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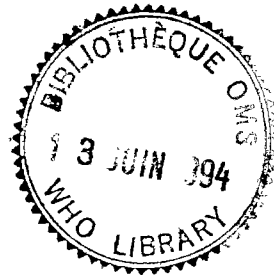
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Working for Tobacco-free Cities A Multi-City Action Plan

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et al.



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Target 14

Settings for health promotion

By the year 2000, all settings of social life and activity, such as the city, school, workplace neighbourhood and home, should provide greater opportunities for promoting health.

Target 17

Tobacco, alcohol and psychoactive drugs

By the year 2000, the health-damaging consumption of dependence-producing substances such as alcohol, tobacco and psychoactive drugs should have been significantly reduced in all Member States.

WORKING FOR TOBACCO-FREE CITIES A MULTI-CITY ACTION PLAN

The work towards tobacco-free cities builds on two major initiatives of the WHO Regional Office for Europe: the Action Plan for a Tobacco-free Europe and the Healthy Cities Project. Cities interested in developing models of good practice for reducing tobacco use have joined in a Multi-City Action Plan (MCAP) for tobacco-free Healthy Cities. Belfast hosted the first business meeting in 1991. Further business meetings have been held at Frankfurt-am-Main in 1992, and Pécs in 1993. Participating cities identified key themes for action: children, economic issues, local government, public places, health services and adults in the community. This booklet is a step by step guide to drawing up programmes to create tobacco-free cities. The aims for the key themes are clearly stated and opportunities for action identified. The use of case studies and examples from the participating cities illustrates action proposed. The activities described are wide ranging and highlight opportunities for forging new alliances and partnerships to implement changes.

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The booklet is produced by the Multi-City Action Plan for tobacco-free cities. The 14 MCAP cities contributed by initiating campaigns, reporting and evaluating them. Some results of these activities are documented here, although much has not been covered. The materials were collected mainly at three business meetings, hosted by the city of Belfast (1991), the city of Frankfurt-am-Main (1992), and the city of Pécs (1993). The project was coordinated by the Ulster Cancer Foundation in Belfast.

This booklet would not have been possible without joint coordinators Grace Burnside and Michael Wood of the Ulster Cancer Foundation, who wrote the first manuscript; representatives of cities, who provided case studies; and Patrick Doorley, who edited large sections of the manuscript. Hélène Cox and Fiona Shenton updated the case studies to include the latest developments.

Copenhagen, December 1993

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a Tobacco-free Europe



Working for Tobacco-free Cities

A Multi-City Action Plan

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Introduction

Cigarette smoking kills more people than road traffic accidents, alcohol, fires, murders, suicides, drugs and AIDS combined in most cities in Europe. In fact action to reduce smoking is probably the most important step that a city could take towards ensuring the future health of its citizens. The many ways in which cities can promote nonsmoking and effect the creation of smoke-free environments are also tested in real life.

The concept of the Multi-City Action Plan (MCAP) is based on the idea that groups of cities involved in the World Health Organization's Healthy Cities Project (HCP) could work together to address common concerns which need priority consideration. The aim of a MCAP is to develop jointly, implement and disseminate innovative projects. It will form partnerships between cities where there is a mix of knowledge and experience, on a specific issue.

Healthy cities and the multi-city action plan concept

The WHO Healthy Cities project

The WHO Healthy Cities project is a network of European cities that are experimenting with new ways of promoting health and improving the urban environment. The goal of the project is to turn the vision of a healthy city into reality through political commitment, the sharing of ideas and experiences, innovative action and institutional change. The cities in the project share the conviction that health is a social and political responsibility, as well as a matter of individual choice. They also share the objective of reducing inequalities in health through a strategy that focuses on changing the environment, enabling people to adopt healthy lifestyles and making resources accessible to all. In addition to the 35 European cities directly participating in the project, national and regional networks involving more than 400 cities have been established throughout Europe and in Australia, Canada and the United States. The movement is now spreading rapidly in developing countries.

The multi-city action plan

A multi-city action plan (MCAP) is a flexible framework for action that enables project cities to work together on issues of particular importance to them. It enables cities to share their experience, develop expertise in the subject areas and become models and resources for other cities both within and beyond the WHO Healthy Cities project.

Each MCAP aims to encourage innovative action for health at the local level. It also presents an opportunity to involve new partners in the Healthy Cities project. A MCAP is intended to be carried out, not by project staff in the cities, but by people from other agencies or groups. This allows greater links to be established between the project offices and the various relevant agencies in the cities.

Evolution of the concept

The concept originated at a business meeting of project cities held in Belfast in 1989. Many cities shared concerns related to health and their urban environment, and wanted to work together to tackle these problems.

The cities involved in a MCAP can gain political legitimacy and support from their alliance with other cities and from their international leadership role, in addition to the ideas and knowledge that they share. Further, links to relevant WHO, international or national programmes may secure for the cities additional consultation, advice and resources. In return, WHO and other agencies benefit from the lessons to be learned from the development and implementation of innovative approaches to health at the local level.

Using the framework to achieve project goals

The MCAP framework is a means to achieve the goals and objectives of the Healthy Cities project. It is intended to allow cities to develop new approaches, build new alliances, and promote the exchange of information and experience in each priority area, while involving members of the community and supporting their initiatives. The MCAPs have effects on policy and programmes that extend beyond the completion of the Healthy Cities project. Each MCAP includes strategies to ensure its visibility at the local, national and international levels.

Tobacco-free healthy cities

Action plan for a tobacco-free Europe

One of the European targets for health for all calls for 80% of Europeans to be nonsmokers by the year 2000. The target was reaffirmed in 1991 with a new emphasis on protection from involuntary smoking.

A European Action Plan on Tobacco was approved by the WHO Regional Committee for Europe at its thirty-seventh session in 1987 and, the following year, the first European Conference on Tobacco Policy held in Madrid set out six basic rights and ten action strategies for a smoke-free Europe. This launched a five-year period of European cooperation against tobacco.

The first Action Plan provided valuable lessons for the future. It showed that comprehensive policies implemented through multisectoral action will reduce tobacco use and diseases and deaths caused by smoking. Tobacco taxation and the creation of smoke-free environments have a strong impact on reducing tobacco use.

About 20 countries adopted new legislation or programmes during the period covered by the first Action Plan, and there are now comprehensive programmes in about 10 countries. Nevertheless unless much more vigorous steps are taken towards stronger anti-tobacco measures, the European target on prevention of smoking seems unlikely to be met in some countries. The number of deaths caused each year by tobacco in the Region is increasing and will exceed 1.3 million by the year 1995.

The next step towards a tobacco-free Europe requires more effective management processes to implement comprehensive policies within Member States. Policies must be backed by strong political commitment and more adequate financial resources. The second Action Plan on Tobacco, with 37 action proposals, is therefore put forward to support the acceleration of a multisectoral implementation process. Through the second plan, alliances will be strengthened and action concentrated in the six areas that are most likely to produce results.

The six action areas are: building alliances for a tobacco-free Europe, multisectoral tobacco policies, promoting smoke-free environments, promoting nonsmoking generations, supporting smokers in quitting, and sharpening leadership and implementation capacity at the local, national and international levels.

The Healthy Cities project and its multi-city action plan for tobacco-free healthy cities is a good example of European projects which

address all six action areas. It has unique opportunities to create new alliances in cities. By providing leadership and resources, cities fulfill their important role in promoting health through reduced tobacco use.

The WHO Regional Office for Europe will enhance its coordinating, networking and support roles under the action plan, and will strengthen international cooperation. International and national partners will have to participate more actively as the initiators and managers of multilateral projects.

MCAP for tobacco-free Healthy Cities

Seven cities interested in a project on tobacco met in Stockholm in September 1990. At this meeting five key themes for intervention were identified, namely children, economic issues, local government, public places and health services. Subsequently Belfast agreed to become the coordinating city for the MCAP on tobacco. Annex 1 lists the coordinators in the 14 cities now participating in the plan. In California, hundreds of cities belong to the California Smoke-free Cities Project.

Belfast hosted the first business meeting of interested project cities in May 1991. The cities represented were Dublin, Frankfurt-am-Main, Gothenburg, Glasgow, Kaunas, Warsaw and Belfast. The meeting concentrated on the five key themes for action identified in Stockholm and added a further one: adults in the community.

The participating cities were an exciting mix ranging from those with a highly developed variety of activities for tobacco control to those where none or little existed. All brought areas of expertise and interesting experience to the group. Each played a unique part in developing the MCAP for tobacco-free Healthy Cities, to create conditions that empower citizens to lead healthier, tobacco-free lives.

The second meeting in Frankfurt-am-Main in May 1992 was attended by representatives from Belfast, Dublin, Frankfurt-am-Main, Gothenburg, Kaunas, Milan, Pécs, Stockholm and Warsaw. City representatives reported on the activities and progress towards the targets set in Belfast. The participants also decided how to work together in the future and updated their work plan. The cities planned two concrete projects to be undertaken by all MCAP cities: setting up youth clubs (such as "Smokebusters") and launching a Quit and Win competition.

The following Healthy Cities were represented at the third meeting in Pécs in May 1993: Belfast, Dublin, Frankfurt-am-Main, Gothenburg,

Kaunas, Milan, Padua, Pécs, Rennes and Warsaw. Barcelona submitted a written contribution, and there were also delegates from the city of Cracow who are keen to join the MCAP in the future. The progress reports presented by the participants are available as a separate meeting report. They agreed to continue action on peer-led youth clubs, focus on smoking cessation, compile a database on local legislation on tobacco, and start new activities to promote nonsmoking through mass media.

Delegates from Padua offered to host the fourth workshop to be held in Spring 1994. The focus for the meeting will be 'women' and 'hospitals'. The delegates agreed that Dublin is to take over from Belfast as the new coordinating city.

Planning for action

This section suggests a scheme for planning action in a city. It has nine steps:

- gathering information
- deciding what can be done
- recognizing what cannot be done at present
- choosing first steps
- setting up a tobacco or health action team
- seeking opportunities for cooperation
- drawing up the plan
- evaluating the planning
- maintaining success

Knowing the city

Information is needed as the basis for effective action. The following types of information are important:

- data on tobacco use: how many people smoke and how much do they smoke
- epidemiological and demographic information on tobacco use: who in the population smokes
- current action on tobacco
- current and potential allies in action
- the climate of opinion on tobacco and tobacco policy
- the costs of tobacco to the local economy

Deciding what can be done

The overview of local statistics and the health profile of the city's population will provide a sound base from which to identify priorities. If possible, objectives should be listed in order of their importance. Which of these objectives are achievable now in your city?

Recognizing what can *not* be done at present

Major changes in national government action such as legislative, social and fiscal restrictions are not easy for cities to effect directly. However cities can be an important influence on these, by pursuing local initiatives and undertaking campaigns which serve as good examples nationwide.

Choosing first steps

Local assessment of needs and cultural influences will determine a city's action. Cities should set their own objectives for achieving the aims of the MCAP. The most feasible and effective option in each case must be sought.

The overall aims of the plan should be clearly stated. It is important to define achievable, short-term objectives as the means by which to attain the desired long-term outcomes. The objectives should be very specific. Objectives should be reviewed at regular intervals.

Setting up a tobacco or health action team

An appropriate team to plan and act on the decisions made is needed to achieve concrete results; individuals cannot do the job effectively. The following steps should be considered in setting up such a team:

- existing networks might be used to good effect, consider these before setting up alternative systems
- identify potential allies, individuals, organizations and institutions
- enlist community support and encourage youth participation
- seek out other agencies with similar viewpoints
- seek out new alliances in areas *not* traditionally associated with initiatives, e.g. community groups, consumer groups, voluntary, insurance companies and banks
- multi-sectorial collaboration encourages the involvement and commitment of the whole community

Seeking opportunities for cooperation

Cooperative ventures may enhance the effectiveness of the campaign. The objectives of a tobacco programme may be effectively integrated into other initiatives. It is often appropriate to integrate with other health promotion campaigns, such as those on heart disease or cancer. The strategy on tobacco can also be incorporated into initiatives such as those to promote occupational health and safety, a healthy buildings competition or a city festival. Such collaboration can act as a catalyst for achieving targets and may reduce the costs incurred.

Drawing up the plan

City programmes should combine systematic planning with opportunistic and flexible approaches. Unforeseen situations or special events in the city should be exploited whenever an opportunity arises. Programmes need to harmonize city action with regional and national activities.

Programme organizers should realize that novel approaches are necessary in order to sustain interest. Dull, uninteresting or repetitive programmes can be counter-productive. Innovative people should be included in the planning team.

The mass media is a powerful influence. In isolation it is unlikely to change behaviour, nevertheless media coverage may greatly enhance the

effectiveness of the programme. The media should be used whenever it is appropriate: in the planning and action phases, as well as the publicising of results or evaluations.

Have your efforts been worthwhile?

Evaluation should be seen as an integral part of the planning procedure and be built in from the early stages. Elaborate evaluation is unnecessary and usually expensive. This is not an excuse for not doing evaluation; the best evaluation permitted by the funds available should be made. Simple process and outcome evaluation should always be considered. Good research should:

- tell you how well you achieved what you set out to do
- be understandable
- evaluate all components of the programme
- be a continuous process
- help to plan future activities

Ideally, an independent research body, completely separate from the organizations involved in the programme, should perform the evaluation to ensure impartiality. All partners and funding authorities should be kept fully informed of the findings. The results should also be published as soon as possible to provide a useful model for other cities.

Keeping it going

Keeping long-term programmes running successfully requires strategic planning. Day-to-day new challenges need to be faced and overcome. Support and reinforcement are essential to maintain and build on past achievements.

Action opportunities for cities

This section covers opportunities for action along the themes identified in Belfast. Local government and economic issues are dealt with under the heading *Policies on tobacco*. For each theme, the aims of and opportunities for action are described, followed by examples of action taken in MCAP cities.

Policies on tobacco

Aims

Cities aim to develop and implement comprehensive and concise policies on tobacco issues.

These policies should comprise of components to create community-wide alliances, promote nonsmoking among young people, secure smoke-free environments and help smokers to stop smoking. It is vital to include economic means to discourage tobacco trade and use.

Opportunities

Local government has an excellent opportunity to take action to introduce smoke-free policies in its buildings and transport vehicles. This includes no-smoking at meetings of the city council and committees and at civic functions. Government members and officials set an example by holding smoke-free meetings and by taking a leading role in action on tobacco.

Through information services, such as statistical and press offices, a city can compile and publish information on the local impact of tobacco use on health ('Smoke-free Report' in Dublin) or on domestic spending. Mobilization of public opinion is a powerful way to promote policies on tobacco. In Finland, a project to inform community leaders on tobacco issues proved to be very useful. In Northern Ireland, biannual surveys have shown a significant change in opinions and attitudes, as a result of information services offered by a nongovernmental organization, Action on Smoking and Health. In Gothenburg, 10% of the city's population visited an exhibition called "The world of tobacco" in 1991.

Where a city can control advertising practices all advertising of tobacco should be rejected. Cities should not accept any sponsorship by the

tobacco industry. Other economic measures to discourage tobacco production, trade and consumption may be adopted. Cities should not promote or subsidize tobacco production in any way. Increasing taxation of tobacco products has been shown to reduce consumption.

Local governments have an important role in advocating comprehensive policies to be adopted by national authorities. Cities can also offer financial support and other resources for community groups and alliances working against tobacco. Nongovernmental organizations and local governments can work together to initiate and promote common goals.

Measures to promote nonsmoking among young people, to provide smoke-free environments and to support smoking cessation activities are described in the sections on young people, public places and adults.

Case studies

Smoke-free government offices, Belfast

Early in 1990, the Belfast City Council recognized the need for a policy on smoking in the workplace to fulfill its' commitment to the health and safety of its employees. A working party was established to develop and introduce such a policy. The working party had a well balanced membership with representation across management and trade unions/ staff associations, and smokers and nonsmokers. The Council's Occupational Health Section was also represented.

The Council surveyed employees' smoking practices, attitudes to smoking, and preferences in restrictions on smoking at work. It was considered suitable to restrict smoking by location, to certain areas of buildings. One smoking room per building was provided, as well as restricted areas for smoking in restaurant facilities. The policy was introduced in the Cecil Ward Building and in City Hall in June 1991. No major problems have arisen and the policy is to be extended to other centres in the future.

Alliances for tobacco policy, California

The California Smoke-free Cities Project aims to present policy-makers with current information on the health effects of smoking, the reasons for developing policies and effective strategies for doing so. It provides training workshops, educational materials and technical assistance to city government representatives wishing to develop sound, reasonable policies to control tobacco locally.

Cities that have developed and implemented tobacco control policies are advised on improving and expanding their programmes. Communities that have yet to initiate activities are provided with information, skills training and support to promote tobacco control campaigns.

The Western Consortium for Public Health has a unique capacity to coordinate diverse resources in implementing innovative approaches to complex health issues. The Consortium conducts the California Healthy Cities Project and its affiliated California Smoke-free Cities initiative. Based on the WHO model, the California Healthy Cities Project embraces the Smoke-free Cities initiative as one approach to encourage planning and public policy for health locally. California Smoke-free Cities is funded by the California State Department of Health Services through tax revenues generated by the tobacco tax. The tobacco tax initiative was passed in 1988. The Consortium administers the funds allocated to the Healthy Cities Project.

Other partners collaborating on this project include the League of California Cities (LCC), the Health Officers' Association of California (HOAC) and Americans for Non-smokers' Rights (ANR). Each of these agencies brings unique expertise to the Project. As the primary organizations for their respective constituencies, the HOAC and LCC can provide the leadership and impetus to involve their members in Project activities and effect the eventual institutionalization of tobacco control policies. ANR, nationally known for education and policy development, specializes in smoking control policy, smoking prevention, education and community organization.

Local Ordinances, California

California will soon become the land of fruit, nuts and smoke-free air if local legislation continues to be enacted at the pace of the last years. In California 250 cities and counties have some sort of ordinances to promote smoke-free environments.

Ten cities have ordinances requiring completely smoke-free restaurants and completely smoke-free workplaces. In addition, five cities have completely eliminated smoking in workplaces and four in restaurants.

Twenty-four communities have ordinances which prohibit the siting of cigarette vending machines where they may be accessible to minors. Vending machines have been completely eliminated in ten cities and counties.

Local economy benefits from smoking cessation, Glasgow

In May 1988, a group whose aim was to stimulate economic regeneration in Glasgow approached the Glasgow 2000 smoking prevention team with a proposal to consider the economic impact of reduced cigarette expenditure by citizens of Glasgow. The supposition was that a reduction in spending on cigarettes would result in increased expenditure in other market sectors.

Research led by Professor Ian McNicoll of the Fraser of Allander Institute showed that most of the £122 million pounds sterling spent by Glaswegians every year on tobacco goes straight out of the local economy in taxes and import costs. Only 6% of the total goes on Scottish-produced goods and services.

The research team predicted from average spending patterns that if Glaswegians stopped buying cigarettes 64% of the total £122 million (£78 million pounds) returned to the local economy.

Using the Institute's regional output and employment model, it was possible to calculate the number of jobs that would be created in 83 industries in the sectors that would enjoy increased economic activity. These figures were set against the projected losses in the tobacco industry to determine a net increase in new jobs. Under each expenditure scenario, the gains were found to exceed the losses, producing a range of increases from 2163 to 4270 possible new jobs in Glasgow. Thus, Glasgow can expect substantial economic benefits from becoming a tobacco-free city.

Smoke-free public places and workplace

Aims

Cities aim to secure the right of all citizens to live and work in a smoke-free environment.

The objective of initiatives in this area is to encourage the adoption and implementation of policies for smoke-free environments throughout the city, for example in public transport, the workplace, public offices, public and private buildings, restaurants and of course public places directly controlled by local authorities.

Opportunities

As in other areas of tobacco control, a multi-sectoral approach is essential. Surveys to assess public demand for smoke-free areas or facilities can be extremely useful in influencing decision-makers, they often show a surprisingly high level of support among both smokers and nonsmokers for the expansion of smoke-free zones. Information and models of good practice can be prepared for each area to be addressed. The local authority can adopt a comprehensive policy on tobacco; this may facilitate the achievement of many of the objectives in this area.

Hotels and restaurants: In Finland a 'flower' system has been introduced for smoke-free facilities. Premises may be awarded from one to three flowers according to the extent of their smoke-free areas. It has been consistently shown that once a few establishments make smoke-free provisions for their customers, public demand grows.

In Belfast and Dublin the Healthy Cities Project runs 'Clean Air Restaurant' and 'Healthy Eating Circle' projects respectively. These require a commitment to designate at least 30% of seating as smoke-free.

Public transport: Smoking is banned by law in all public transport vehicles in some cities such as Belfast and Dublin. Glasgow prohibits smoking on all underground trains. Finland has legislation banning smoking on buses and trains, and internal flights are also smoke-free. All commuter flights on the Irish airline Aer Lingus are smoke free. Airports and bus and train stations in many countries now have designated smoke-free areas. Many cities, such as Kaunas and Warsaw, have traditions of no smoking on public transport.

Case Studies

Smoke-free city buses, Belfast

The long period of civil unrest in Northern Ireland had an adverse effect on bus travel in Belfast. Initial attempts to introduce a no-smoking regulation on buses had failed. But in 1987 the Citybus company took advantage of changing attitudes to smoking to introduce a number of improvements to their services.

Citybus had received many letters from passengers complaining about smoking on buses. An attitude survey carried out by marketing specialists confirmed that smoke-filled buses were one of the principal deterrents to bus travel. The survey showed that 84% of people, including smokers, favoured regulations forbidding smoking on buses.

An investigation revealed a 1985 regulation which stated that except where a vehicle is let on hire for a special sum, a passenger shall not smoke in a vehicle if there is exhibited in the vehicle a notice that smoking is prohibited. A passenger who contravenes this shall leave the vehicle if requested by the driver or other authorized person.

A campaign called 'Better Buses for Belfast' began. It introduced the no-smoking rule along with other improvements: the provision of more seats, the reintroduction of soft seats, better cleaning of buses and the provision of information in the city centres. A substantial campaign was then launched in late 1989 through television and radio commercials and posters. The company introduced two special buses, painted all over with no-smoking messages, with the support of health agencies in the city.

The campaign was a complete success, and now very few people are observed smoking on Citybus transport. Drivers do not enforce the rule but leave dealing with infringements to health inspectors. It is encouraging, however, that fellow passengers now feel able to speak up; whereas they did not do so in the past.

Clean Air Restaurant Project, Dublin

As public support for smoke-free areas in public places appeared to be high, the Dublin Healthy Cities project decided to invite as many restaurants as possible to participate in a Clean Air Restaurant Project. Telephone enquiries revealed that a few high-profile restaurants were willing to designate at least 30% of their seating smoke free.

Environmental health officers were asked to invite all restaurants that they visited in order to implement the Food Hygiene Regulations to participate in the project. Each restaurant agreed to

- designate 30% of seating smoke free;
- display the HCP 'Clean Air Restaurant' sticker, which invites patrons to ask for a seat in a non-smoking area; and
- use the HCP 'no-smoking' table tents.

Over 130 restaurants in Dublin are part of this scheme, including one large restaurant which is completely smoke free. A recent survey of participating restaurants revealed that managers were very happy to continue participating, and the Dublin Healthy Cities project hopes to use this finding to encourage more restaurants to join. Experience shows that once a few restaurants provide smoke-free seating, consumer demand increases rapidly.

Smoking in the workplace project, Dublin

The first part of the project was a survey to elicit the views of staff in the four participating authorities of the Dublin HCP on smoking and involuntary smoking. A self-administered questionnaire was sent to 750 randomly selected employees. The response rate was 77%, 70% of respondents were nonsmokers. Involuntary smoking bothers 80% of the respondents, (92% of nonsmokers and 50% of smokers) and 78% (85% of nonsmokers and 59% of smokers) know that it is harmful. 93% felt it should be restricted in the workplace and 99% felt it should be restricted in canteens. 77% of smokers expressed a desire to quit.

The survey showed that employees are bothered by involuntary smoking in the workplace, that they see it as being harmful to their health and think that smoking should be restricted. The results of the survey were published in the *Irish Medical Journal* and discussed with the trade unions and the management of each authority. Working groups were set up in three of the authorities, with representatives from management and trade union staff and the Dublin HCP. Smokers were included on each committee.

Each group developed a policy for a smoke-free workplace. The policies were broadly similar and included: no smoking in the workplace, except in smoking rooms to be used by staff during working hours, and support to smokers who wished to quit. These policies are to be tested and reviewed after six months in each authority.

Smoke-free government offices, Belfast

In 1978, in response to accumulating evidence of the serious threat of smoke-filled atmospheres to employees health, the government of the United Kingdom issued a policy on smoking on government premises. Five years later the "Change of Heart" campaign in Northern Ireland, initiated by the Secretary of State, highlighted smoking as one of the major dangers to health.

In the light of these developments, the Northern Ireland civil service reviewed its policy on smoking and decided to promote nonsmoking as the norm in the workplace. The Department of Finance and Personnel in Rosepark House set up a working party to promote action in their own workplace. All staff were asked to complete a questionnaire to assess their attitudes to this issue and a policy was drawn up on the basis of the results. The revised policy was introduced in 1987.

It was decided that nonsmoking would be observed throughout the buildings. A smoking room would be available to staff during lunchtime or at the discretion of the management. The Ulster Cancer Foundation provided a smoking cessation support group for staff wishing to quit. This policy was introduced in July 1989 and has been monitored closely. Disciplinary action has been necessary on only two occasions. The management carries out the policy with the full approval and cooperation of the trade unions.

Frische Luft für Frankfurt, Frankfurt-am-Main

A survey of health department personnel in Frankfurt-am-Main in 1991 showed that involuntary smoking bothered 75% of all staff. About 90% of all, including smokers, welcomed the prohibition or limitation of smoking in the canteen, and nearly 70% in lavatories. Encouraged by these results, the personnel committee introduced the idea of granting two extra holidays to nonsmokers, as the start of a long-term strategy for promoting nonsmoking. An assembly of the personnel endorsed the idea and an agreement was drawn up.

According to its terms, smoking is in general not permitted in the health department of the city of Frankfurt. Smoking can only be permitted in locations not open to the public and in agreement with nonsmokers. The interests of nonsmokers have priority. Corridors, staircases, public rooms, conference rooms and lifts are smoke-free areas. The needs of smokers

will be taken into account as far as possible, for example by designating smoking rooms. Smokers have the opportunity to participate in smoking cessation courses free of charge. Employees who declare in writing their intention to stop smoking during office hours will get two additional days of vacation per year.

Tobacco-free health services

Aims

Cities aim to make all health service premises and facilities smoke-free:

- All health service premises and facilities should develop and implement comprehensive smoking control policies.
- All professionals and students in the health sector should be encouraged to be nonsmokers.
- Health services should offer practical support to smokers who want to quit smoking.
- Health institutions and health professionals should take a lead in promoting nonsmoking by ending all tobacco advertising and sales in the health sector.

Action Opportunities

Most people, including smokers, agree that smoking should be prohibited or strictly limited on health service premises. Health services are expected to take the lead in providing safe and healthy environments for their employees and their users. Health professionals are often looked to as role models for healthy behaviour, therefore they have a special opportunity to influence the community.

Tobacco control policies may be effected through legislation, administrative procedures or joint action by partners in health care. For example, the Health Board in Glasgow introduced a comprehensive smoke-free policy on its premises in 1991, protecting 35 000 employees from tobacco smoke.

The wide range of skills and experience of health personnel in giving support and advise should be utilized. With training in smoking cessation techniques they are well qualified to provide stop-smoking services to staff, patients and other users. Health professionals can also take action in other areas such as conducting research on smoking, speaking out on tobacco or health issues, creating multisectoral alliances, and monitoring existing policies.

Case studies

Hospital with no-smoking policy, Belfast

A modern hospital tower block in Belfast has introduced a comprehensive policy on smoking. A flashing neon sign at the entrance tells all visitors that smoking is not permitted in the reception area. Sand-filled buckets are available in which smokers can extinguish lit cigarettes. On admission, each patient is given a pamphlet with details of the smoking policy.

Smoking is strictly forbidden in the wards, patients who wish to smoke use specially designated areas. The staff on each ward are responsible for implementing the smoking policy. Hospital restaurants and canteens are smoke free. A coffee lounge on the eighth floor is the only area in which staff are permitted to smoke.

Over the past six years, the policy has worked well. A multidisciplinary group of workers monitors the policy. A similar team organizes health promotion activities related to stopping smoking, such as No Smoking Day exhibitions and stop-smoking groups for staff.

Dunluce Health Centre, Belfast

This health centre accommodates five group practices with a total of 25 doctors. The facilities are used for undergraduate medical training and postgraduate in-service training. Dunluce Health Centre is completely smoke free. All new patients are asked whether they smoke and all patients' record cards are marked with their smoking status.

The government of the United Kingdom has recently redefined the general practitioner's role and has placed an increasing emphasis on prevention of ill health as part of the remit. Subsequently a number of prevention or health promotion clinics have been introduced. These include "Healthy Heart" and diabetic and asthma clinics, all of which draw attention to the need to stop smoking. A stop smoking group is also provided for smokers wishing to quit.

Smoke-free hospital and health services, Padua

Padua has undertaken several initiatives to create a smoke-free hospital as well as smoke free health services. Smoking is strictly limited to designated areas. Health personnel take the lead as non-smoking models.

The programme 'A smoke-free hospital. It can be done together' was set up to promote good health and safeguard the rights of all hospital

users to protection from the harmful effects of tobacco smoke. Smoking is restricted to a few designated areas. Posters and No Smoking signs clearly define zones where smoking is prohibited. The wards, patients' rooms and the kitchen are all smoke-free. Health workers may not smoke in areas where they are visible to patients or visitors. Staff can attend stop smoking classes run by the Centre for Health Education in collaboration with the Italian Union against Cancer.

Smoke-free health services, Warsaw

The department of Respiratory Medicine, Institute of Tuberculosis and Lung Diseases went completely smoke-free in May 1992. Many hospitals in the city are now following this lead and devising their own smoking policies. The medical profession in Warsaw is very active in lobbying for tighter tobacco controls, and has been responsible for many of the city's 'smoke-free' initiatives. Doctors in Warsaw are also leading by example: survey data reveal that they smoke significantly less than the rest of the population.

Several booklets to help people stop smoking have been produced. In December 1991 a booklet 'How to help your patients stop smoking' was circulated to all doctors and physicians. A meeting was arranged for primary health care doctors to introduce the publication and discuss the best way of implementing its' advice. Another booklet about the health risks to pregnant women and their babies of smoking was produced in 1992 and distributed to all doctors' surgeries and health centres.

Nonsmoking generations

Aims

Cities aim to secure the rights of children:

- to freedom from exposure to tobacco smoke from conception,
- to grow up in a smoke-free environment, and
- to protection from pressures to become smokers.

Cities aim to educate children and young people about the dangers of smoking and support them in making healthy lifestyle choices.

Opportunities

Education and support programmes for pregnant women and their partners should include information about the harmful effects of smoking and passive smoking. Many women are very keen to try to quit smoking when they are pregnant. Appropriate help and advice should be made available to them, both in stopping and to remain nonsmokers.

All places which children and young people frequent should be smoke-free, in order to protect them from the harmful effects of passive smoking and to reinforce nonsmoking as the norm.

The health promoting school is now a widely established concept. Health promoting schools take a leading role not just in health education but in providing an environment which advances the health and well-being of teachers, pupils and all those associated with the school. A comprehensive policy on smoking is an essential component of health promoting schools. School smoking policies must extend to all school users. Wherever possible help and advice about stopping smoking should be available on site. With training and the support of school management teachers are often willing to run stop smoking programmes. However, some pupils or staff may prefer to discuss their smoking with someone from outside the classroom, such as the school nurse.

The nonsmoking ethos must be maintained outside the classroom. New initiatives such as Smokebusters clubs and Teenagers Against Smoking (TASK) clubs encourage youngsters to remain smoke-free during their leisure time activities as well as at school.

There is a wide variety of excellent educational materials available on smoking and related topics. These can usually be obtained from national

authorities and are always available from international sources. When working with young people it is important to emphasize those benefits of not smoking which are of immediate relevance to them. For example, having more money to spend, fresh smelling clothes and hair are more likely to be inducements than concern about long-term health risks.

It is important that young people develop a positive image of themselves as nonsmokers. They need information in order to make healthy lifestyle choices, and they need confidence to take control of their own lives. Many programmes have been designed which aim to equip children and young people with these skills "for life". Some of these programmes are for the control of drug abuse but many of the issues are also relevant to smoking prevention.

Young people are eager to take on tobacco issues themselves. Smokebusters and TASK club activities are being used to realize young peoples' potential as health educators and campaigners.

Case studies

Smokebusters, Glasgow

Smokebusters is a club for young people with three aims:

- to encourage Glasgow children to reject the smoking habit
- to increase the defences of nonsmoking children against the pressures to experiment with cigarettes
- to make nonsmoking an attractive, positive choice

The club was launched on National No-Smoking Day, 1988, through schools. Personal letters are sent to children who wish to join, at their home address. They also receive a starter pack of free stationery, factsheets and stickers. All members are sent regular updates in a quarterly newsletter, and they can take part in a variety of events and activities such as smoke-free discos. There is no entry charge, but children must declare themselves nonsmokers and have an adult vouch for this. Annual national conferences are held at which children participate in workshops with members of other clubs. International links are being fostered with teenage smoking programmes.

Glasgow Smokebusters Club has attracted considerable media attention, including a week long feature on local radio, appearances on na-

tional television, and numerous press items. There are currently 26,000 smokebusters aged 10-14 years in the Greater Glasgow Health Board area.

The smokebusters movement was presented with a medal in Geneva on World No-Tobacco Day 1990.

Teenagers Against Smoking (TASK), Northern Ireland

TASK groups are committed to promoting nonsmoking and the creation of smoke-free environments in Northern Ireland. They are led by senior pupils within the school setting, but are organized independently of the school curriculum. Many groups liaise with school staff in their campaigning activities. The members are 13-19 years old. Activities have included:

- collecting signatures for a petition to be sent to the Commission of the European Communities to support a ban on tobacco advertising
- a campaign to enforce the ban on smoking on school buses
- setting up peer counselling sessions to encourage smokers to quit
- conducting education on smoking at morning assemblies
- incorporating their campaign into a BBC Open University video on "Smoke-free Belfast"
- organizing discounts for members in shops

The TASK groups are most concerned about the apparent exploitation of the countries of central and eastern Europe by the tobacco industry. They feel that teenagers could play an important role in campaigning against the insidious effects on and the manipulation of these new democracies by multinational tobacco companies.

Smoking prevention programme for primary schools, Milan

Teachers carried out a smoking prevention programme for primary schools in Milan, with the help of a manual and guidance from a team of school doctors and district nurses. The programme involved activities both to demonstrate to students the risks of smoking and to help them develop defences against pressures to start smoking. The project schedule ran as follows:

- programme presented to primary school teachers
- letter and questionnaire sent to teachers inviting them to participate and to assess their knowledge attitudes concerning smoking
- selection of suitable classes
- two conferences organized for teachers
- two meetings held to discuss the manual
- programme carried out in six lessons of 60-90 minutes
- final meeting with the teachers who carried out the programme

The programme was successfully completed in some schools. However in other schools it was not fully implemented. Some teachers found the manual and suggested teaching methods inappropriate to their particular needs. On occasions school medical rooms were not made available to carry out the programme. The success of such initiatives relies on the full cooperation and support both of teachers and school managers. This will only be forthcoming where programmes are seen as relevant to their own particular situation. Wherever possible all interested parties should be involved from the earliest planning stages. Flexibility should be built into programmes so that they can be tailored to meet individual requirements.

Smoke-free Olympic Games, Barcelona

The 1992 Olympic Games in Barcelona were declared smoke-free, and this meant that - among other initiatives - there were smoke-free areas in all the Olympic premises, that the indoor athletic venues were signalled as smoke-free, and that no promotion of tobacco products was accepted by the games.

The evaluation documented that despite occasional violations, the smoke-free policy was in general respected. It was a huge awareness raising opportunity for the sports sector. An international exhibition of posters on smoking, health and sports was held in the city, in collaboration with the International Union for Health Education (IUHE). Sports organizations were informed about the Smoke-free Olympics, and the 100 biggest sports organizations were invited to develop their own policies towards smoking; assistance was offered in this venture: 25 requested support. The project was based on joint work between the Spanish Ministry of Health and Consumer Affairs, the Catalan Government, the City, the Olympic Games Organizing Committee and WHO Regional Office for Europe. A manual on

smoke-free mass events is to be produced shortly in conjunction with WHO, based on this experience.

An effort was made to involve physical education (PE) teachers and school sports teams in the prevention of smoking. Materials on sports and the benefits of not smoking were distributed to PE teachers and coaches. In addition, a video was produced on the relationship between sports performance, smoking and health. This was made available to PE teachers and coaches to facilitate discussion on these issues.

The adult community

Aims

Cities aim:

- to ensure that all their citizens know the facts about tobacco
- to provide an environment free from tobacco smoke
- to provide smokers with help and support to quit
- to fully support parents in protecting their children from pressures to start smoking

Opportunities

Innovative and attractive information campaigns have been carried out in many cities through a variety of channels. WHO World No-Tobacco Days provide action opportunities. The themes for the future are:

- 1994 Media and tobacco
- 1995 Economic benefits of tobacco-free societies
- 1996 Sports and arts without tobacco
- 1997 The United Nations and its specialized agencies against tobacco

National no-smoking days do not conflict with World No-Tobacco Days. No-smoking days can be used to encourage people to stop smoking, while World No-Tobacco Day can focus on government initiatives, campaigning for smoke-free environments and other policy issues.

Cessation support can come from many sources: health services, voluntary organizations and workplaces. This often requires the training of health professionals and voluntary workers. The opportunity to win prizes can help motivate people to stop smoking. For example, free tickets to city theatres or museums might be arranged for those who quit. Ireland uses Ash Wednesday, a religious holiday at the beginning of Lent, to publicize attempts to stop smoking.

In some countries citizens' alliances have been established to campaign for tighter restrictions on tobacco advertising and the illegal sale of tobacco to children under the age of 16. One such example is Parents Against Tobacco (PAT) in the United Kingdom.

Case Studies

Reducing sales of tobacco to minors, Belfast

In 1978, Action on Smoking and Health in Northern Ireland mounted a successful campaign for legislation to prevent the sale of cigarettes to children under the age of 16. However, since the introduction of this law, many instances of its violation have been reported. In 1988 the environmental health service became involved in smoking and health issues with the publication of a government report proving that environmental tobacco smoke causes ill health.

In 1989, the Environmental Health Department conducted a survey to determine the extent of the violation of the law forbidding sale of cigarettes to minors. Children aged 11-13 years went into shops to purchase cigarettes; 85% of the shops approached sold cigarettes to these children. The survey results were brought to the attention of the Chief Medical Officer in Northern Ireland, members of Parliament, church leaders and other influential members of society.

As a result of the wide publicity, the Health Promotion Agency, in association with the Environmental Health Department, mounted a campaign to advise shop owners of their responsibility. Shop owners were supplied with printed notes which could be given to children and posters describing the law. The associations and trade unions of shop owners endorsed the campaign. A follow-up survey one year later found that 77% of shops were still selling cigarettes to under age children. While this reduction was welcome the number of shops ignoring the regulations remained unacceptable.

In October 1990, the Derry City Council decided to take legal action to enforce the law and successfully prosecuted eleven shop owners. These were the first prosecutions for illegal sales of cigarettes despite the thirteen-year history of legal sanctions. Publicising survey data can be a useful means of raising smoking related issues and stimulating public demand for action by governments or local authorities.

Use of World No-Tobacco Day, Kaunas

Public places such as stations, airports, waiting halls, cinemas and all public transport (except taxis) are traditionally smoke free in Lithuania. Although smoking is banned in workplaces, schools and health premises, the ban is often not observed. There are no penalties for violation of the ban.

The 1991 World No-Tobacco Day, with its theme of smoke-free public places, was used to promote the protection of nonsmokers' rights and to change public opinion. The WHO Charter Against Tobacco was published in Lithuania as a booklet (5000 copies were distributed) and a series of articles on smoking appeared in local papers. Eight large billboards promoting nonsmoking were posted on the walls of buildings. A competition for drawings was organized in several schools and the results displayed in a special exhibition. The mass media repeatedly appealed to smokers to stop smoking. The Medical Association in Kaunas adopted a resolution on tobacco use by doctors. The Mayor of Kaunas declared the pedestrian street and two squares in the centre of the city to be smoke-free areas.

University life and the promotion of health, Rennes

At the university of Rennes a collective has been established with the following aims:

- to mobilize the different elements of university life: students, teachers, researchers, administrative staff and others
- to promote the teaching of health studies within the curriculum and to develop new courses and diplomas
- to coordinate activities undertaken with partners outside the university, for example the Town Council and the Council of Europe
- to enhance the value of student research on the health needs of the university community.

As part of this initiative 2nd year students on the Social Psychology of Health course developed a simple interview methodology to assess peoples' reactions to the Charter Against Tobacco, drawn up at the first European Conference on Tobacco Policy (Madrid 1988).

Interviewees were asked to read the charter and then give their opinions on the prevention of tobacco addiction, pollution due to tobacco, smokers, nonsmokers and the Charter itself. Initially a pilot study was carried out with a sample group of 45 students. The survey is now to be extended to over 100 people recruited from all sectors of the university community.

Quit and Win, Stockholm

The 1988 Quit and Win contest in Sweden was originally planned as a regional campaign to recruit local allies, particularly larger workplaces, for stop smoking interventions. Companies sponsored prizes and in return had their logotypes included on entry forms. The first prizes for the 1988 campaign were holidays for two in Hawaii and in New York. At an early stage, the national social security insurance system and the Corporation of Swedish Pharmacies asked to join. This turned the regional campaign into a national one.

Over 90% of all people who give up smoking do so without seeking professional advice. Many smokers want to quit and need only a small encouragement to encourage them in making a stopping attempt. The campaign focussed on what people could gain by quitting, including the chance to win prizes; rather than dwelling on the hazards of remaining a smoker.

Both tobacco users and nonsmokers could enter: the tobacco users by quitting for four weeks and the nonsmokers by recruiting smokers to take part in the contest. Tobacco users were defined as people who had smoked or chewed snuff for at least one year and were at least 16 years old. Recruiters were defined as people who were nonsmokers or ex-smokers. Recruiters had no age limit and plenty of children, even quite young ones, successfully recruited their smoking parents.

Entry forms were available in the 54 local insurance offices and the 140 pharmacies of the region. All partners - large workplaces, general practitioners' clinics and the occupational health services - had the chance to buy campaign material (sweaters, T-shirts, streamers, badges and stickers) at low cost.

Since the 1988 campaign was intended to be regional, 60% of the 12 800 contestants came from the region of Stockholm and 40% from the city. There were more female participants (60%) than male. Many unskilled male and semi-skilled female workers participated although these groups are often very difficult to reach. Surveys of the quitters showed that 60% were tobacco free one month after the campaign, 20-30% after six months, and 23-25% after one year. Because of their success and popularity, Quit and Win campaigns were run from 1988 to 1991.

Local Quit and Win Contest, Gothenburg

Gothenburg organized a special local Quit and Win contest, linked with the countrywide competition in 1991. The first prize was a four day holiday in London for two people, and 25 people won a dinner in the City Council's restaurant and a campaign T-shirt. Entry forms were distributed by the city's internal mail to locations such as libraries, health care centres and hospitals.

Nearly 1000 citizens took part in the local and the national contest simultaneously. About 60% of participants were women. The reasons given for participation were: own health 59%, family and relatives 14%, children 7% and the cost of smoking 7%.

The contest, particularly the award ceremony, received a lot of free publicity. Radio Gothenburg broadcast the ceremony direct, and one of the larger circulation newspapers gave it front page coverage. The overall costs of the local contest were minimal because most prizes were sponsored and the organization was carried out as a part of normal duties of public health workers.

WHO Healthy Cities Project: future action on tobacco

The work towards tobacco-free cities takes advantage of two WHO initiatives: the Healthy Cities project and the Action Plan for a Tobacco-free Europe. All cities in the Healthy Cities project and the national networks are urged to join in the initiatives described in this booklet and the Action Plan.

Cities interested in developing models of good practice in reducing tobacco use will continue a multi-city action plan (MCAP) for tobacco-free Healthy Cities. The MCAP cities have agreed the following practical agenda for 1994 and beyond:

- All cities will endeavour to progress along the themes identified at the first workshop in Belfast: children, economic issues, local government, public places, health services and adults in the community.
- The cities will actively take part in the annual WHO World No-Tobacco Day celebration on 31 May.
- The cities will establish or continue peer-led youth groups to promote nonsmoking.
- Cities will focus on smoking cessation by organizing a "Quit and Win" competition, training programmes for health professionals, or undertaking some other smoking cessation project.
- The cities will put tobacco issues on their agenda to reduce the health damage caused by tobacco to citizens. They will compile information on city legislation related to tobacco.
- The MCAP group will prepare a questionnaire on alcohol and tobacco, produce further implementation packages, and give consultancy support for other cities.

At the Healthy Cities project business meeting in Glasgow in January 1994, the project cities reaffirmed their commitment to take action in support of the European action plans on alcohol and tobacco. The Multi-City Action Plan groups have produced guidelines and practical implementation packages that can be used by all project cities.

The project cities will carry out baseline surveys on alcohol and tobacco in summer 1994. Each city will establish a working group on alcohol and tobacco to answer the survey questionnaire and to write a city ac-

tion plan. The plan outlines how the city will implement action with special reference to the requirements listed below and the resources needed.

The city plan on tobacco should contain at least the following components:

- an effective smoke-free policy, including at least no-smoking at own meetings, smoke-free workplace policy and smoke-free public places and transport
- tobacco prevention in health promotion for children (including health promotion in schools)
- tobacco-free health services according to WHO guidelines
- working with women's groups on smoking prevention and alcohol use
- working with specific disadvantaged groups on smoking prevention and alcohol use.
- participation in World No-Tobacco Day activities

Action on tobacco will be implemented in concert with the European Alcohol Action Plan that will focus on development of a comprehensive alcohol policy for municipal staff. Action plans will share a project to develop a training module on tobacco and alcohol prevention for primary health care.

Cities will monitor the progress and implementation of activities. They will report annually on alcohol and tobacco activities to the project office at WHO. The baseline survey will be repeated in three years.

Key WHO documents

WHO Regional Office for Europe. **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. WHO regional publications, European series no. 30.

WHO Regional Office for Europe. **A tobacco-free Europe. An action plan.** Copenhagen, WHO Regional Office for Europe, 1993.

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2. **Legislative strategies for a smoke-free Europe**
3. **The evaluation and monitoring of public action on tobacco**
4. **Tobacco or health. Warning: tobacco causes cancer and other fatal diseases**
5. **Helping smokers stop**
6. **Planning for 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**
10. **Towards a Europe free from tobacco advertising**
11. **Working for the tobacco-free cities. A multi-city action plan**

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

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