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Consultative Group on Programme Development
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8. GENERAL HEALTH PROTECTION AND PROMOTION

8.Y Smoking . 7 4 c

Europe

1. Situation analysis

"Ten million Europeans may die because of smoking between now and the year 2000" (British Medical Journal, 6 February 1982). The implementation of a European smoking control programme is a matter of urgency if health for all by the year 2000 is to become a reality within the European Region.

Smoking is the largest single cause of premature death and ill-health in developed countries and is a growing cause for concern in less affluent countries. Although lung cancer - as well as a number of other types of cancer - is the most clear-cut example of a smoking-related illness, cigarette smoking is also a major cause of coronary heart disease, chronic bronchitis, emphysema and certain chronic arterial diseases of the leg. Furthermore, the effects on the foetus of smoking by pregnant women are attracting increasing attention.

The general pattern of smoking is changing considerably in Member States; while the overall smoking rates might be levelling off or decreasing in some countries, the groups taking up smoking differ, and smoking might even be increasing considerably in certain groups such as young people and women. The two groups mentioned also constitute a major target for tobacco advertising.

Despite the high economic costs to societies due to smoking, the sale of tobacco is of economic benefit to some public sectors and to many private ones such as farming, industry and commerce. Consequently, there are powerful forces that are either passive or actively antagonistic to attempts by the health sector to reduce smoking. This resistance is not always overt, but is no less important or effective for that.

Even though there have recently been indications of success in certain Member States in reducing smoking rates in specific target groups and in certain environments, there is a clear need to stress the intercountry nature of the problem. Television advertising, sports sponsorship by the tobacco industry, sale of duty free goods and trade policies reach across borders and are often far beyond the influence of national policy-makers.

The Regional Office for Europe realizes the need for a regional policy on smoking control based on the principles of health for all by the year 2000, by which the Member States of the Region have agreed to combat their major health problems jointly. Health education programmes aimed at individuals need the support of measures at national and European policy level to make the hazards of smoking known to individuals and to society at large. Such a perspective needs a clear restriction of, and counteraction to, industry policy. This can only be achieved through a joint European policy on smoking control that, in the long run, might also help halt the trend of exporting smoking problems to the developing world.

30 April 1982 ^a *separate*
Attending meeting of Consultative Group on *Budgetary Questions*
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Major points to be tackled would therefore include:

- (1) the need for a coordinated European smoking control policy;
- (2) the need for comprehensive smoking control programmes in Member States;
- (3) the need for comprehensive health promotion programmes for high-risk groups such as women and young people;
- (4) the need to promote a positive image of non-smoking behaviour;
- (5) the need to develop helpful smoking cessation programmes for the large group of smokers that wish to stop.

2. WHO-programme perspective

Within the framework of the Sixth General Programme of Work (1970-80), smoking was dealt with to some extent in the health education programme.

The Regional Office instigated three surveys in Member States on the topic of smoking and health, the first of which was in 1971 and the second in 1975. The third survey was carried out in 1978-79, and preliminary results were reported at the fourth world conference on smoking and health (Stockholm 1979). In reviewing the final results of the third survey, it was agreed that the fourth survey (to be conducted in 1982-83) should be carried out using a new case study approach. A planning meeting on smoking control strategy in Europe (January 1982) dealt with the main directions of the strategy and coordination of the Regional Office's efforts with related activities of the EEC, the International Union for Health Education (IUHE), the International Union against Tuberculosis and the International Union against Cancer. Close collaboration is maintained with WHO headquarters to avoid any duplication of effort. A preliminary report on the fourth survey will be available at the end of 1982 and the final report in 1983.

Close collaboration has been set up with the IUHE Working Group on Research in Health Education, which has developed a network of national counterparts on smoking and health and is surveying research and developing a policy on behalf of the Regional Office, in cooperation with the Scottish Health Education Group, Edinburgh.

Smoking and health was widely discussed in Member States in 1980, when the theme for World Health Day was "Smoking or Health, the Choice is Yours".

Two consultative groups have discussed the direction smoking and health activities should take in the European Region (i.e. planning meeting on smoking control strategies in Europe, Edinburgh, 25-26 January 1982, and Consultation on a medium-term programme on the prevention and control of smoking, Copenhagen, 22-24 February 1982). Both have proposed that, in view of the obvious magnitude of the smoking problem, a separate Regional Office programme for smoking be initiated in 1984.

The Regional Office, in the view of the goal of health for all by the year 2000, sees the reduction of smoking rates in the Region a major concern for joint action by Member States. Hopefully, such a new programme would focus the attention of Member States on the size of the problem and the smoking control action that is feasible, as well as to stimulating them to take appropriate action at the national level.

The smoking programme would have its own activities, as well as promoting and supporting smoking and health components in other relevant parts of WHO's overall regional programme. The latter would include in particular: 3.2(c) Health economics; 3.4 Health legislation; 4.(a) Lay, community and alternative health care; 6. Public education and information for health; 8.X Health promotion; 9. Protection and promotion of health of specific population groups, i.e. 9.1(a) Maternal and child health, 9.1(b) Sexuality and family planning, 9.3 Workers' health, 9.Y Unemployment, poverty and health; as well as 13.15 Cancer and 13.16 Cardiovascular and other noncommunicable diseases.

The programme would maintain very close cooperation with leading intergovernmental and nongovernmental organizations interested in this field as well as with leading national institutions dealing with such issues.

3. Programme structure

Objective

- 1.1 To develop and support a European policy in which the reduction of smoking is seen as a continuing, top priority health promotion issue and a long-term commitment.

Estimated cost in 1984-85: Regular budget \$ 15 000 Other sources \$ 50 000

Targets

Approaches

- | | |
|--|--|
| <p>1.1.1 A regional policy to combat smoking by 1983 (revision in 1987)</p> <p>1.1.2 A regional action plan for smoking control by 1985 (revision in 1989)</p> | <ul style="list-style-type: none">- Preliminary regional target document for smoking reduction (33rd session of the Regional Committee) (1983)- Revised target document prepared by the Regional Office on the basis of targets 1.1.2/1.1.3 (1987)
- NGO/IGO forum in collaboration with the Non-Governmental Liaison Service, Geneva, in addition to continuous, ad hoc consultations (1985)- Regional conference on smoking (1985)- Adoption of the action plan by the Regional Committee (1985)- Biennial progress reports to the Regional Committee, including reference to country progress, fifth and sixth surveys on smoking and health (1987, 1989)- Review by a working group (1989)- Organization of a "European health day on smoking" every five years in order to promote public awareness of WHO smoking control policies (1985, 1990)- Regular reports on progress by Member States towards achievement of the targets (regular public information efforts, e.g. journalist seminars, press contacts, publications) (continuous) |
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Objective

- 2.1 To stimulate and support the establishment and further development of effective national smoking control programmes in Member States.

Estimated cost in 1984-85: Regular budget \$ 25 000 Other sources \$ 15 000

Targets

Approaches

- | | |
|--|---|
| <p>2.1.1 Guidelines on planning, monitoring and evaluation of smoking control programmes by 1989</p> | <ul style="list-style-type: none">- Collaborating centre study of knowledge and attitudes in key groups, e.g. health personnel, politicians, teachers (1984-85)- Collaborating centre study of existing national guidelines and relevant WHO analyses (1984-85)- Collaborating centre formulation of a model for cost-benefit analysis of smoking control programmes (1985)- Workshop to produce preliminary guidelines (1986)- Field testing (1986-88)- Working group to finalize guidelines (1989) |
|--|---|

- 2.1.2 Training programmes for professional key groups involved in smoking control programmes
- | | | |
|---|------|--|
| Planners, senior nursing administrators | 1984 | - Collaborating centre study of existing curricula and of attitudes and knowledge of teachers and students in order to develop teaching guidelines (starting two years before the target date) |
| Physicians | 1984 | - Consultation with leading NGOs to gain acceptance in universities and schools |
| Nurses and other health workers | 1986 | - Regular European seminars for national planners in: |
| School teachers | 1987 | (a) countries where there is little or no smoking control activity (1984-87) |
| | | (b) countries with incomplete programmes (1985-88) |
| | | (c) countries with well developed programmes where smoking is still a major problem (1986-89) (model: Leeds/Edinburgh management workshop) |
- 2.1.3 Model legislation in smoking control by 1987
- Collaborating centre study of national legislation and effectiveness of antismoking legislation (1985-86)
 - Workshop to develop guidelines (1987)

Objective

- 3.1 To stimulate the development and use of health promotion programmes that promote non-smoking for specific target groups, with special reference to vulnerable and high-risk groups.

Estimated cost in 1984-85: Regular budget \$ 25 000 Other sources \$ 20 000

Targets

Approaches

- 3.1.1 Guidelines on programmes directed to the lifestyles and living conditions of specific high-risk groups
- | | | |
|--|---------|--|
| Children and young people | 1984-86 | - Identification of high-risk groups |
| Women | 1985-87 | - Pilot areas to be established consecutively in interested Member States: through the use of existing infrastructures (e.g. women's organizations, trade unions, sports associations, etc.) |
| Socioeconomically disadvantaged groups | 1986-88 | - Workshops to evaluate smoking cessation programmes for high-risk groups: women in 1985, socioeconomically disadvantaged groups in 1986, workplace risks in 1987 |
| Those exposed to workplace risks | 1987-89 | |
- 3.1.2 Analysis of selected areas of research into smoking and health
- | | | |
|-------------------------------|------|--|
| Passive smoking | 1984 | - Collaborating centre studies starting two years before the target date (from 1983) |
| Smokers and the unborn child | 1985 | - Working group and publication (1987) |
| Smokers and child development | 1986 | |

Objective

- 4.1 To promote a positive social image of non-smoking behaviour in Member States.

Estimated cost in 1984-85: Regular budget \$ 15 000 Other sources \$ 15 000

Targets

Approaches

- 4.1.1 Determination of factors that influence smoking habits by 1986
- Working group on lifestyles and their influence on smoking habits, based inter alia on the results under targets 2.1.) and 2.2.2 (1986)

- 4.1.2 Establishment of system for dissemination of basic data and survey of new developments in attitudes to smoking every two years starting 1985
- Biennial reports from a clearing-house on smoking and attitudes in Member States (1985,1987,1989)
 - Ad hoc cooperation in establishing surveys in collaboration with national centres as requested (continuous)
- 4.1.3 A draft declaration of the rights of the non-smoker 1984
- Preparation of the draft declaration of the rights of the non-smoker with interested NGOs and IGOs (1982-83)
 - Discussion of the draft and of suggestion that 1990 be designated as the UN Decade of the Non-Smoker, by the 33rd session of the Regional Committee (1983) (further action would depend on Regional Committee discussion but would be linked to the results under targets 1.1.1-1.1.3)
- 4.1.4 Concept of non-smoking as the usual practice in all public places in Member States
- Promotion of non-smoking through support and education of non-smoker organizations (continuous)
 - Booklet, "Don't be polite about your health" (1984)
 - Collaborating centre study of relevant national policies and of constraints and ways to overcome them, including reference to the comparative image of non-smokers and smokers in Member States (1984-85)
- 4.1.5 Health promotion guidelines on development of a positive image of non-smoking, to counteract industry strategy by 1987
- Consultant study (1986)
 - Workshop (1987)

Objective

- 5.1 To stimulate the search for better methods to help smokers stop smoking and to promote the wide accessibility of assistance to smokers.

Estimated cost in 1984-85: Regular budget \$ 15 000 Other sources \$ 10 000

Targets

Approaches

- 5.1.1 Analysis of factors helping smokers to stop smoking by 1987
- Collaborating centre study of behavioural, biological, social, cultural, educational, economic and other factors, with emphasis on longitudinal analysis of lifelong smoking histories (1984-87)
 - Consultant report (1985)
 - Publication (1987)
- 5.1.2 Model smoking cessation guidelines by 1989
- Collaborating centre study of innovative programmes in Member States (1985)
 - Pilot programmes (1986-88)
 - Working group to evaluate collaborative study (1989)

Objective

n.1 To facilitate continued programme development responsive to the needs of European Member States and in support of efficient programme delivery

Estimated cost in 1984-85: Regular budget \$ 15 000 Other sources \$ -

<u>Targets</u>	<u>Approaches</u>
n.1.1 Cooperation with individual Member States in the development and conduct of national programmes	- Technical advice and collaboration of Regional Officers as requested - Provision of consultants
n.1.2 To ensure continued development of a WHO programme designed to meet the priority needs of Member States and the strategies for HFA2000	- Regular meetings of a programme Advisory Committee drawn from Member States - Internal Task Force - Coordination with other IGOs, NGOs, national institutes and related WHO programmes - Designation and involvement of collaborating centres in the development and implementation of programmes - Use of individual collaborators in the development and conduct of WHO intercountry programme activities (meetings, training courses, etc.) - Support services

Staff and intercountry project funds

	1982-83			1984-85				
	No. of Posts	Regular Budget	Other Sources	Total	No. of Posts	Regular Budget	Other Sources	Total
Staff	-	-	-	-	-	-	-	-
Projects		10 000	39 200	49 200		110 000	110 000	220 000
Total		10 000	39 200	49 200		110 000	110 000	220 000