasions. Both IARC and the Karolinska Institute group base their conclusions on research conducted in Sweden and in other countries, primarily the United States.

“We cannot detect any fundamental qualitative differences which indicate that Swedish snus should be treated as a different smokeless tobacco product,” says Göran Pershagen.

The report of the Karolinska group states, however, that levels of the carcinogenic nitrosamines

» Increasing use of snus

Consumption of oral smokeless tobacco is increasing in Sweden. According to a nationwide public health survey, 22 per cent of adult males and 4 per cent of adult females were daily users of snus in 2005. 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 parts 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, 7.1 per cent in Västerbotten County, and 3.6 per cent in Västernorrland 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.

are often lower in Swedish snus products, which may explain why the increased risk of cancer appears to be less in Sweden than in the United States.

The review of research in the area of cardiovascular illness yielded results that were more surprising to Göran Pershagen.

“In that area, there is stronger evidence for certain health risks than I had expected,” he says.

While snus does not appear to increase the risk of experiencing a heart attack, the rate of recovery is lower among those who use snus than among those who do not. Thus, the use of snus appears to increase the risk of dying from heart attack.

“Animal studies indicate that nicotine can contribute to heart rhythm disturbances and increased severity of heart attacks,” notes Professor Pershagen. “This can help to explain the increased risk of death.”

Cardiovascular disease is the most common cause of death among both women and men in Sweden. It accounts for roughly half of all deaths in the western world with a large proportion due to acute coronary disease, for example unstable vascular spasms and heart attacks. Every year in Sweden, with its population of nine million, about 27,000 individuals are hospitalized

for heart attacks.

The Karolinska Institute report states that snus increases blood pressure and pulse rate, but that the research findings do not permit a definite conclusion regarding the question of whether or not snus contributes to dangerously high blood pressure in the long run.

Some research indicates that snus increases the risk of both stroke and diabetes; but the evidence is not sufficient for any definite conclusions, according to the Karolinska group. Regarding the effects in the oral cavity, the report notes that snus damages the mucus 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 foetus 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 effect 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. “It is also a serious problem that we still have too little knowledge to permit a quantitative assessment of the snus-related risks of cancer and cardiovascular disease.

“Sweden has an international responsibility to ensure that more research on snus are carried out,” argues Professor Pershagen. “Since the use of snus has been so widespread in this country for such a long time, we have better opportunities for studying the risks here than in other countries where the use of snus is more recent or limited.”

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



TIMELINE IN SWEDISH TOBACCO CONTROL

1970 Tobaksbolaget agreed to certain advertising restrictions in hopes of avoiding compulsory legislation. One 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 possible 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.

1975 Following an increase in advertising since the state monopoly ended in the 1960s, the tobacco industry is compelled to accept an agreement on advertising restrictions. Henceforth, only the product may be depicted and the use of human images in advertising is prohibited.

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.

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



1979 A Non Smoking Generation, a non-governmental organization is founded.

“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 in 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 the drug. Is that healthy?”

“Many who have developed a heavy

dependency feel that the addiction has a very negative impact on their quality of life. They feel trapped – that their brains



Dr. Gunilla Bolinder

have been kidnapped by the drug,” says Dr. Bolinder. 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 unclean 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.”

Dr. Gunilla Bolinder will be presenting on the topic of oral smokeless tobacco in a Plenary session at the 13th World Conference on Tobacco or Health.



Gunilla Bolinder 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 in the nicotine dependence that in fact results from the use of snus.”

Photo: Ingvar Farnotte



4 good arguments against snus use

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

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-lesson”; 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 historically not 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.

Dr Göran Boëthius will present a paper entitled “Snus is not the Magic Pill – a broad perspective on harm reduction” at the 13th World Conference on Tobacco or Health.

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 Occupational 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), Pharmacy against Tobacco (1996) and Psychologists against Tobacco (2000).

1992 The Swedish Cancer Society, the Swedish Heart and Lung Foundation and the National Institute of Public Health launch a comprehensive counselling training program named “the Smoke-free pregnancy/Smoke-free children counselling method” specifically for midwives and paediatric nurses.

1993 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.



“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.”

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.

Parents are important role models. Parents who smoke or use snus more often have children who do likewise.



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 behaviours. Of the teenagers surveyed, nine of ten wrote that they wanted their parents to persuade them not to smoke. Nearly as many felt that their parents should themselves refrain from smoking.

» 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 (CAN) 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 6 per cent among girls.



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

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.

ponding 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.”



Brief intervention made teenagers tobacco-free

A brief motivational interview with a dental hygienist combined with a magazine containing tips on how to stop using tobacco can be enough to help young people stop smoking and snus use. This has been demonstrated by an Uppsala County Council project entitled “Brief Motivational Interview with Young People”.



The “Butt out now!” magazine

The project was conducted in two phases. In the first, a basic structure for a short motivational conversation with young tobacco users was developed, along with a magazine hand-out directed to young people titled “Butt out now!”. In addition to other useful information, the hand-out included practical advice on how to stop smoking and using oral smokeless tobacco (snus).

In the second phase, a study was conducted within the public dental service of Uppsala County. Half of the dental clinics distributed the “Butt out now!” magazine and offered a special visit for a motivational interview session to young people aged 16-17 who smoked or were using snus. The remaining half comprised the control group that conducted regular dental visits.

The results showed a significant difference between the experimental and control groups which indicated that the method was effective in motivating tobacco-using young people to attempt to quit.

“It was very satisfying to demonstrate how such a small effort can be effective,” says the project leader, Margareta Pantzar of the Primary Health Care Department at Uppsala County Council.

The second phase of the project began in August of 2004, and all seventeen public dental clinics participated in either the ex-



Margareta Pantzar

perimental or control group. During a regular visit, patients aged 16-17 were asked if they would like to participate in the study. Those who chose to do so completed a questionnaire about their tobacco behaviours and measured their carbon monoxide level with a breathalyzer test. Young patients at the clinics in the experimental group were invited to return for a special visit to meet a hygienist and discuss the oral health effects of tobacco use, among other things. They were also given a copy of “Butt out now!”.

The dental hygienists involved attended a two-day training in the motivational interviewing technique prior to intervention phase.

A total of 1225 youths aged 16-17 participated in the study. Of these, 636 were in the experimental group and 589 to the control group. All were followed up two months later with a questionnaire sent to their homes by regular mail.

The results indicate that the number of those who quit using snus or smoking was greater among those in the experimental group compared to those in the control group. For boys, the difference was significant only for snus. For girls, the effect was significant for both snus and smoking.

Margareta Pantzar hopes that this kind of health-related conversation, supported by training in how to motivate young people to stop using tobacco, will eventually be included in the normal routines of the public dental service, school health services and youth counselling centres.

“Research has shown that many young people want help to stop using snus or smoking,” concludes Margareta Pantzar.

Margareta Pantzar will be presenting the results of this study at the 13th World Conference on Tobacco or Health.

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 Kronoberg 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.

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 questionnaires 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 grade 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.

Athletic associations adopt tobacco control policies

A project based on co-operation between county councils and the athletic sector has been carried out in seven Swedish counties - Dalarna, Gävleborg, Södermanland, Uppsala, Värmland, Västmanland and Örebro - between 2003 and 2004.

The county councils worked with SISU, an organization devoted to athletics education, to encourage as many youth-oriented athletic associations as possible to adopt tight policies on tobacco

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.



"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."

Photo: Mats Lundqvist



WANTED: Active cessation support

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" ses-

sions 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-ces-

sation 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 snus."

Barbro Holm Ivarsson will be presenting a poster at the 13th World Conference on Tobacco or Health.

» Pregnant women

At the start of the 1980s, roughly every third pregnant woman in Sweden smoked cigarettes. In 2003, 9.5 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.



» 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.

TIMELINE IN SWEDISH TOBACCO CONTROL

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

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

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

1997 Tobaksfakta known today as www.tobaksfakta.org is launched as a national communications system for those working in tobacco control and for the public at large.

1998 The National Quit Smoking Telephone Line is launched. Phone number: 020-84 00 00

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



Since 1997 it's forbidden by law to sale 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 responded, "Most of the time." When all respondents were

asked if it had been their experience that other patrons respect the smoking ban, ninety 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."

Ola Assarsson will make a presentation on what has happened in Sweden since the ban at the 13th World Conference on Smoking or Health.

» Few have set up smoking rooms

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 nor drink. According to Swedish municipality reports, very few owners have set up smoking rooms in their establishments.



Photo: Photos.com

» Improved health in hospitality workers

Respiratory and sensory symptoms among hospitality workers have declined sharply since the new law went into effect, according to the initial results of a study on that issue. "The frequency of symptoms has been halved," says Dr. Göran Boëthius, who is leading the research.

The study involves 91 service personnel in nine Swedish municipalities who answered a questionnaire before the start of the smoking ban. Tobacco smoke exposure was monitored using nicotine samplers worn during 2-4 working days and by urine cotinine measurements. The same procedure was repeated four months after the new law went into effect, and again in May of 2006 after nearly one year with the smoking ban.

Self-reported reduction of smoke exposure was supported by a substantial drop in the level of nicotine contained in the samplers. Among the symptoms that have been significantly reduced are wheezing, shortness of breath, coughing, excess mucus, and irritation of the eyes, nose and throat. The reduction of symptoms were far less pronounced in workers that were smokers themselves.

Matz Larsson will present a poster on the health of workers and Göran Boëthius will make a presentation on the general aspects of such a study at the 13th World Conference on Tobacco or Health.

» No loss of business

After the first half year smoke-free, there was no measurable loss of business among Swedish dining and drinking establishments. That

is the conclusion of a survey conducted by the Swedish Hotel & Restaurant Association. Sixteen per cent of the interviewed business operators reported that the ban had increased their turnover, while six per cent reported a decline. The great majority had not experienced any change at all.



"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 set 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 unfeasible. 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 of the smoking ban. Based on the experi-

ence 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 dimin-

ished 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.

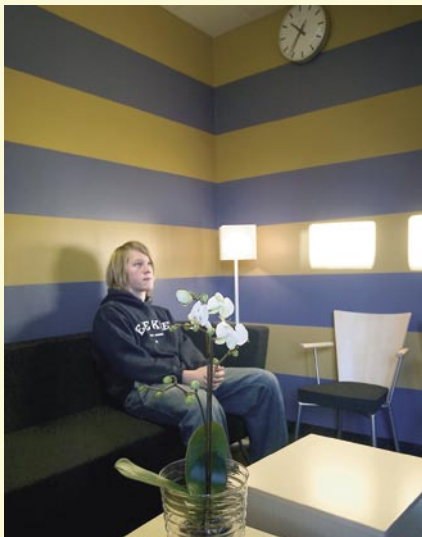
"Instead, most of our limited resources were used to prepare the supervision authorities for the new law – which is also a critical task, of course."

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 produced three brochures about the new law which were sent to the municipalities' supervisory personnel who distributed them to owners and other interested parties.



Questionnaire in the waiting room – an effective method



By asking patients to complete a simple questionnaire about their tobacco use, while waiting to see a health professional, the interest in cessation activities strongly increased.

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 tobacco use behaviours. The patient was offered a referral to a tobacco-cessation therapist. 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 (571) of the smokers accepted the offer to visit a cessation therapist, and 62 per cent kept their appointments. By comparison, the health care centres that served as controls issued a total of 101 referrals demonstrating that the waiting room questionnaire led to a six-fold increase in the referral rate.

"This was a simple and effective method for engaging smokers, and it strongly increased the pace of cessation activities," notes Ulla Lindström.

A follow-up study is planned after one-year of the project.

Sluta-röka-linjen or "the Quitline" was launched in 1998 and has branded itself as a well-known resource to help people to quit smoking or to stop using oral smokeless tobacco in Sweden.

Staffed 51 hours a week, counsellors respond to around 10 000 calls per year. The Quit-

line boasts a 1-year quit rate of 25 per cent. The majority of callers are women over the age of 40. The Quitline continues to evolve to reach distinct target groups and adapt to new technology.

The yearly costs of running the Quitline is 5 million SEK (540,000€).



The Quitlines logo is well-known in Sweden.

Quitline – a cost effective resource

The Quitline has made much progress since the last world conference. Most recently, the Quitline's first PhD thesis was published by Tanja Tomson. 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 June 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 post is available for clients.

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. Although not formally promoted as a "Quit-oral-smokeless-tobacco-phone-line" counsellors are trained to advise against using this product in both harm-reduction and smoking cessation strategies.



Åsa Forsgårdh is one of the Quitline's counsellors. Every year they respond to around 10 000 calls.

"The client profile has changed over time," says Maria Rankka, Manager of the Quitline, "In the early days it was mainly women over 40 that called the Quitline. Although this same group still calls today, new callers with very complicated problems on top of their nicotine addiction are calling for support." There are challenges in treating these patients for tobacco addiction with so many lingering additional issues. Yet, the Quitline counsel-

lors press on gaining new knowledge and advising one another on treatment regimens.

The Future Opportunities

Because tobacco use across the Swedish population is changing, the Quitline has new priorities for reaching additional groups based on research and need. As well, effectiveness is continually evaluated. In addition, since the smoke-free bylaw started, media attention and public attention has turned away from tobacco to hotter issues such as alcohol consumption and obesity.

"Engaging immigrant populations, the 10 per cent of women that still smoke during pregnancy and younger tobacco uses are the next priorities for the Quitline," says Hans Gilljam, Director of the Centre for Public Health's Tobacco Prevention Program and the Quitline. "Strategies for reaching out to immigrant populations include developing the Quitline so there are counsellors that speak specially common second languages. For pregnant women it is a little more complex because the majority of these 10 per cent that continue to smoke during pregnancy are very young between the ages of 16-20. Finally, the young adult population, although with a low smoking prevalence by European standards, has been hard to reach."

For more information visit www.slutarokalinjen.org

Faster recovery by quitting tobacco use before surgical treatment?

When smoking orthopaedic patients received help to quit smoking 6–8 weeks before their operations, the rate of post-operative complications fell from 52 to 18 per cent. Sores and related complications decreased from 31 to 5 per cent, and cardiovascular complications from 10 to 0 per cent. The need for re-operation dropped from 15 to 4 per cent, and average time in hospital was

reduced by two days. These are among the results of a Danish study that has received much attention.

There are two projects under way in Sweden, based on the Danish experience. One study in several hospitals in the Stockholm area is investigating various effects of smoking cessation, either before elective operations or in connection with acutely

performed surgery. The other project is being conducted in the Jämtland County Council and is unique as it also includes help in quitting the use of oral smokeless tobacco.

A poster of the latter study will be presented at the 13th World Conference on Tobacco or Health.





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.

Tobacco Control beyond the border

Sweden has partnered with a variety of governments and networks to share experiences and gain knowledge in the collective global effort to tighten tobacco control. Below are selected examples of international work that members in Sweden are involved with.

» The International Network of Women Against Tobacco (INWAT)

Margaretha Haglund, a Swede that has been in the business of tobacco control for over 25 years, has served as the President of INWAT for the last nine years. Her final term ends at the 13th World Conference where she will leave the job having dedicated a significant portion of her career to the issue of women and tobacco by leading INWAT to achieve many accomplishments.

At this World Conference, INWAT will continue to raise its profile by launching a report named *Turning a New Leaf: Women, Tobacco and the Future*. This report is co-led by the British Columbia Centre of Excellence for Women's Health and INWAT. "It is nice to leave the job as President of INWAT having been able

to launch this report which is a key piece of research not only for the Network but the tobacco control and women's health movements." says Margaretha, "INWAT is now a well recognized watchdog that ensures women's issues are as visible as men's". Many women and tobacco experts from around the world have contributed to the production of this unique publication.

» South Africa and Sweden Health Forum Cooperation

The South Africa and Sweden Health Forum Cooperation which was officially launched in March 2003, aims to facilitate: the policy dialogue in the area of public health at the national level; experience and information sharing; human resource development; and transfer and sharing of know-how.

One of the areas is Health Promotion and within that, Tobacco Control. The National Institute of Public Health and the Department of Health in South Africa are the main partners in this project on tobacco control which engages other civil society groups such as Doctors against

Tobacco, Nurses against Tobacco and the National Council Against Smoking in South Africa.

In 2004 and 2006 tobacco control teams from South Africa and Sweden joined together to implement workshops for participants from many organizations and authorities. They left the training with the expectation that they could implement the techniques and start tobacco control work at community-based levels in South Africa.

In addition, the partners shared knowledge about tobacco control laws, different political and social environments and challenges faced in advancing legislation such as the Framework Convention on Tobacco Control.



» European Activities

Two members from the Swedish Network for Tobacco Prevention (SNTP) actively partake 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 Quitlines; 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 member states. In Sweden, members of SNTP worked together to promote the campaign at the country level.

» 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 Molin, 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.

» Health Professionals against Tobacco

- Carrying the WHO's World No Tobacco Day Theme Beyond 2005

Six organizations make up Health Professionals against Tobacco (*see p. 20*). The non-governmental organizations were founded at different points in time and collectively have a strong voice.

The 2005 theme for World No Tobacco (WNTD) raised awareness of the critical role that Health Professionals play in advancing tobacco control. Activities from counselling patients to raising public opinion are all important in reducing tobacco use rates.

For the 2005 World No Tobacco Day Theme the NGOs built www.TobaccoOrHealthSweden.org, published advocacy articles in high-profile health professional journals and newspapers and supported health professional organizations in other countries. Moreover, Göran Boëthius, Chair of Doctors against Tobacco and a 2004 WNTD Award recipient contributed to the WHO Background report launched that year.

Margaretha Haglund - a worthy Award winner

Margaretha Haglund won a Luther L. 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 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.



Photo: Ingvar Farnotte

Margaretha Haglund has dedicated 25 years to tobacco control.

TIMELINE IN 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.

22 May 2003 Sweden becomes a Signatory to the WHO Framework Convention on Tobacco Control which was made official at the UN 16 June 2003.

2004 Parliament passes legislation on smoke-free serving establishments.



1 June, 2005 The smoke-free restaurants 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.

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

2005 An expert report on the health effects of oral smokeless tobacco is released.

2006 Sale of cigarettes in packages less than twenty is prohibited.



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

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

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.astmaoallergiforbundet.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

Swedish Heart and Lung Foundation aims to combat cardiovascular and lung diseases, mainly through funding of research projects. 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

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

The National Quitline provides telephone support to tobacco users that wish to quit. 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.doctorsagainstitobacco.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.dentistryagainstitobacco.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.nursesagainstitobacco.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.teachersagainstitobacco.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.pharmacyagainstitobacco.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.psychologistsagainstitobacco.org

Swedish Tobacco Control 2006 Progress & Challenge – both are greater than ever

was published by the Swedish Network for Tobacco Prevention for the 13th World Conference on Tobacco or Health in Washington, DC, USA, 12-15 July 2006, with financial support from the National Institute of Public Health.

Articles by: Helene Wallskär and Sara Sanchez Translation: Al Burke

Editors: Göran Boëthius, Margaretha Haglund and Sara Sanchez

Graphic design: Ordagrant i Laholm Printing: Pressgrannar AB

For more information: www.tobaksfakta.org or www.tobaccoorhealthsweden.org

© Swedish Network for Tobacco Prevention 2006