

# Towards a Europe Free from Tobacco Advertising

## Report on a WHO Seminar

Copenhagen  
26–27 September 1990

## ABSTRACT

The first European Seminar on Tobacco or Health for National Policy Advisers and National Programme Managers brought together representatives of 22 European Member States, including people responsible for managing nonsmoking programmes and for giving advice on tobacco control policy at national level. Following up the results of the WHO/CEC European Conference on Tobacco Policy held in Madrid in 1988, the Seminar addressed the problem of controlling tobacco advertising and promotion; discussed information, education and public policy through the experience of three national centres; drew lessons from the WHO Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) programme; discussed two case studies involving the banning of oral tobacco and the failure of voluntary agreements with the tobacco industry; reviewed progress on policy implementation in central and eastern Europe, the Mediterranean countries, the Nordic countries and central and western Europe; and addressed the question of improving communication to bring experience in tobacco control to those who need it. The Seminar recommended that all countries establish comprehensive policies and programmes for tobacco control with clear national targets, and aim to dedicate 1% of tobacco tax revenue to promoting nonsmoking; that seminars and workshops be used to improve the management of these programmes; that more publications on programme management be commissioned, and more use be made of the existing materials; and that countries be urged to outlaw all tobacco promotion by direct and indirect means.

## ACKNOWLEDGEMENT

The co-rapporteurs for the seminar were Dr Martin Raw and Dr John Dawson.

The Tobacco of Health unit would like to acknowledge the outstanding work of the late Dr John Dawson, who died in December 1990 at the age of 44. Dr Dawson, as Head of the Professional and Scientific Division of the British medical Association, greatly assisted the Regional Office in Madrid with the proceedings of the First European Conference in 1988, and in this first European seminar on tobacco or health held for national policy advisers and programme managers. His support will be sadly missed.

*Dr John Roberts*  
*Dr Tapani Piha*  
*Ms Annette Andkjaer*



# CONTENTS

	<i>Page</i>
A smoke-free Europe — a management task .....	1
Controlling tobacco advertising and promotion .....	2
Information, education and public policy .....	3
Tobacco and noncommunicable diseases — lessons from the CINDI programme .....	5
Clearing the air — case studies in implementing policy .....	6
Implementing policies — review of the progress .....	7
Let's communicate for a smoke-free Europe .....	11
Recommendations .....	12
Resources .....	13
<i>Annex 1</i> Action Plan on Tobacco for a smoke-free Europe	15
<i>Annex 2</i> Participants .....	18



---

## A smoke-free Europe — a management task

The first European Seminar on Tobacco or Health for National Policy Advisers and National Programme Managers was held at the WHO Regional Office for Europe on 26–27 September 1990. The meeting, attended by representatives of 26 of the 32 Member States, was opened by Dr John Roberts on behalf of the Regional Director and chaired by Dr Kjell Bjartveit. Dr Martin Raw was elected Rapporteur.

The Seminar brought together people in the WHO European Region responsible for managing nonsmoking promotion programmes and for giving tobacco control policy advice at national level, together with WHO temporary advisers from Finland, France, Norway and the United Kingdom. Its purpose was to enable them to review problems encountered and progress made, and set the priorities for international cooperation, and it is intended that this be the first in a series of annual meetings.

The Seminar took as its starting point the results of the First European Conference on Tobacco Policy, held in Madrid in November 1988 under the auspices of WHO and the Commission of the European Communities. The theme of the Madrid Conference, and the title of the publication that reports it, was “It can be done”,<sup>a</sup> — a phrase coined by Dr Kjell Bjartveit, and this was the intensely practical philosophy underlying this meeting. The goal of tobacco control is to curtail the consumption and production of tobacco in Europe. The knowledge, skills and experience needed to do this already exist; they simply have to be made available to the people who need them. Thus the purpose of the meeting was to show, by the sharing of experience, how it can be done. The task is to bring better management into tobacco control.

---

<sup>a</sup> *It can be done: a smoke-free Europe*. Copenhagen, WHO Regional Office for Europe, 1990 (WHO Regional Publications, European Series, No. 30).

## Controlling tobacco advertising and promotion

It was stressed in the introduction to this session that a ban on all forms of tobacco promotion is important, and recent legislation in Australia, Canada, France, New Zealand and Portugal shows what can be done. Tobacco advertising and sponsorship have a number of effects that undermine health education. They create and maintain a market by promoting a mythical, glamorous image for the product that promotes sales, undermines health education messages, limits the editorial freedom of the media that take this advertising, links tobacco with health, sophistication and success and, through indirect advertising, links tobacco product names to other products ("brand stretching"). Tobacco advertising infringes the rights of children to grow up free from pressure to smoke, and through sponsorship the tobacco industry attempts to buy respectability. A powerful argument for a ban is consistency — how can the advertising of so dangerous a product be allowed?

Delegates were challenged to face difficult questions: whether tobacco control policies in their countries were helped or hindered by political attitudes; whether they have cooperated successfully with other groups, medical and nonmedical, to oppose tobacco promotion; whether they have used the media to create a climate of opinion for change in their countries; and whether they were more or less successful than the tobacco industry in influencing elected political representatives. It was stressed that a ban on tobacco promotion must include indirect advertising, sponsorship and international media such as satellite broadcasting, which must not be allowed to violate national regulations.

The discussion drew attention to the opening up of central and eastern European markets to western products and advertising practices. In the former German Democratic Republic, for example, advertising expenditure shot up in just a few months. It was pointed out that, although the vote of the European Parliament to ban all tobacco advertising had no statutory force, it had encouraged France and Spain to introduce advertising bans.

---

The political complexities within countries were also discussed. In some countries, for example, different ministries pursue different policies on tobacco advertising, whilst others eschew legislative controls altogether. It was suggested that voluntary agreements, because they were arrived at by consensus, were more likely to be respected. This argument was challenged not only on logical grounds but through the experience of the United Kingdom, where violations of both the spirit and letter of the voluntary agreements were well documented (see also page 4). The problems of voluntary agreement to control tobacco advertising were discussed at some length, the general consensus being that such agreements do not work from a health point of view, and that the only effective ban would be a total ban on all forms of promotion. This is what WHO recommends.

## Information, education and public policy

*Information — the WHO collaborating centre for tobacco epidemiology of the National Institute for Health Promotion, Budapest*

The main activities are to standardize data collection methods, to collect, standardize, organize and analyse relevant data, and to produce reports and forecasts of smoking behaviour. Data are collected on tobacco production and consumption, on exposure to environmental tobacco smoke at home and at the workplace, on smoking cessation, on the psychosocial determinants of smoking, and on measures for the promotion of nonsmoking. Critical analysis of existing data could be extremely useful, and as well as producing reports and guidelines the Institute could arrange meetings and training, and give technical support to the Action Plan on Tobacco.

Their own priorities include young people, creating smoke-free public places, and encouraging people's recognition of everybody's right to a smoke-free environment. During the discussion, the importance was stressed of international cooperation and of identifying at least one vigorous and active organization in the field of Tobacco or Health in each country.

*Health education — the French Committee for Health Education (Comité français d'éducation pour la santé), WHO collaborating centre for the Action Plan on Tobacco, Paris*

The Committee seeks to help organizations develop their ability to solicit support and provide health education resources. The collaborating centre will set up a database and collection of exemplary nonsmoking promotion campaigns aimed at preventing the initiation of smoking or at smoking cessation.

In the last few years it has been involved in a campaign for new legislation in France, illustrating through this some of the important lessons on briefing politicians. The importance was emphasized of including different elements in a campaign. The mass media can help, but cannot operate alone and need the support of health promotion. Health education itself can only be part of a programme that must include action by governments, including legislation and fiscal policy.

The campaign in France was led by leading doctors, including Nobel laureates, from across the political spectrum, who submitted a report. Later the campaign went public through press conferences and extensive media coverage. There was also assiduous work on the issue, and the Government agreed to support new legislation.

The campaign illustrated the importance of mobilizing public opinion, of professional briefing of decision-makers, of political courage, and of setting the agenda. The proposed legislation aims to control the advertising and promotion of tobacco, to raise the price of tobacco and to promote public education. (*Note: the legislation was passed in February 1991.*)

*Public relations and communication — the British Medical Association (BMA), London*

The BMA works closely with WHO on tobacco control, especially on public relations and communication. Its role is to defend the interests

---

of the medical profession and to promote the public's health, and has campaigned on the environment, the elderly, road safety and especially on tobacco. The campaigning is done by the Public Affairs Division, whose staff of 16 includes 3 parliamentary officers, 4 press officers and information officers.

For 16 years the BMA passed motions at its annual meeting condemning the tobacco trade, but not until 1984, after 7 months of careful research and consultation with other organizations, did it launch its full-scale public campaign against tobacco. The campaign includes publications, press conferences, parliamentary lobbying in London and Brussels, and close cooperation with WHO and the institutions of the European Community. The BMA campaign has added a powerful and respected voice to tobacco control advocacy in the United Kingdom — that of doctors.

## Tobacco and the noncommunicable diseases — lessons from the CINDI programme

The Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) programme was launched by the Regional Office in the early 1980s as part of the overall effort to attain the goal of health for all. Three out of four deaths in Europe and Canada are caused by noncommunicable diseases (NCDs) — cardiovascular diseases, cancers and other (external) causes — which have their roots in lifestyles and factors in the social and physical environments, and are thus to some extent preventable. Furthermore, these major NCDs have common risk factors, smoking being one of the most important.

Experience has been gained from programmes to prevent coronary heart disease in several European countries. These are regarded as demonstration programmes, which CINDI aims to apply at national level through health and related services, general education activities, community organization, and regulatory action in sectors other than health care.

Building on multifactorial prevention programmes, CINDI aims to provide a framework for greater intersectoral coordination of

preventive activities and health promotion. Fifteen countries take part in the CINDI programme, each with its own goal of reducing risk factors and with evaluation through cross-sectional population surveys every five years. CINDI can especially provide new information and experience on evaluation.

Examples of CINDI tobacco control activities were given for Canada, Czechoslovakia, Finland, Germany, Hungary, Israel, Lithuania, Portugal and Yugoslavia. In Israel, for example, health education materials have been strengthened, meetings have been organized for health care personnel, and a school programme is being prepared. The CINDI programme at WHO will be working closely with the Tobacco or Health programme and with the Healthy Cities project to make concerted progress in tobacco control, especially in central and eastern Europe, over the coming years

## Clearing the air — case studies in implementing policy

One of the recent fruits of collaboration between the British Medical Association, the Commission of the European Communities and the WHO Regional Office is the book *Clearing the air*, published by the BMA on behalf of WHO.<sup>a</sup> The purpose of the book is to pass on the skills and experience of tobacco control advocates through case studies — descriptions of successful campaigns, programmes and actions from around the world — together with analysis of the key lessons for campaigners.

Two case studies formed the basis of this discussion — the “Skoal Bandits” story and a description of the system of “voluntary agreements” to limit tobacco advertising in the United Kingdom. The first describes a campaign in the United Kingdom launched when a new factory was opened to manufacture and supply oral snuff for

---

<sup>a</sup> Raw, M., et al. *Clearing the air. A guide for action on tobacco*. London, British Medical Association, 1990.

---

the European and other markets. This five-year campaign led in 1990 to an introduction of a legal ban on the product in the United Kingdom, and illustrated the value of committed campaigning, setting the agenda, good coordination and media coverage, the influence of the health professions and the scientific community, the power lent to a campaign when it involves the protection of children, and excellent international communication and support.

The second case study describes and explains the difficulties with voluntary limitation of tobacco promotion in the United Kingdom. Three key problems with voluntary agreements were identified: they do not cover all types of tobacco promotion; their negotiation is lengthy and conducted in secret; and they are extremely difficult to monitor and there are no real penalties if they are violated. A fundamental problem with them is that they are industry led: the very fact that they are voluntary means that they have been approved by the tobacco industry. Clearly no industry will voluntarily agree to measures that threaten its survival.

## Implementing policies — review of the progress

There were two sets of working groups. On the first day each group contained a mixture of people from all parts of Europe — north and south, east and west. On the second day the groups were formed by region — central and eastern Europe, Mediterranean, Nordic, and central and western Europe (Belgium, France, Germany, Netherlands, Switzerland, United Kingdom).

On the first day the groups reviewed progress in implementing the ten strategies for a smoke-free Europe (from *It can be done*) country by country, highlighting key problems and recommendations.

The working groups recognized the importance of doing this exercise in an open and frank way so that the strengths and the weaknesses of national programmes and of the model itself become clearer.

It was felt that least progress had been made in politically difficult areas, especially taxation (because of concern about inflation and the retail price index), the earmarking of tax income for health promotion (strongly resisted on principle in some countries), the control of tobacco promotion, and creating smoke-free public places. Public education programmes, on the other hand, seemed to be fairly well established in some countries.

Some countries with a total advertising ban (Iceland for example) are experiencing difficulties because the ban is being circumvented by brand stretching and by advertising from outside the country. The latter comes from imported publications (especially numerous in small countries), from satellite broadcasting and from international sports sponsorship. This illustrates one of the major themes of the seminar — that international cooperation is essential. International conventions will be needed to control advertising through international media; satellite broadcasting could substantially weaken individual countries' advertising restrictions, and hence their integrity and sovereignty. Using a simple rating scale for advertising restrictions, the United Kingdom is seen as a country with a ban on the advertising of cigarettes on television, whereas in reality there is massive television cigarette advertising through sports sponsorship.

Delegates in several groups felt that few real alliances had yet been built in their countries. Furthermore, in many countries doctors were not yet very involved in campaigning. The experience of the United Kingdom was both encouraging and sobering: doctors now played an important role in advocating tobacco control, but this took time. It was 12 years from the publication of Doll & Hill's findings to the publication of the first report of the Royal College of Physicians; a further 9 years to the creation of the campaigning body Action on Smoking and Health (ASH); and a further 13 years before the BMA launched its tobacco campaign — 34 years after Doll & Hill!

### **Central and eastern Europe**

Great emphasis was laid on the differences, not just between east and west but between countries near each other. This time of enormous

---

upheaval and change is already being exploited by the tobacco industry with the introduction of massive tobacco advertising. Concerted action is needed *urgently*. Political and economic problems resulting in shortages (including tobacco) have also meant that tobacco or health issues have a low priority at the moment for some governments.

Among this group's suggestions were that:

- workshops be organized for countries grouped according to political and economic similarities rather than geographical proximity;
- evidence be collected and publicly demonstrated of the promotional activities of the tobacco industry in the east, to mobilize public opinion against these companies;
- training seminars be organized on presenting information to the press, television, radio, politicians and other opinion leaders;
- the harmonization of tax and price policy be made an important element of programmes to promote nonsmoking.

### **Mediterranean countries**

Problems include lack of data (especially of trends), lack of comprehensive tobacco control programmes, lack of a tradition in public health/disease prevention/health promotion, and the fact that many of these countries are tobacco producers. The priorities therefore include gathering data, which should be comparable across countries, exchange of information, and changing public attitudes. It was hoped that the WHO collaborating centre for tobacco epidemiology in Hungary would play a role in developing data collection. Recommendations for action stressed the importance of the international exchange of information and its adaptation to individual cultures; supporting ministries of health which often have to compete with other ministries; and the need for training of key professionals and for training in policy promotion.

### **Nordic countries**

The Nordic countries have a long tradition of well organized tobacco control programmes, strongly supported by government and backed up by comprehensive legislation. Finland, Iceland and Norway have legislation that aims at complete freedom from tobacco advertising. The Nordic experience shows that the legislation has eradicated traditional forms of tobacco advertising. New forms of tobacco promotion have proved to be a problem, however, and advertising in media that cross national barriers is problematic. Two major new forms are sponsorship and indirect advertising, which were not anticipated when the legislation was enacted and which are international by nature. It is clear that international conventions are needed to control tobacco promotion since national regulations may be bypassed. It is also clear that new legislation must anticipate evasive strategies by the tobacco industry.

The group agreed on several concrete joint measures to promote Nordic cooperation in the field of tobacco control policy and the promotion of nonsmoking. These include control of sales promotion, tobacco taxation and price policy, limitation of tax-free sales, action against oral snuff, and improved information exchange. Better use could be made of world no-tobacco days, for example, to present new proposals for legislation. The group felt that the mixture of working groups — regional, for the sharing of similar problems and successes, and mixed, to promote the process of learning from each other's experience — was absolutely right. It urged WHO to continue and develop this format in future seminars.

### **Central and western Europe**

This group made a number of suggestions for the Regional Office:

- send information and materials about no-tobacco days at least six months in advance, these materials to include broadcast quality tapes;
- in the next seminar, include a session on the next world no-tobacco day;

- 
- organize a meeting on smoke-free airline flights in Europe;
  - contact the international cable television channels to propose commercials; and
  - be more active in the European Parliament.

## Let's communicate for a smoke-free Europe

The closing summary emphasized that we have reached a stage in tobacco policy where we know what needs to be done. We understand the causes of the problem — pathological, epidemiological and economic. We understand the policies and strategies needed to combat the problem, which are set out in *It can be done*. We now need to develop the methods to do it. Furthermore, most of the policies we need have been tried somewhere in the world.

Our main task now is to improve communication — to see that the results of the experiences throughout the world are brought lucidly, succinctly, and as quickly as possible to those who need them. Experience in central and eastern Europe shows that this need is *urgent*. This will require money and other resources, the most important being experienced people. Both exist, and again the problems concern logistics and communication.

*Clearing the air* develops the case study approach, describing successful actions and putting readers in touch with the key “players”. More case studies are needed for international and local use. Updating news bulletins and leaflets will also be valuable. Background papers, such as the booklets in the Smoke-free Europe series, can be invaluable for setting out all the basic information needed to develop policies and strategies. This series should be updated and extended to cover new themes.

While lending its support to new electronic communication systems, the seminar offered a reminder that these cannot yet be afforded by many people, so that seminars and the postal system remain extremely important.

Information is needed in key areas: consumption and prevalence trends, legislation, litigation, education, and so on. Extra effort is needed to document the special problems of countries in central and eastern Europe more clearly, and to adapt general strategies to meet their particular circumstances.

By running this seminar, WHO has already greatly helped the sharing of information, ideas and experience. Probably its most valuable role will be as a facilitator — organizing meetings, providing information and advice, helping to organize and support training, and trying to influence governments.

The production of an increasing range of useful publications moves us from "It can be done" to "How it can be done". The theme of this Seminar, one delegate suggested, was "Let's do it".

## Recommendations

1. All countries should establish a comprehensive policy and programme for tobacco control, with clear national targets.
2. Countries should aim to dedicate 1% of tobacco tax revenue to nonsmoking promotion programmes.
3. Seminars and workshops should be promoted for improving the management of these programmes.
4. Publications concentrating on programme management should be commissioned to supplement the material in *Clearing the air*, and to cover a wider part of the WHO European Region.
5. More use should be made of the Smoke-free Europe series, which should be extended to cover new topics.
6. Every country is urged to support the trend towards a Europe free from tobacco advertising by outlawing all promotion of tobacco by direct or indirect means.

---

## Resources

### Background papers

**Korhonen, H.** *CINDI and tobacco or health*. Background paper prepared for the Seminar.

**World Health Organization.** *Country reports 1990*. A collection of reports from European countries presented at the Seminar.

**Bjartveit, K.** *Fifteen years of comprehensive legislation: results and conclusions*. Paper presented at the Seventh World Conference on Tobacco and Health, Perth, 1990.

**World Health Organization.** *American Cancer Society: Globalink*. Background paper presented at the Seminar.

### Key publications and documents

*A 5 year action plan. Smoke free Europe*. Copenhagen, World Health Organization, 1988.

*It can be done: a smoke-free Europe*. Copenhagen, World Health Organization, 1990. The report of the first European Conference on Tobacco Policy, Madrid, 7–11 November, 1988.

Available from WHO headquarters, Geneva.

**Raw, M., White, P., & McNeill, A.** *Clearing the air. A guide for action on tobacco*. London, British Medical Association, 1990.

Available from the British Medical Association, London, this book has an extensive section on where to get help, which includes key tobacco control organizations around the world, including all WHO offices, and useful publications.

### **The Smoke-free Europe series**

These are available in English, French, German, Russian and Spanish. Enquiries about these booklets should be addressed to the WHO Regional Office for Europe.

1. *The physician's role*. Three modules on tobacco for national medical associations.
2. *Legislative strategies for a smoke free Europe*.
3. *The evaluation and monitoring of public action on tobacco*.
4. *Tobacco or health*.
5. *Helping smokers stop*.
6. *Planning a smoke free generation*.
7. *The dying of the light*. Why people smoked and why they are stopping.
8. *Pushing smoke*. Tobacco advertising and promotion.
9. *Tobacco price and the smoking epidemic*.

*Annex I***ACTION PLAN ON TOBACCO  
FOR A SMOKE-FREE EUROPE****Purpose**

Member States know that smoking is the main cause of avoidable illness and early death in the Region. That is why they chose tobacco in 1987 as the subject of the first campaign to apply the regional policy for health for all through Region-wide, concerted action. The countries adopted a five-year Action Plan on Tobacco for a Smoke-free Europe. The programme on tobacco or health (TOH) helps countries translate their pledge into action.

The Action Plan stresses the efficient use of existing resources. This means pooling experience with successful projects, urging action at all levels and increasing the effectiveness of the programmes in each country. Work on the Action Plan both tries to solve a problem and tests and develops the methods used.

The Action Plan aims to help countries replace isolated measures with comprehensive tobacco control policies to reduce tobacco-related disease. Such policies use a wide range of health promotion measures to promote nonsmoking and smoke-free environments and to help people stop smoking. TOH work involves selling ideas for action in all four of these areas.

**Processes****Policies for a tobacco-free society**

TOH reviews national policies on tobacco control and provides advice and information on key issues and trends to countries and other partners. It also promotes the publishing of guidelines for and case studies of action. Partners in this work include:

- health authorities;
- nongovernmental organizations such as the International Union Against Cancer (UICC) and the International Agency for Research on Cancer (IARC);
- international organizations such as CEC and the Nordic Council;
- organizations of doctors, nurses and pharmacists; and
- EURO programmes such as HCP and CINDI and their partners.

TOH also has active specialist collaborating centres in France, Hungary and the United Kingdom.

### **Nonsmoking generations**

TOH promotes packages of ideas that contain positive measures to help young people avoid smoking. TOH contributes to the work of HPR and HCP on healthy schools. TOH also encourages its partners to promote leisure-time activities (such as no-tobacco clubs and sports teams) that give nonsmokers a chance to help build a smoke-free Europe. EURO is a partner in promoting nonsmoking through the smoke-free 1992 Olympic Games in Barcelona. This event should draw public attention and strengthen cooperation with sports organizations.

TOH promotes laws to free Europe from tobacco advertising and promotion and to protect young people from tobacco. Countries are encouraged to keep tobacco taxation above the inflation rate and to use part of the income for health promotion and sports and arts sponsorship.

### **Smoke-free environment**

TOH stresses the hazards of involuntary smoking. TOH supports laws and other measures to create smoke-free environments in public places and transport, and at the workplace. These are the topics for the WHO World No-tobacco Days in 1991 and 1992. The annual World No-tobacco Day (31 May) provides a theme for country activities. The topic for 1993 will be smoke-free health care premises. TOH is already

working towards this goal with national and international associations of doctors and nurses. This will be linked with HPR work for healthy hospitals.

TOH supports projects to create smoke-free restaurants and hotels. It publicizes the role of business in promoting a smoke-free Europe.

### **Support to smokers who want to quit**

Helping people stop smoking is one of the best ways to reduce early death and disability. TOH aids health workers and nongovernmental organizations to find ways to help people quit and to evaluate the activities and materials used.

### **Products**

WHO information, advice and networks of partners help to create political commitment in countries that results in action. TOH has compiled a database on trends in smoking and on the progress and problems in carrying out tobacco policies and programmes in the Region. Active partners receive important booklets and publications, such as:

- *It can be done: a smoke-free Europe. Report of the First European Conference on Tobacco Policy. Madrid, 7—11 November 1988.* Copenhagen, WHO Regional Office for Europe, 1990 (illustrated) (WHO Regional Publications, European Series, No. 30).
- **Raw, M. et al.** *Clearing the air. A guide for action on tobacco.* London, British Medical Association, 1990.
- The "Smoke-free Europe" Series: *A five-year action plan* and nine other booklets on important topics. The booklets are available in English, French, German and Russian from TOH, and were prepared in collaboration with CEC, IARC and the British Medical Association.

---

*Annex 2***PARTICIPANTS****Albania**

Dr Ilir Teneqexhi, National Directory for Health Education, Tirana

**Czechoslovakia**

Mr Zdenek Kucera, Institute of Health Education, Prague

**Denmark**

Mr Thomas Clement, Head of Secretariat, Danish Council on Smoking and Health, Copenhagen

**Finland**

Dr Antero Heloma, Senior Medical Officer, Office of Health Education, National Board of Health, Helsinki

**France**

Dr Pierre-V. Comiti, Ministère de la Solidarité, de la Santé et de la Protection Sociale, Paris

**German Democratic Republic**

Dr Volkhard Netz, Director-General, German Hygiene Museum, Dresden

**Federal Republic of Germany**

Ms Margareta Nilson-Giebel, Bundeszentrale für Gesundheitliche Aufklärung, Cologne

**Hungary**

Dr Zsuzsanna Bihari, National Institute for Health Promotion, Budapest

Dr Peter Makara, Director, National Institute for Health Promotion, Budapest

**Iceland**

Dr Porsteinn Blöndal, Heilsuverndarstöo Reykjavíkur, Reykjavík

Mr Porvarour Ornlósson, Icelandic Cancer Society, Reykjavík

**Malta**

Dr Gauden Galea, Head of Education, Department of Health, Valletta

Dr Anthony Vassallo, Deputy Chief Government Medical Officer, Department of Health, Valletta

**Netherlands**

Mr M.J. van Iwaarden, Alcohol, Drug and Tobacco Branch, Ministry of Welfare, Health and Cultural Affairs, Rijswijk

**Norway**

Dr Nina Reiersen, National Council on Smoking and Health, Oslo

Dr J. Wiik, Assistant Director-General, Helsedirektoratet, Oslo

**Poland**

Dr Witold Zatonski, Head, Department of Cancer Control and Epidemiology, Curie-Sklodowska Institute of Oncology, Warsaw

**Portugal**

Maria José G.S. Lobo Elias, National Anti-Smoking Council, Lisbon

Dr Maria da Conceição Granate, National Anti-Smoking Council, Lisbon

**Romania**

Dr Silvia Bilauca, Ministry of Health, Bucharest

**Spain**

Dr Rafael Jimenez, Ministry of Health and Consumer Affairs, Madrid

Dr Teresa Salvador Llivina, Centro des Estudios sobre Promoción de la Salud, Madrid

**Sweden**

Ms Margaretha Haglund, Principal Administrative Officer, Health Education Unit, National Board of Health, Stockholm

Mr Paul Nordgren, Department for Public Health and Epidemiology, National Board of Health, Stockholm

**Switzerland**

Mr Philippe Lehmann, Chief of Section, Federal Office of Public Health, Department of Prevention, Berne

**Turkey**

Dr Pinar Erdogan, Ministry of Health, Ankara

**Union of Soviet Socialist Republics**

Professor Alexander V. Prokhorov, Research Centre for Preventive Medicine, Moscow

**United Kingdom**

Dr W.J. Burroughs, Department of Health, London

Mr Nigel Smith, Smoking and Education Programme Officer, Health Education Authority, London

---

### Temporary Advisers

- Dr Kjell Bjartveit  
Director, National Health Screening Service, Chairman, National Council on Smoking and Health, Oslo, Norway (*Chairperson*)
- Dr Mark Danzon  
Director-General, Comité français d'éducation pour la santé, Vanves, France
- Dr John Dawson  
Head, Professional, Scientific and International Affairs Division, British Medical Association, London, United Kingdom
- Dr Christiane Dressen  
Comité français d'éducation pour la santé, Vanves, France
- Dr Heikki Korhonen<sup>a</sup>  
Department of Epidemiology, National Public Health Institute, Helsinki, Finland
- Dr Martin Raw  
51 Stanbury Road, London, United Kingdom (*Rapporteur*)
- Ms Anne Karin Smidt  
Master of Physical Training, Copenhagen, Denmark
- Ms Pamela Taylor  
Head, Public Affairs Division, British Medical Association, London, United Kingdom
- Ms Patti White  
8 Gwydir Street, Cambridge, United Kingdom

### Representatives from Other Organizations

- Mr Luc Joossens  
Director, European Bureau for Action on Smoking Prevention, Brussels, Belgium
- Dr Anna Karaoglou  
European Bureau for Action on Smoking Prevention, Brussels, Belgium

---

<sup>a</sup> Representing CINDI programme.

- 
- Ms Birgitta Pontoppidan  
International Council of Nurses, Geneva, Switzerland
- Ms Caroline Naett  
European Bureau for Action on Smoking Prevention, Brussels, Belgium
- Mr David Simpson  
Director, Action on Smoking and Health, London, United Kingdom
- Mr Michael A. Wood  
Director, International Union Against Cancer, Ulster Cancer Foundation,  
Belfast, United Kingdom

### Observers

- Ms Ewa Tytz-Lemieszek  
Centre for Postgraduate Education, Warsaw, Poland
- Mrs Jytte Petersen  
Danish Institute for Health and Nursing Research, Copenhagen, Denmark
- Ms Liliana Quassolo  
Intensive Care Unit, General Hospital, Turin, Italy
- Professor Tore Sanner  
Institute for Cancer Research, Laboratory for Environmental and Occupational Cancer, Oslo, Norway
- Dr Eduardo Magalhaes  
Instituto Nacional de Cardiologia Preventiva, Lisbon, Portugal
- Professor Luis Lopes  
Health Educator, Instituto Nacional de Cardiologia Preventiva, Lisbon,  
Portugal

### WHO Regional Office for Europe

- Ms Annette Andkjaer  
Programme Assistant, Tobacco or Health
- Dr J.E. Asvall  
Regional Director

**Dr Tapani Piha**  
Scientist, Tobacco or Health,

**Dr John L. Roberts**  
Regional Programme Manager for Tobacco or Health

## RESUME

Le premier Séminaire européen sur "Le tabac ou la santé", organisé à l'intention des conseillers et des responsables de programmes nationaux, a réuni des représentants de vingt-deux Etats Membres européens, notamment des responsables de programmes antitabac et des conseillers en matière de réglementation du tabac au niveau national. Après avoir examiné les résultats de la Conférence européenne sur "Le tabac ou la santé" organisée conjointement à Madrid, en 1988, par l'OMS et la Commission des Communautés européennes, les participants de ce séminaire ont abordé la question de la réglementation de la publicité et de la promotion du tabac. Les discussions ont également porté sur les politiques d'information, d'éducation et d'ordre public à travers l'expérience de trois centres nationaux. Les participants ont tiré des leçons du Programme d'intervention intégré à l'échelle d'un pays contre les maladies non transmissibles (CINDI). Ils ont commenté deux études de cas relatives à l'interdiction du tabac à mâcher et à la difficulté de conclure des accords de limitation volontaire de la promotion du tabac avec les industriels concernés. Ils ont étudié les progrès de la mise en œuvre de politiques de réglementation du tabagisme en Europe centrale et orientale, dans les pays méditerranéens, dans les pays nordiques et en Europe occidentale. Ils ont également envisagé une amélioration de la communication devant permettre aux personnes intéressées de bénéficier de l'expérience des gouvernements en matière de lutte contre le tabagisme. Les recommandations du séminaire ont été les suivantes : tous les pays devraient élaborer des politiques et des programmes globaux de lutte contre le tabagisme définissant des objectifs nationaux explicites, et devraient s'efforcer d'affecter 1% des revenus fiscaux du tabac à la promotion d'une vie sans tabac; les séminaires et ateliers devraient permettre de mieux gérer ces programmes; les pays devraient commander davantage de publications traitant de la gestion des programmes et devraient mieux utiliser les matériels existants; enfin, les pays devraient interdire d'urgence toute promotion directe ou indirecte du tabac.

## ZUSAMMENFASSUNG

Auf diesem Seminar, dem weitere der gleichen Art folgen sollen, trafen sich Vertreter von 22 europäischen Mitgliedstaaten der WHO, darunter Leiter von Nikotinbekämpfungsprogrammen und auf Landesebene in Fragen der Nikotinbekämpfung tätige Berater. In Weiterverfolgung der Zielstellung der von der WHO und EG-Kommission 1988 in Madrid durchgeführten Europäischen Konferenz zur Bekämpfung des Nikotinkonsums wurden auf dem Seminar folgende Themen behandelt: Werbung für Tabakprodukte, von drei Landeszentren gemachte Erfahrungen in bezug auf Aufklärung und bevölkerungsbezogene Konzepte, Auswertung des CINDI-Programms (Landesweit Integriertes Interventionsprogramm der WHO für Nichtübertragbare Krankheiten), zwei Fallstudien zum Verbot von Kautabak und dem erfolglosen Versuch einer Absprache mit den Rauchwarenherstellern, Fortschritte bei der Umsetzung politischer Konzepte in Mittel- und Osteuropa, den Mittelmeerländern, den nordischen Ländern und in Westeuropa und schließlich die Frage eines besseren Erfahrungsaustausches mit den Kreisen, die diese Erfahrungen in der Nikotinbekämpfung brauchen. Es wurden auf dem Seminar folgende Empfehlungen ausgearbeitet: Alle Länder sollten eine umfassende Tabakbekämpfungspolitik mit bestimmten Programmen und klaren landesweiten Zielen ausarbeiten; 1% der Einkünfte aus der Tabaksteuer sollten für die Propagierung des Nichtrauchens ausgegeben werden; für die Leitung dieser Programme sollten auf Seminaren und Workshops Personen geschult werden; es sollten mehr Publikationen herausgegeben werden über die Durchführung von solchen Programmen; existierendes Material sollte in größerem Ausmaß benutzt werden, und schließlich sollten die Länder dringend dazu angehalten werden, direkte oder indirekte Tabakwerbung zu verbieten.

## РЕЗЮМЕ

В работе первого Европейского семинара на тему "Табак или здоровье" для консультантов по разработке национальной политики и руководителей национальных программ приняли участие представители 22 европейских государств-членов. В частности, в их число входили люди, отвечающие за проведение программ борьбы с курением и за предоставление консультативной помощи при разработке политики борьбы с потреблением табака на национальном уровне. С учетом результатов Европейской конференции ВОЗ/КЕС по политике в отношении табака, состоявшейся в Мадриде в 1988 г., участники семинара рассмотрели проблему контроля за рекламированием и пропагандированием табачных изделий; обсудили вопросы информационного обеспечения, образования и общественной политики, используя при этом опыт, приобретенный в трех национальных центрах; извлекли уроки из опыта координируемой ВОЗ общенациональной программы интегрированной профилактики неинфекционных болезней (СИНДИ); обсудили результаты двух тематических исследований, относящихся к таким вопросам, как запрет жевательного табака и нарушения добровольных соглашений с табачной промышленностью: провели обзор хода работы по реализации соответствующей политики в странах Центральной и Восточной Европы, в средиземноморских странах, северных странах и странах Западной Европы; а также рассмотрели вопрос о путях улучшения коммуникации, с тем чтобы более эффективно доводить информацию об опыте, накопленном в области борьбы с потреблением табака, до тех лиц и организаций, которые нуждаются в ней. Участники семинара рекомендовали, чтобы все страны утвердили комплексные политику и программы по борьбе с потреблением табака, в которых бы стояли четкие национальные задачи, а 1% от доходов, полученных в результате налогообложения на табачные изделия, направлялся бы на пропагандирование образа жизни без курения; чтобы для улучшения механизмов управления этими программами проводились соответствующие семинары и рабочие совещания; чтобы заказывалось большее количество публикаций по вопросам управления программами и чтобы в большей степени использовались уже существующие материалы по этому вопросу; и чтобы страны настоятельно призывались к введению запретов на все прямые и косвенные виды пропагандирования табачных изделий.

