



SMOKING CESSATION

IN THE NORDIC REGION



Nordic Welfare
Centre

Smoking cessation in the Nordic region

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Foreword

Over the years, there has been an increasing global and Nordic focus on tobacco and smoking. Not only as a public health problem, but also politically and economically.

In 2014, the Nordic Council of Ministers published the report The Future Nordic Co-operation on Health, which focuses on how to strengthen the Nordic collaboration on prevention and health. The report specifically mentions tobacco as an area in which Nordic collaboration can be furthered.

To support Nordic work at ministry and authority level on prevention of tobacco use, the Nordic Council of Ministers has therefore granted funding for 2017-2018 for The Nordic Tobacco Project – Support for National Development (The Tobacco Project). The Tobacco Project is embedded in the Nordic Welfare Centre, which is an institution under the Nordic Council of Ministers.

This publication is an integral part of the Tobacco Project and focuses primarily on smoking cessation initiatives and stopping smoking.

The aim is to provide an overview of the developments in smoking in the Nordic region, and to illustrate how the work with smoking and tobacco cessation is structured in the Nordic countries based on the international agreements and directives, as well as national circumstances. Examples of national initiatives dedicated to smoking and tobacco cessation that have been tried or are underway in the countries in the Nordic region are also presented.

Getting people to stop smoking costs money, but doing nothing also incurs high costs. Investments in services for smoking cessation are therefore essential in the battle against tobacco, regardless of the level at which it is fought.



This publication is intended for people who work at ministerial or authority level, in non-governmental organisations (NGOs) or patient support associations, as well as other parties with an interest in preventing tobacco usage in the Nordic region.

The Nordic Welfare Centre hopes that this publication can provide an insight into the general work with smoking cessation in the Nordic region. We also hope that the countries in the Nordic region will be inspired by, and learn from, each other in the work with providing services and initiatives for smoking cessation.

The Nordic Welfare Centre would like to thank the Nordic Tobacco Network and all other experts who have contributed their knowledge and expertise to this publication.

We hope you find this report informative!



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Definitions:

The Nordic region: Iceland, Norway, Sweden, Finland, Denmark and Greenland, the Faroe Islands and Åland

The Nordic countries: Iceland, Norway, Sweden, Finland and Denmark

Introduction

Measured in terms of morbidity and mortality, smoking is one of the greatest threats to public health. Smoking is not only the greatest single cause of many forms of cancer, such as lung cancer, but also of other diseases such as chronic obstructive pulmonary disease (COPD), diabetes and cardiovascular disease. Therefore, initiatives to prevent smoking and to promote health are highly beneficial for the individual and society.

It is estimated that every year, around 50,000 people die from tobacco-related illnesses in the Nordic region. This corresponds to the death of the entire population of the Faroe Islands every year as the result of using tobacco.

Compared to a non-smoker, a smoker's life is shortened by an average of 7-10 years, and they often have poor health, which can give fewer years with a good quality of life.

In addition to the consequences of smoking for the individual, including an increased risk of poor health, disease and premature death, smoking also imposes huge costs on society. Because of their poorer health and disease, smokers take more sick leave than non-smokers, and draw more heavily on the health services' resources in general. The health services therefore experience an increased burden in relation to service provision, and society experiences a loss of productivity due to sick leave and forced early retirement. Moreover, passive

smoking is a direct consequence of smoking, and negatively affects people in close proximity to smokers.

In general, there is a strong emphasis in the Nordic region on preventive work, both structurally and with information campaigns etc., to prevent people from taking up smoking. The preventive work is particularly important, but cannot be the only weapon in the battle against smoking. The health-promotion perspective also plays a vital role in helping smokers to stop smoking.

Nicotine is a toxic substance that occurs naturally in tobacco. It is highly addictive, and affects the brain's reward system. Over time, the smoker develops tolerance, and the need for nicotine increases while the effect on the brain's reward system decreases. Quitting tobacco is tough and a continuous effort for the individual, and has a high risk of relapse. The battle against tobacco therefore also necessitates investment in effective and permanent offers of assistance to smokers (those who need it) to help break their tobacco addiction.

There is often a relationship between the preventive and health-promotion elements of the general work against tobacco, and it can be difficult to distinguish between these two with regard to initiatives and measures.

This publication focuses primarily on the health-promotion elements of smoking cessation in relation to regular tobacco products, such as cigarettes.

The data presented in this publication are based on the general data for smoking as defined by the individual countries in the Nordic region. Thus, the data presented do not take into account differences in age-group distributions or level of income and/or education, even though these factors can be the source of large variations in incidence.

Of the data presented, only the data from the Health Behaviour in School-aged Children – A WHO Collaborative Cross-National Survey (The HBSC Survey) can be used for direct comparisons between the Nordic countries

due to different specifications in the general data. Nonetheless, the general data can be used to provide an overview of smoking in each of the countries in the Nordic region.

It has not been taken into account how many economic resources each country uses for smoking cessation, as smoking cessation takes place in various settings. However, it is assumed that the level of economic resources influences the offer of smoking cessation activities.

The illustrated examples of projects and initiatives from countries in the Nordic region are supported by national funds and/or are widespread at national level. These are not exhaustive examples of the measures for tobacco cessation in the Nordic region.

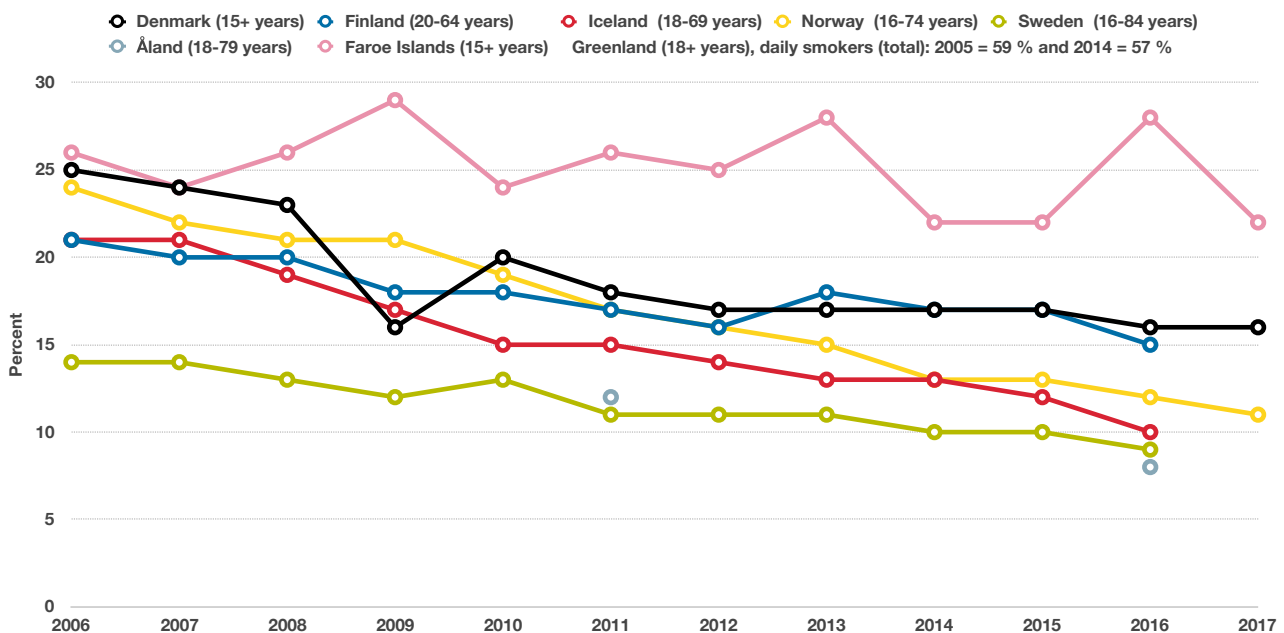


SMOKING

IN THE NORDIC REGION

The percentage of daily smokers in the Nordic countries has decreased steadily in the last 50 years. 50 years ago, it was common that the majority of the population smoked, but gradually over the years the number of smokers has decreased. The trend is continuing to decrease, but it is not taking place at the same speed as previously.

The percentage of daily smokers 2006-2017 in the Nordic region (total)





In addition to daily smokers, there is also a group of occasional smokers – i.e. people who smoke sometimes but not every day. Occasional smokers are similarly in the risk group for developing smoking-related diseases,

and their risk of becoming daily smokers is increased. Occasional smokers are found in all countries in the Nordic region, but the percentage is particularly high in Norway and Åland.

The percentages of daily and occasional smokers in the Nordic region (most recent data):

Year	Country	Daily smoking			Daily and occasional smoking
		Men	Women	Total	Total
2017	The Faroe Islands (15+ years)	22 %	22 %	22 %	27 %
2017	Denmark (15+ years)	16 %	16 %	16 %	22 %
2017	Norway (16-74 years)	12 %	10 %	11 %	19 %
2016	Sweden (16-84 years)	8 %	10 %	9 %	14 %
2016	Åland (18-79 years)	9 %	6 %	8 %	17 %
2016	Iceland (18-69 years)	9 %	11 %	10 %	15 %
2016	Finland (20-64 years)	16 %	15 %	15 %	23 % ¹
2014	Greenland (18+ years)	56 %	57 %	57 %	60 %

1. NB: The incidence of daily and occasional smoking (total) in Finland is from 2014.

Young people and smoking

Young people often start to experiment with tobacco and smoking as teenagers. For some, this results in addiction and a life as a smoker. Health Behaviour in School-aged Children – A WHO Collaborative Cross-National Survey (The HBSC Survey) is an international survey that investigates the health behaviour and self-reported health of 11- to 15-year-old schoolchildren. The HBSC Survey covers 42 countries around the world. Denmark, Norway, Sweden, Iceland, Finland and Greenland participate from the Nordic region.

In regard to 13- and 15-year old schoolchildren in the Nordic countries, there has been a trend over the years of a general decline in the percentage of daily smokers up until the survey in 2013/2014.

As the table below shows, there are considerably more daily smokers among 15-year olds than 13-year olds; therefore, it must be in this period that many young people start to experiment with smoking. The highest percentages can be found among 13- and 15-year olds in Greenland, which are several percentage points above the other Nordic countries; this same trend is reflected in the general data for daily smokers in the general population.

Snuff and e-cigarettes

In addition to the usual tobacco products, smoke-free tobacco (moist snuff, snuff and chewing tobacco) and e-cigarettes (electronic cigarettes) are also used in the Nordic region.

The percentage of daily smokers among 13- and 15-year olds in the Nordic region (2013/2014):

Land	Daily smoking 13-year olds			Daily smoking 15-year olds		
	Boys	Girls	Total	Boys	Girls	Total
Denmark	2 %	1 %	2 %	5 %	4 %	5 %
Norway	2 %	-	1 %	2 %	1 %	1 %
Sweden	1 %	-	1 %	4 %	5 %	4 %
Iceland	1 %	-	1 %	2 %	2 %	2 %
Finland	3 %	2 %	2 %	10 %	7 %	8 %
Greenland	10 %	18 %	14 %	43 %	46 %	44 %

Of the smoke-free tobacco products, moist snuff (for oral use) is the most used product in the Nordic region. With the exception of Sweden, the sale of moist snuff is illegal in

the European Union (EU), but can be bought in the Nordic region in Norway, Greenland and the Faroe Islands.

Even though it is illegal to sell moist snuff in Denmark, Iceland and Finland, it continues to be consumed in these countries. Snuff and chewing tobacco are not covered by EU regulations and it is therefore legal to sell them. Snuff (nose tobacco) is sold in Iceland; however, this is mostly used as moist snuff. In Denmark, it is possible to buy chewing tobacco.

Moist snuff is the first choice for many men in Norway and Sweden. In Norway, the percentage of men who use moist snuff daily is 5 percentage points higher than those who smoke daily. In Sweden, the proportion of men who use moist snuff daily is 10 percentage points higher than those who smoke daily.

E-cigarettes are a recent market product in the Nordic region, and not all countries are collecting systematic data on their use. From the available data, Iceland has the highest

usage, and 4 percent of the total use e-cigarettes daily.

E-cigarettes are available with and without nicotine, and come in a variety of designs and flavours. They appeal to a high degree to young people, and can thus act as an introduction to life as a smoker. Due to the lack of long-term studies there is great uncertainty about the use of e-cigarettes but, depending on the content of harmful substances and nicotine, they could potentially be associated with adverse impacts on health. Some people use e-cigarettes as an aid to stop smoking; this is not recommended by the health authorities in e.g. Denmark and Finland.

The EU also has special regulations governing the sale of e-cigarettes and e-fluids, in part concerning the nicotine content and how the products are to be registered with the national authorities.

The percentage of people using moist snuff and e-cigarettes daily in the Nordic region (most recent data):

Year	Country	Moist snuff			E-cigarettes
		Men	Women	Total	Total
2017	Iceland (18-69 år)	-	-	3,4 % ²	4 %
2017	Denmark (15+ år)	0,4 %	<0,1 %	0,4 %	1,9 %
2017	Norway (16-74 år)	17 %	6 %	12 %	1 %
2016	Sweden (16-84 år)	18 %	4 %	11 %	n/a
2016	Åland (18-79 år)	13 %	1 %	7 %	0,3 %
2014	Finland (15-64 år)	2,4 %	0,2 %	1,1 %	0,4 %
2014	Greenland (18+ år)	6,1 %	1,3 %	3,2 %	n/a

2. NB: The data on use of moist snuff in Iceland are from 2015.

Tobacco control work in the Nordic region

The work with tobacco control in the Nordic region is adapted to each country's demographics, structure and the economic resources allocated to this area. The work often runs concurrently on several levels, and as collaborations between several bodies. This occurs through structural measures, national, regional and local initiatives, information and campaigns, various associations, networks, and partnerships, to mention a few.

In the Nordic region, the work to phase out the use of tobacco and to reduce the percentage of smokers has generally focused strongly on preventing smoking, particularly among children and young people. Effective prevention is resource-intensive; however, it is extremely important to prioritise preventing children and young people from taking up smoking. Nonetheless, it is also important to prioritise good and effective treatment options for smokers to help them break their tobacco dependency, benefiting both themselves and society. There is also a large preventive potential in assisting smokers to become cigarette-free, because the probability of smoking drops as smokers succeed in stopping.

The WHO Framework Convention on Tobacco Control

The Nordic countries' work with tobacco control is based on the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) from 2003. The WHO FCTC is the world's first international public health treaty, the purpose of which is to protect current and future generations against tobacco.

The five Nordic countries are among the 181 countries (including EU) that have so far ratified the WHO FCTC and committed themselves to working with the most effective and evidence-based instruments to limit the use of tobacco which includes:

- Increasing taxes on/prices of tobacco
- Ensuring smoke-free environments in work places and public places
- Comprehensive information campaigns and education
- Warnings on tobacco and cigarette packs
- **Provision of treatment for tobacco addiction**

Tobacco control scale in Europe

Since 2005, it has been possible to systematically follow implementation of the work with tobacco control in Europe using The Tobacco Control Scale in Europe. The scale is based on six policies, described by the World Bank in agreement with the WHO FCTC, which should be prioritised in an extensive tobacco control programme. Based on the six policies, the countries are awarded points depending on how far they have come with implementing the individ-

ual policies. The total score is 100, distributed between each of the six policies. Points are awarded for the number of criteria in each policy that have been implemented by that country. The points are totalled, which then makes it possible to compare the countries and rank them according to the highest overall score. Of the 35 European countries, all the Nordic countries, with the exception of Denmark, lie in the top 10.

Tobacco Control Scale, 2016 – ranking of the Nordic countries:

Ranking 2016 (ranking 2013)	Country	Price (30)	Smoke-free workplaces and other public areas (22)	Expenses for information campaigns (15)	Adverti- sing ban (13)	Health warnings (10)	Treatment (10)	Total (100)
3 (3)	Iceland	20	17	13	13	4	2	69
5 (4)	Norway	20	17	3	13	4	6	63
6 (9)	Finland	16	18	3	13	5	5	60
9 (11)	Sweden	14	15	1	11	5	7	53
23 (15)	Denmark	13	11	1	8	5	7	45

As can be seen from the scores, there are differences in the way in which the Nordic countries work with tobacco control, as well as in the prioritisation of the individual policies until now. For example, Iceland has been awarded 13 points out of a possible 15 in regard to expenses

for information campaigns, for which Sweden and Denmark have been awarded 1 point. Regarding treatment (for smoking), Sweden and Denmark have been awarded 7 points out of a possible 10, and Iceland has been awarded 2 points.



The Tobacco Product Directive 2014/40/EU

As members of the EU and the European Economic Area (EEA),³ the countries in the Nordic region, with the exception of the Faroe Islands and Greenland, must incorporate the political priorities issued by the EU on tobacco into their legislation. The most recent is the Tobacco Product Directive 2014/40/EU of 3 April 2014 (TPD) concerning manufacture, presentation, and sale of tobacco and related products. The TPD has been based on the recommendations in the WHO FCTC. Elements of the contents of the TPD must be implemented directly in each country's legislation, but the TPD also contains several provisions which enable the countries to implement additional restrictions.

For example, Norway is the first country in the Nordic region to introduce neutral and standardised tobacco packaging and snuff boxes. The law came into effect on 1 July 2017, with a transition period until 1 July 2018, after which all tobacco packs and snuff boxes that are sold in Norway must be neutral and standardised.

Tobacco Endgame

Tobacco Endgame is an international vision of a tobacco-free future. Several countries have elected to work with the concept of tobacco endgame, but so far there is no common international obligation. Most of the countries working with tobacco endgame have a goal/vision of reducing the incidence of smoking to less than 5 percent among the country's population by a given year, such as 10-15 years in the future.

3. Norway and Iceland are not members of the EU, but are members of the EEA. This means that EU provisions on the internal market also apply in these countries. Nonetheless, there are exceptions in the cooperation involving the EU customs union and fisheries and agriculture.

In the Nordic region, Finland, Sweden and Denmark have ongoing initiatives that focus on phasing out smoking and the use of tobacco. The starting points for this work are different, as are the goals. In Finland, the focus is on phasing out the use of tobacco and nicotine products, with the exception of medical products that contain nicotine. In Sweden and Denmark, the focus is on phasing out smoking.

Finland is the first country in the world to have incorporated the goal of becoming a tobacco- and nicotine-free⁴ country into its tobacco legislation. In 2010 the goal was to be tobacco-free in 2040, but the most recent tobacco legislation from 2016 features the hope that this can be achieved as early as 2030.

The network Tobacco-free Finland 2030 (Savuton Suomi 2030), which includes both authorities and organisations, is working towards the tobacco-free goal in part by strengthening the implementation of the tobacco legislation.

In Sweden, the initiative Tobacco Endgame – Smoke-free Sweden 2025 was established based on the desire for a political decision on a long-term strategy to phase out smoking. Even though the incidence of moist snuff use is high in Sweden, snuff is not covered by this initiative. Currently, 174 organisations, businesses and authorities are behind the initiative.

Denmark has the partnership Smoke-free Future (Røgfri Fremtid), which is working towards the vision of a smoke-free Denmark in 2030, in which zero children and young people smoke, and where less than 5 percent of the adult population smokes. It is possible for a business, politician, school or individual, etc. to contribute to the partnership by becoming a partner or by demonstrating support for the initiative, for example via social media. The Government's Cancer Plan IV (Kræftplan IV) from 2016 also focuses on bolstering prevention so that fewer people develop cancer. One of the national goals is that in 2030 there will be a smoke-free generation of children and young people.

COUNTRY	INITIATIVE	WEBSITE
FINLAND	Tobacco-free Finland 2030	savutonsuomi.fi
SWEDEN	Tobacco Endgame – Smoke-free Sweden 2025	tobaksfakta.se/tobacco-endgame
DENMARK	Smoke-free Future	roegfrifremtid.dk

4. Tobacco- and nicotine-free means that ≤5 % of the Finnish population uses tobacco or nicotine products.

Effective methods and aids to stop smoking

Frequently, several attempts are needed before a person successfully stops smoking. Individual motivation is the most important tool for successful smoking cessation.

Some people can stop smoking without any help, but for most people professional help in the form of support and guidance is essential to break the smoking habit, possibly supplemented with nicotine-substitution products. A variety of methods can be used to support and motivate people to stop smoking. The methods depend on various factors such as when the method is used and how motivated the person is to stop smoking. The methods used in the Nordic countries include: The ABC method, Motivational Interviewing (MI), the 5A's and the 5R's.

The WHO report on the global tobacco epidemic, 2017: Monitoring tobacco use and prevention policies (MPOWER) focuses on six indicators that are essential in the battle against tobacco. One of the indicators is smoking cessation. In regard to this, WHO recommends that a minimum of three types of smoking cessation interventions should form part of an extensive tobacco control programme:

1. **Advice on smoking cessation in the primary healthcare sector**
2. **National stop smoking helpline – free telephone advice on smoking cessation**
3. **Pharmacological aids – as a minimum, nicotine replacement products.**

In general, the Nordic countries meet these three minimum recommendations. The difference lies in how the interventions are financed and supported; whether the costs are covered or whether the people must pay a limited amount. The report includes all countries that have ratified the WHO FCTC; it is thus possible to gain an insight into which countries fully comply with best practice in the different areas. In order to fully comply with best practice in smoking cessation, there must be provision of a free national stop smoking helpline, provision of free advice in connection with smoking cessation across sectors and provision of subsidies for nicotine replacement products. According to MPOWER, 26 countries in the world fully comply with the recommendations for best practice in smoking cessation.

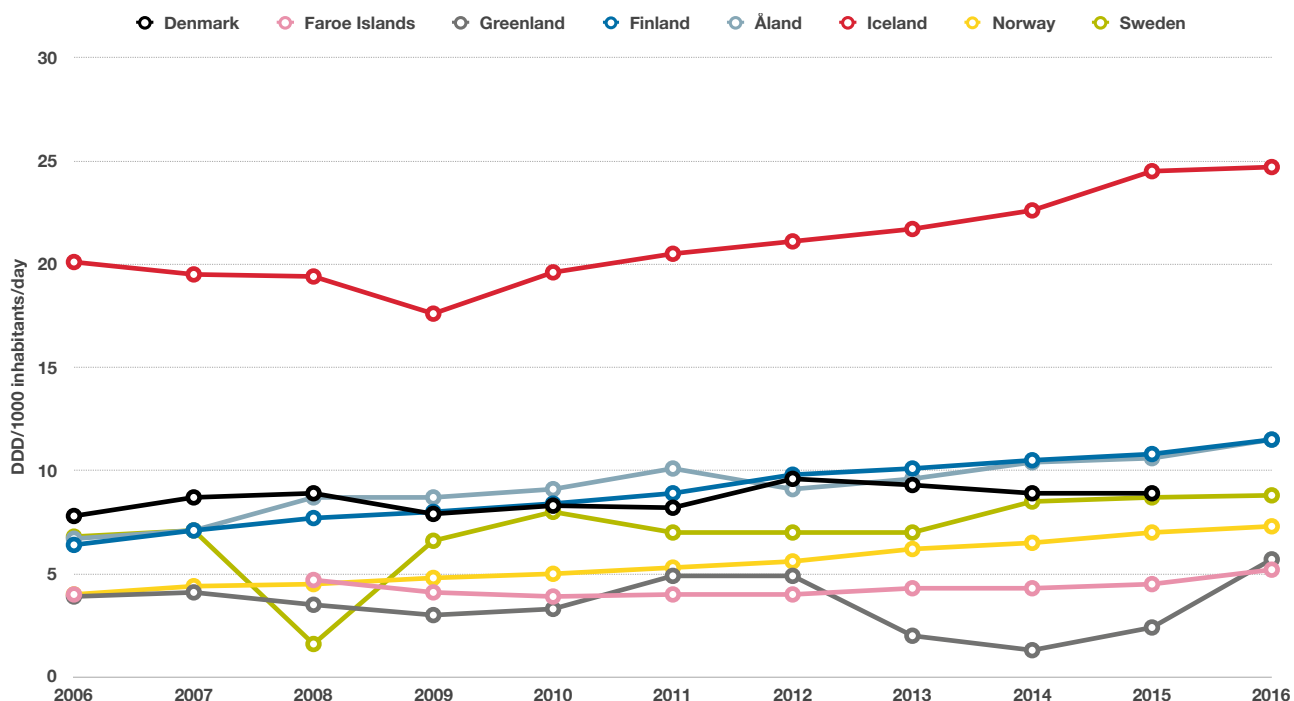


In the Nordic region, only Denmark fully complies. However, Finland, Norway and Sweden are only one level away from achieving the same status.

Nicotine replacement products are controlled products containing nicotine (e.g. chewing gum, inhalers, nasal sprays, patches etc.) for use as

a supplement in smoking cessation. The products can be bought in pharmacies and various supermarkets and shops without a prescription. Nicotine replacement products are sold in all the countries in the Nordic region but, as shown in the graph below, sales are particularly high in Iceland. Sales are presented as defined daily doses (DDD)/1000 inhabitants/day.

Sales of nicotine replacement products (ATC group N07BA01), DDD/1000 inhabitants/day 2006-2016



A person wanting to stop using e-cigarettes and smoke-free tobacco (moist snuff) con-

taining nicotine can use the same methods as those for smoking cessation.





PROVISION OF DIGITAL SMOKING CESSATION IN THE NORDIC REGION

The countries in the Nordic region work in a variety of ways with smoking cessation. Except Åland, they all have a minimum of one national digital service for smoking cessation that is funded by the state and that is offered to all inhabitants who wish to stop smoking (or using moist snuff). This includes smoking cessation via a SMS service, telephone advice

and/or an app. Some countries have a choice of several digital services. All these services are free to use by inhabitants. There may also be bodies other than the authorities who offer solutions for digital smoking cessation, but who are not mentioned here.

	TELEPHONE ADVICE	APP	SMS	WEBSITE	SOCIAL MEDIA*
DENMARK (+45)	Stop Helpline (Stoplinien) 80313131 Opening hours: Mon-Thurs 10-20 Fri 10-16	E-quit (E-kvit) (adults) XHALE (16-25 years)		stoplinien.dk xhale.dk	FB: The Stop Helpline (Stoplinien)
NORWAY		Stop (Slutta)		slutta.no	FB: Stop – your smoking stop (Slutta - din røykeslutt)
SWEDEN (+46)	Stop Smoking Helpline (Sluta-Röka-Linjen) 020840000 Opening hours: Mon-Thurs 9-20 Fri 9-16	Smoke-free (Rökfri) Fimpaaa! (young people)		slutarokalinjen.se 1177.se umo.se	FB, IG and TW: Stop Smoking Helpline (Sluta-Röka-Linjen)
FINLAND (+358)	Stumppi 0800148484 Opening hours: Mon-Thurs 9-20 Fri 9-16			stumppi.fi fressis.fi	FB and TW: Stumppi.fi
ICELAND (+354)	Advice on smoking (Ráðgjöf í reykbindindi) 800 6030 Opening hours: Mon-Fri 17-20			8006030.is reyklaus.is	FB: Reyklaus.is
ÅLAND				ahs.ax	
GREENLAND (+299)			Smoke-free Now! (Røgfri Nu!) Via SMS. Registration via peqqik.gl	peqqik.gl	FB: peqqik
THE FAROE ISLANDS (+298)			Smoke-free via SMS (Røgfri via SMS) - text "gevst" to 1919	folkaheilsa.fo	FB: The Faroese Council for Public Health (Fólkaheilsuráðið)

* FB = Facebook, IG = Instagram and TW = Twitter



Smoking cessation work in the Nordic region

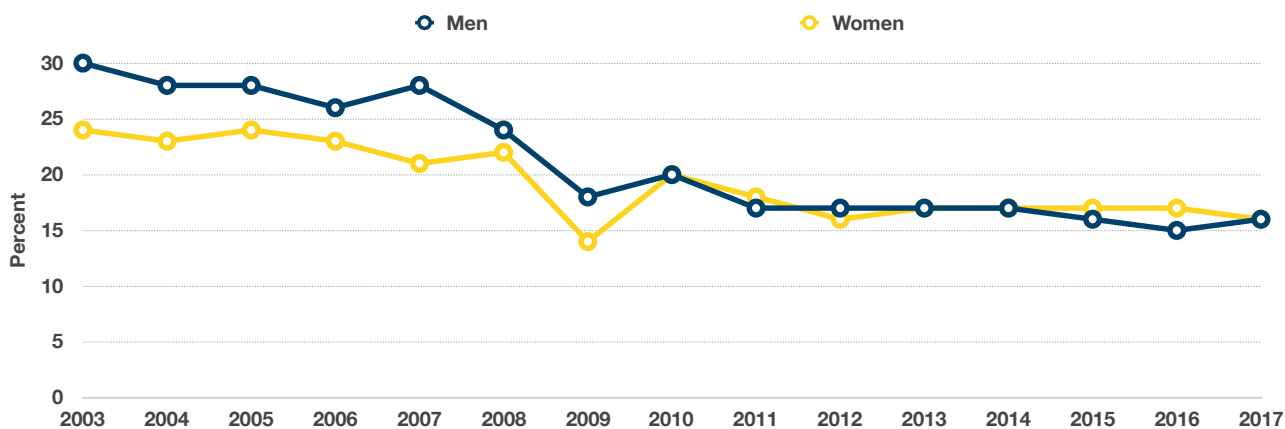
The countries in the Nordic region provide other smoking cessation services in addition to the digital solutions. The services provided and how they are organised depend on how the countries in the Nordic region work with smoking cessation in regard to the structure of the work and which body, institution, etc. is responsible for what, and what finances are available to implement the work.

The conditions for the work with smoking cessation in each country in the Nordic region will be presented for each country individu-

ally. Moreover, this will be supplemented using specific examples of ongoing smoking cessation projects in some of the countries in the Nordic region. These projects are either supported by national funds and/or widespread at national level.

All links to projects, evaluations and so on in this publication refers to webpages in the language of the country in question. The list of smoking cessation measures in the Nordic region is not exhaustive.

Percentage of daily smokers in Denmark (15+ years)



In Denmark, the work with smoking cessation is divided between the state, the regions and the municipalities.

As the overarching healthcare authority in Denmark, the Danish Health Authority is responsible for the national recommendations on tobacco. The Danish Health Authority is also responsible for the national campaigns on prevention of smoking and The Stop Smoking Helpline. As a tool for the municipalities, the Danish Health Authority has published 11 prevention packages, one of which concerns tobacco. An updated version of the prevention packages will be published in April 2018. The prevention packages on tobacco contain expert recommendations that can contribute to and support the municipalities' work with limiting the percentage of smokers.

The regions' most important task is to safeguard the Danish healthcare services, and to ensure treatment of patients in general practice and hospitals. In some instances, this also includes smoking cessation. Similarly, work is ongoing to increase the percentage of smokers that are referred from hospitals to the municipal smoking cessation services.

The municipalities are responsible for preventive healthcare work aimed at the public. The municipalities therefore have a great responsibility to ensure the provision of local smoking cessation services for their residents. Smoking cessation services are available in the majority of the Danish municipalities. For more information see: stoplinien.dk

The Smoking Cessation Database (Rygestop-basen) is a free service for municipalities, pharmacies and others who draw up system-

atic stop-smoking schemes, and who wish to document their stop-smoking activities. A registered unit in the Smoking Cessation Database has online access to its own data from which continuous indicator reports, etc. can be generated. Furthermore, the Smoking Cessation Database publishes an annual report with the relevant year's data. For more information see: rygestopbasen.dk

In addition to the public bodies, the patient associations also play an active role in the work with tobacco. The Danish Cancer Society is particularly active, offering advice on the introduction of smoke-free school (røgfri skoletid) and courses to train as a stop-smoking counsellor, a concept that is used by the majority of the municipalities. The Danish Cancer Society is also the driving force behind the stop-smoking app XHALE, which targets young people, and has contributed to the development of E-Quit, which is now run

in collaboration between the Danish Cancer Society, the Association of Danish Pharmacies, The City of Copenhagen and the Danish Health Authority. The Danish Heart Foundation also plays an active role in preventing use of tobacco – particularly with the project Smoke-free working hours (Røgfri arbejdstid). For more information see: hjerteforeningen.dk/roegfriarbejdstid

Furthermore, there is a collaboration project between the AIDS Foundation, Center for Health Copenhagen and the Secretariat for a Smoke-free Copenhagen focusing on smoking cessation targeting LGBT people⁵ and people living with HIV, as there is often a higher incidence of smoking among these target groups than among the rest of the population.

5. LGBT: Lesbian, Gay, Bisexual and Transgender.

STRENGTHENED INITIATIVES FOR HEAVY SMOKERS

Target group: Heavy smokers.⁶

Project duration: 2014-2017 (1 January 2018 project transition to operations).

Collaboration partners: Municipalities, general practice centres and hospitals.

About the project: Nine municipal projects (which cover individual municipalities as well as several collaborating municipalities) are included in the reinforced initiative for heavy smokers that focus on strengthening the formalised collaboration on stop-smoking measures for heavy smokers.

The primary focus of the municipal projects is the referral structure between the regional healthcare services (general practice and hospitals) and the municipal stop-smoking services; the objective is to trace heavy smokers with subsequent electronic referral to the municipal stop-smoking service. Another focus is on the effect of subsidies for stop-smoking medication⁷.

Heavy smokers who are recruited to the project take part in the general stop-smoking service offered by the municipality in which they live. The participants are also offered stop-smoking medication, which the majority take advantage of.

Budget: Augmented initiatives for heavy smokers (Forstærket indsats over for storrygere) is part of the health policy proposal More citizens, fewer patients – a strong shared healthcare service (Mere borger, mindre patient – et stærkt fælles sundhedsvæsen) from 2013. The municipal contribution to the project Augmented initiatives for heavy smokers was DKK 27,500,000.

Results: The interim evaluation reveals that across the municipal contribution, 10 % of heavy smokers are referred from general practice, 6 % from hospitals, 9 % internally from the municipality and 75 % are "self-referrers". In general, more participants in this initiative complete a municipal stop-smoking programme compared with other stop-smoking activities at a national level. 70 % of heavy smokers are smoke-free at the end of the stop-smoking programme and 52 % continue to be smoke-free six months later.

The interim evaluation can be read in its entirety: [here](#)

For further information, contact:

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Email: sst@sst.dk

Tel.: (+45) 72 22 74 00

6. Smokers who smoke ≥ 15 cigarettes a day.

7. Stop-smoking medication is a common name for nicotine replacement products and prescription medications that are used to stop smoking.

SMOKE-FREE SCHOOL TIME DURING UPPER SECONDARY SCHOOLING

When young people move from lower to upper secondary education, many things change. This includes their smoking habits. Non-smokers start to experiment with smoking, and occasional smokers begin to smoke every day. A focus on dedicated initiatives against smoking in upper secondary schooling is therefore of particular importance.

The Danish Cancer Society's website recommends that work against smoking in upper secondary schools should focus on three areas:

1. The school's framework and rules – work towards smoke-free school hours.
2. Smoke-free school hours means that neither employees, students nor guests are permitted to smoke on or outside the school property during a school day.
3. Programmes to help students stop smoking:
 - a. Municipal programmes to stop smoking.
 - b. Digital service to stop smoking. XHALE or E-Quit.
4. Information on smoking – e.g. educational material on smoking and/or hold events.

The Danish Cancer Society arranges partnerships for municipalities and schools that wish to work with smoking. For more information see: cancer.dk/roegfriskoletid

There are a number of different types of youth education programmes and education institutions. In collaboration with the Danish Health Authority, the Danish Cancer Society is currently developing material to facilitate the introduction of smoke-free school hours at technical colleges:

Target group: Decision-makers at technical colleges.

Project duration: August-December 2017 (5 months).

About the project: Evidence shows that restrictive smoking rules in schools decrease the risk that children and young people will take up smoking. Therefore, the Danish Cancer Society has focused on developing material that will facilitate the introduction of smoke-free school hours at technical colleges.

The following material is under development:

- **Video material for decision-makers:** Based on interviews with management, teachers and students at three technical colleges. The colleges are at different stages (one college has smoke-free school hours, another has smoke-free school premises, and a third wants to work with smoking). The videos describe why they have introduced stricter smoking rules, how they have achieved this, advantages and disadvantages of smoke-free school hours, their concerns about introducing smoke-free school hours, etc.
- **Booklet for decision-makers at technical colleges:** The booklet contains knowledge and facts about smoke-free school hours, and is intended to inspire school management to introduce smoke-free school hours.
- **Mapping smoke-free school hours at all the country's technical colleges:** Mapping smoking rules at all the country's technical colleges, which will be published on the Danish Cancer Society website as a visual map of Denmark.

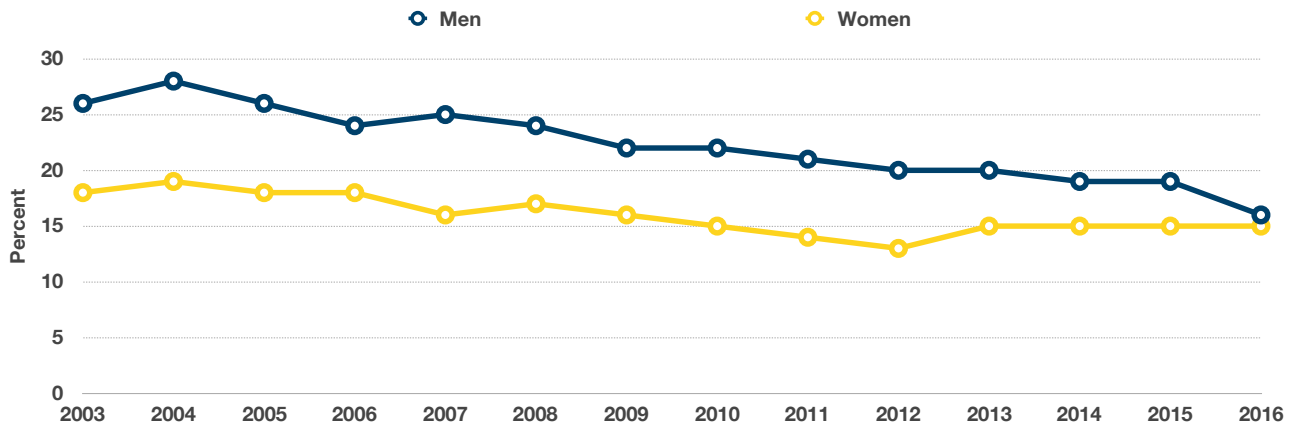
Budget: About DKK 500,000

For further information, contact: The Danish Cancer Society
Prevention & Information, Strandboulevarden 49, 2100 Copenhagen E

Project Manager, Camilla Freltoft Junge, cfjunge@cancer.dk or (+45) 35 25 75 49
Project Manager, Tenna Børsting Christiansen, tennabc@cancer.dk or (+45) 35 25 75 38



Percentage of daily smokers in Finland (20-64 years)



In Finland, the work with smoking cessation is divided between the state, the municipalities and other stakeholders.

The National Institute for Health and Welfare (THL) is a specialist research institute involved in research and development of health services, and in other special assignments in health and welfare. In regard to tobacco and smoking, THL has the task of monitoring and deciding on initiatives to reduce smoking. In addition, they also contribute with expertise and material on the dangers of smoking.

The municipalities are responsible for delivering the primary healthcare services to the inhabitants for general and specialised medical help. Furthermore, they are also responsible for providing assistance with tobacco cessation to their inhabitants.

In addition to the public bodies, other organisations and patient associations play a substantial role in the work against tobacco use. In particular, the public health organisation Action on Smoking and Health Finland (Suomen ASH) provides expert advice on tobacco when a new tobacco policy is being drawn up. Suomen ASH also publishes a variety of brochures and campaign materials. The Finnish Lung Health Association (FILHA) offers training in stop-smoking counselling, and also draws up various research projects on smoking cessation.

Finland is facing a major healthcare reform in 2020, which will mean that the health services currently delivered by the municipalities, and for which they are responsible, will be moved to 18 new regions. This is primarily to reduce expenditure for the individual municipality.

The healthcare reform will also impact on the provision of tobacco cessation services.

In Finland there is an increasing focus on smoking cessation work, and several nationwide projects are underway. Examples include the project Smoke-free pregnancy (Teddy Bear Project) (Raskaus ilman tupakkaa (Nallehanke)), 2017-2019, the objective of which is to prevent and reduce smoking during preg-

nancy, and the MITU-project (Mielenterveys- ja päihdeongelmista kärsivien tupakoinnin lopettamisen tukeminen -kärkihanke, MITU) 2017 -2018 which focuses on stopping smoking among people with mental health problems and substance abuse problems.



SMOKE-FREE MUNICIPALITY

Target group: Finland's municipalities and municipal institutions.

Project duration: The project started in 2012 and currently has financing until the end of 2018.
Collaboration partners: The project and programme for Smoke-free Municipality (Savuton Kunta) is a collaboration between the Ministry of Social Affairs and Health, the National Institute for Health and Welfare (THL), the Association of Finnish Local and Regional Authorities, the Finnish Heart Association, the Cancer Society of Finland, FILHA, the Finnish Association for Substance Abuse Prevention (EHYT) and the Funding Centre for Social Welfare and Health Organisations (STEA).

About the project: The purpose of the project Smoke-free Municipality is to assist municipalities and municipal institutions in their decision-making process to become smoke-free, and to subsequently assist with implementation. Hard work is essential to change an organisation with a well-established smoking culture into an organisation with a non-smoking culture. Smoke-free Municipality has therefore developed ten "smoke-free" criteria which the municipalities can work with and implement to become smoke-free. One of the criteria is to offer employees who smoke support to stop smoking. The programme 28 days smoke-free (28 päivää ilman) is free and available to everybody who is addicted to cigarettes and other nicotine-containing products such as snuff and e-cigarettes. The programme includes four meetings, which can be attended either in person or online. The meetings take up topics related to stopping the use of tobacco.

Status of municipalities which, as of 6 November 2017, have taken an active decision:

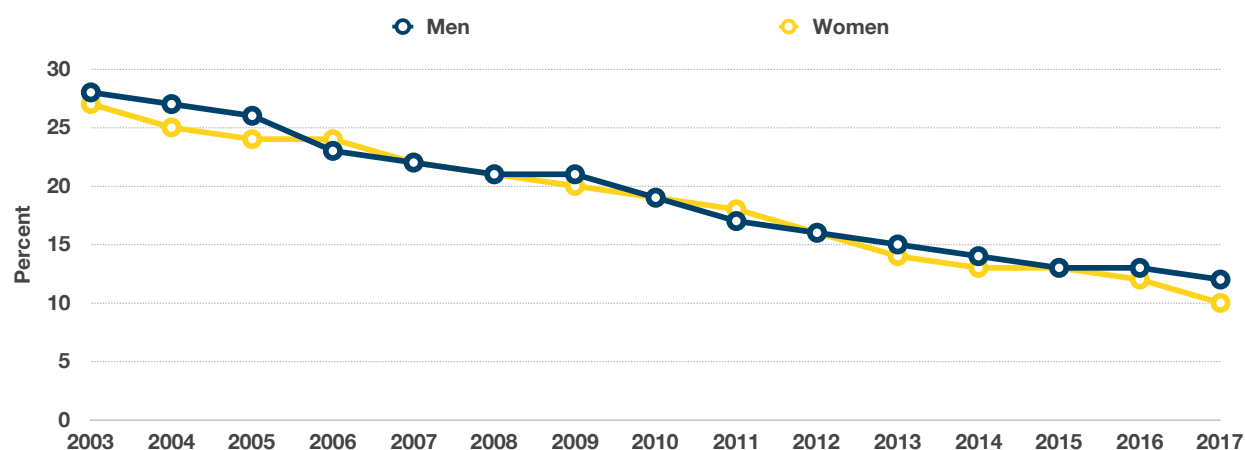
263 municipalities (84.5 %) have taken the decision to become a smoke-free municipality
 34 municipalities (11 %) are in the process of becoming a smoke-free municipality
 3 municipalities (1 %) have taken the decision not to become a smoke-free municipality
 11 municipalities (3.5 %) have not yet come to a decision

Budget: The project is financed by revenue from the Finnish gambling monopoly Veikkaus Ltd. and managed by STEA.

Find more information about the project here:

Smoke-free Municipality (Savuton Kunta): savutonkunta.fi
 28 days smoke-free (28 päivää ilman): 28paivaailman.fi/fi

Percentage of daily smokers in Norway (16-74 years)



In Norway, the work with tobacco cessation is divided between the state and the municipalities.

The Norwegian Directorate of Health is the overarching health authority in Norway and works to strengthen public health and to develop good health services. The Norwegian Directorate of Health is responsible for the smoking and snuff cessation app Stop (Slutta), and trains counsellors in smoking cessation for the municipal Healthy Life centres (frisklivscentraler). The Norwegian Directorate of Health is also responsible for several mass media campaigns produced every year, which are intended to motivate people to stop smoking and using snuff. They use a variety of methods and emotions (humour, fear, etc.) in their campaigns depending on the target

group, the structure of the campaign, and the course of the campaign.

The state has overall responsibility for the specialised health services and treatment of patients. The specialised health services are divided into four regional health trusts with affiliated hospitals. In some cases, the specialised treatment also includes smoking cessation.

The municipalities are responsible for running the primary sector and for the preventive healthcare work aimed at the public. The municipalities therefore have a great responsibility to ensure the provision of local smoking cessation services for their residents. Smoking cessation programmes are available as counselling in groups or individually at the municipal Healthy Life centres.



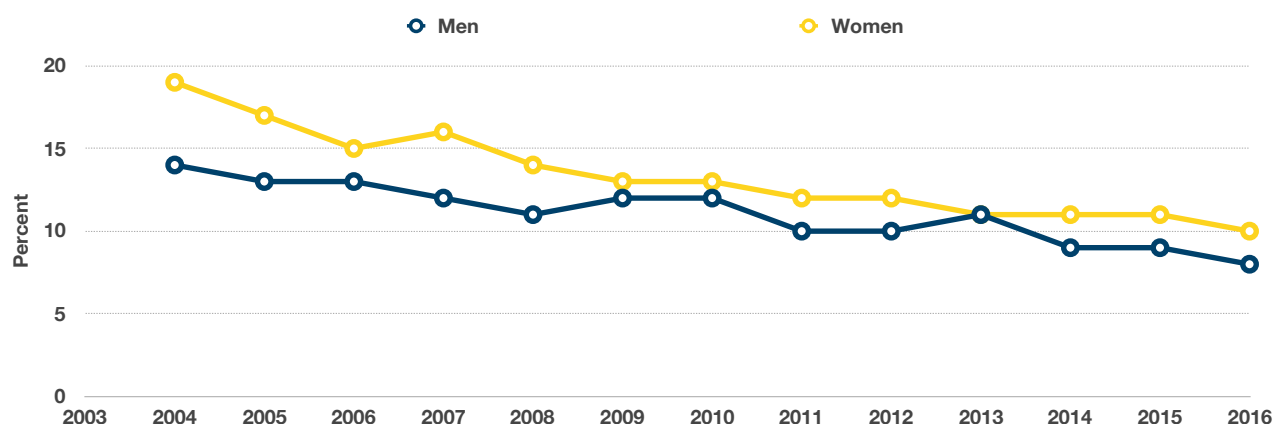
In addition to the public bodies, the voluntary organisations and patient associations such as the Norwegian Cancer Society also play an active role in the battle against tobacco.

Norway has experience from previous projects focusing on smoking cessation. Examples include the Internet-based smoking ces-

sation programme stop.no (slutta.no), which has now been replaced by the Stop app, and the project Time to be smoke-free (På tide å bli uavhengig), which is based on groups of women who practise self-help methods to stop smoking.



Percentage of daily smokers in Sweden (16-84 years)



In Sweden, the work with preventing smoking is divided between the state, the county councils/regions and the municipalities.

The Swedish National Board of Health and Welfare and the Public Health Agency of Sweden are both state authorities under the Ministry of Health and Social Affairs. The work of the Swedish National Board of Health and Welfare within smoking prevention includes responsibility for the national recommendations and guidelines. The work of the Public Health Agency of Sweden within tobacco prevention includes responsibility as the supervisory unit for monitoring the Tobacco Act. In addition, the authorities are also responsible for providing support with knowledge and follow-up in relation to tobacco use and tobacco prevention. Every year, the Public Health Agency of Sweden grants funds to NGOs that

undertake national tobacco prevention work, and they support projects that target the development of health-promotion and preventive work within alcohol, drugs, doping and tobacco.

The county councils'/regions' most important task is to safeguard the Swedish healthcare services and to ensure treatment of patients in general practice and at hospitals. The primary healthcare services and general practice/health centres offer the best options to stop smoking or using snuff; moreover, the dental services also offer smoking cessation. Several hospitals offer support to stop smoking in connection with surgery. The county councils have a joint website where patients can get more information on stopping smoking and tobacco cessation: 1177.se

The municipalities are responsible for upholding the Tobacco Act and undertaking preventive work at the local level. In addition, the municipalities are responsible for the health of schoolchildren. Several municipalities have focused on preventing first use of tobacco in primary schools and providing support to young people who want to stop smoking within the framework of the schoolchildren's health and advisory services for young people.

In addition to the public bodies, interest groups also play an active role in the work with tobacco. In particular, the Professional Associations against Tobacco which is an umbrella organisation comprised of five asso-

ciations: Doctors against Tobacco, Dentists against Tobacco, Teachers against Tobacco and Psychologists, Social Workers and Health Promoters against Tobacco. The Professional Associations against Tobacco have developed a training course with certification in tobacco cessation, which is now the Swedish standard for tobacco cessation within county councils. The Swedish think tank Tobacco facts (Tobaksfakta) is an independent think-tank working in the battle against tobacco and with information on tobacco and the tobacco industry's operating methods. Tobaksfakta's vision for the future is Tobacco Endgame - Smoke-free Sweden 2025.

TOBACCO CESSATION IN LANGUAGES OTHER THAN SWEDISH ON THE STOP SMOKING HELPLINE

Target group: People who wish to stop smoking and who speak a language other than Swedish.

Collaboration partners: The Stop Smoking Helpline (Sluta-Röka-Linjen) is run by the Centre for Epidemiology and Social Medicine in Stockholm County Council in collaboration with Karolinska Institutet.

About the project: The Stop Smoking Helpline is a national telephone helpline, the primary purpose of which is to support people who want to stop smoking and using tobacco. The Stop Smoking Helpline started in 1998.

During 2015, support was developed for people who speak a language other than Swedish. An information leaflet describing what smokers can do to stop smoking can be downloaded from the Stop Smoking Helpline website. The information leaflet is available in Swedish and has been translated into Arabic, English, Farsi, Russian, Somalian, Spanish and Turkish. If more help is needed, it is possible to get help from the Stop Smoking Helpline via an interpreter in the above languages.

It is always possible to contact the Stop Smoking Helpline directly, but a referral from a doctor or other healthcare professional for an appointment means that an interpreter who can speak the relevant language will definitely be present.

Budget: The Stop Smoking Helpline is financed by the state. In 2017, SEK 1,500,000 of ANDT development funds were allocated for work to prepare a research project to evaluate the effect of stopping smoking using an interpreter.

Results: In 2016, the Stop Smoking Helpline conducted 83 appointments with an interpreter. From January to September in 2017, Sluta-Röka-Linjen conducted 96 appointments with an interpreter.

Find more information about the project here:

slutarokalinjen.se

SOTIS: DISCUSSIONS ON TOBACCO IN SCHOOLS

Target group: Children and adolescents in compulsory education and advisory services for young people.

Collaboration partners: The SOTIS: Discussions on Tobacco in Schools (SOTIS: Samtal Om Tobak I Skolan) manual has been developed by Stockholm County Council in collaboration with the Public Health Unit at Uppsala, with support from the National Tobacco Remit, the Swedish National Institute of Public Health (now the Public Health Agency of Sweden). The instructional film for SOTIS has been developed by Psychologists against Tobacco in collaboration with Health Adventure (Hälsöäventyret) in Uppsala.

About the project: SOTIS is a model that has been developed to facilitate discussions about tobacco (smoking and snuff) with pupils in compulsory education and for advisory services for young people. The model was developed using scientific documentation and it employs a combination of cognitive behavioural therapy and motivational interviews. The model describes a structured, brief and repeated message that has been tailored to the pupils' experiences with tobacco.

SOTIS is available in three versions adapted to the pupil's experience with tobacco:

Track 1: The tobacco-free pupil requiring support to remain tobacco-free

Track 2: The pupil who has experimented with tobacco

Track 3: The pupil who uses tobacco

Results: The results of an evaluation reveal that SOTIS can have a short-term beneficial effect for pupils who use tobacco. Systematic use of SOTIS (e.g. in routine pupil health checks) also gives positive effects at school level with a drop in daily smoking. The SOTIS model promotes an open and relaxed dialogue with pupils and, for staff, provides a sound structure and safety in discussions.

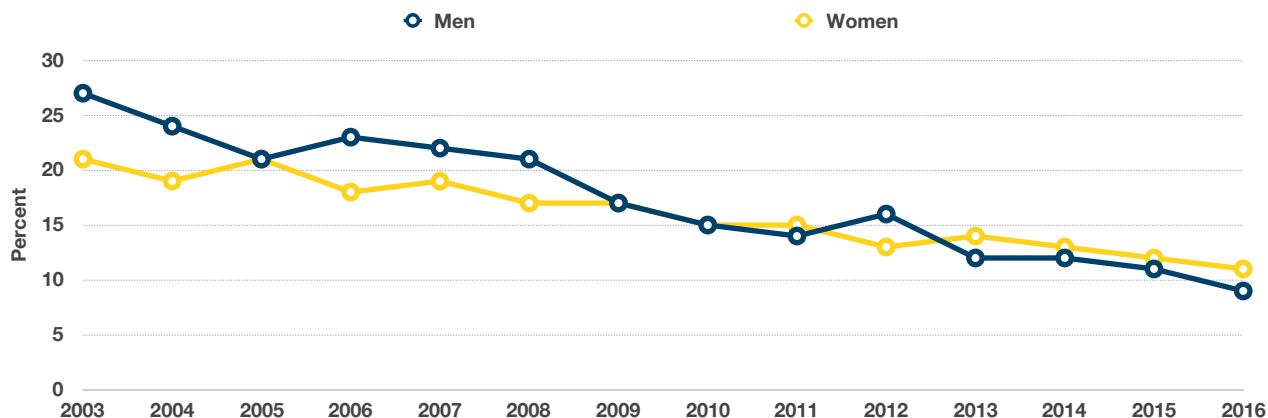
Find more information about the project here:

psychologistsagainsttobacco.org/sotis





Percentage of daily smokers in Iceland (18-69 years)



The primary responsibility for tobacco cessation in Iceland lies with the state.

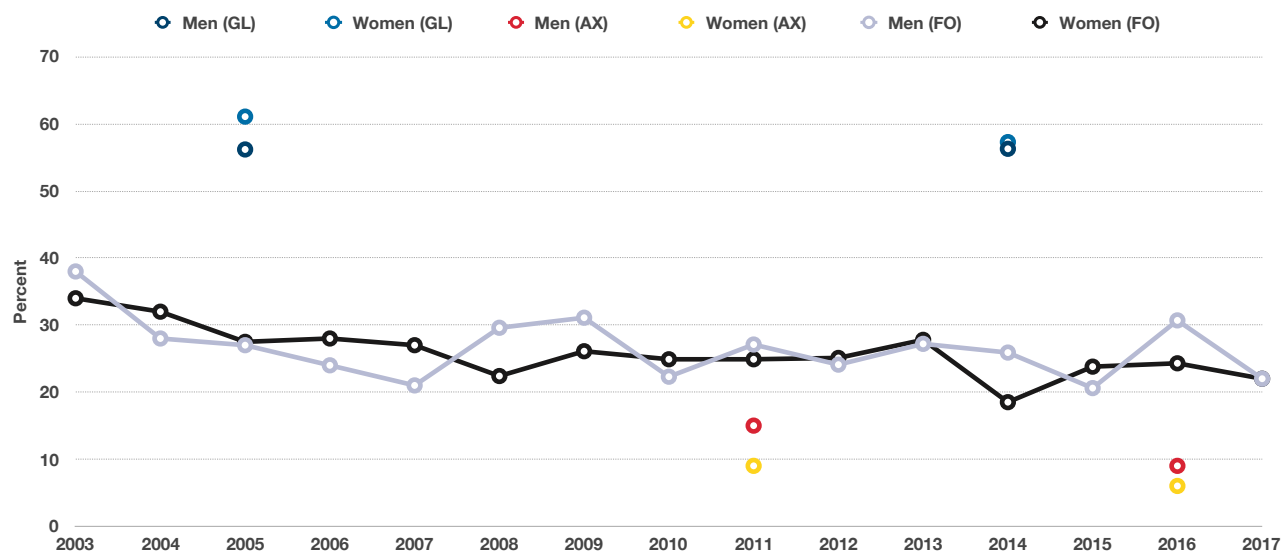
The Directorate of Health under the Ministry of Welfare is responsible for national tobacco control concerning prevention and health promotion. The Directorate of Health primarily focuses on the work with preventing smoking and use of tobacco among young people, for example by using campaigns, competitions, etc.

The Directorate of Health finances the national stop-smoking helpline (Ráðgjöf í reykbíndindi) and is also behind a variety of materials relating to tobacco and smoking cessation.

Every year, the Ministry of Welfare offers funding through a public health fund (Lýðheilsusjóður), by which municipalities and other stakeholders can apply for funding for projects that focus on tobacco cessation, as well as other initiatives that focus on public health.

In Reykjavik, the Icelandic Cancer Society (Krabbeameinsfélagið) offers courses in stopping smoking to businesses and individuals by own payment.

Percentage of daily smokers in Greenland (GL) (18+ years), the Faroe Islands (FO) (15+ years) and Åland (AX) (18-79 years)



In Greenland, the work with tobacco is divided between the Government of Greenland, the healthcare services and the municipalities.

The Ministry of Health, under the Government of Greenland, is responsible for the national recommendations and initiatives for tobacco. The work is based on the public health programme Inuuneritta II – The Government of Greenland's Strategies and Goals for Public Health 2013-2019.

The Ministry of Health focuses not only on preventive initiatives (campaigns, competitions, etc.) but is also responsible for the national SMS service Smoke-free Now! (Røgfri Nu!). The Ministry of Health regularly offers courses to qualify as stop-smoking instructors, in col-

laboration with the Danish Cancer Society. The most recent course for stop-smoking instructors focusing on children and young people was held in 2015 and was aimed at prevention workers from the municipalities.

The most important task of the healthcare services is to safeguard Greenland's healthcare services and to ensure treatment of patients in medical centres and at hospitals. Lifestyle Outpatient Clinics form part of the healthcare services which work with smoking cessation.

The municipalities are responsible for the local frameworks under which individuals and families live. This includes services for smoking cessation.

On the Faroe Islands, the work against tobacco is primarily a national matter.

The Faroese Council for Public Health (Fólkaheilsuráðið) comes under the Ministry of Health and the Interior and works across the board with tasks in prevention and health promotion, and thus also with tobacco. They arrange various initiatives focusing on preventing children and young people from taking up smoking, for schools. They are also responsible for the national SMS service for smoking cessation.

The Faroese Council for Public Health regularly offers courses to qualify as stop-smoking instructors, in collaboration with the Danish Cancer Society. The most recent course for stop-smoking instructors focusing on young people was held in 2015, and was aimed at teachers and youth leaders.

Family doctors can also offer individual appointments to stop smoking to their patients.



Åland's Health and Care Service (ÅHS) is responsible for public health and nursing care on Åland. This applies to everything from preventive health work to specialised hospital treatment, including smoking cessation.

THE TOBACCO BATTLE

Target group: All smokers.

Project duration: 2014-2018.

Collaboration partners: Doctors, nurses and schools.

About the project: The goal is to provide free professional help to stop using tobacco in the form of cigarettes, snuff, etc. Both individual and group-based programmes are offered. A doctor, or other healthcare professional, can refer a patient to The Tobacco Battle (Tobakskampen), but it is also possible to apply to a tobacco cessation programme individually.

In addition to tobacco cessation, The Tobacco Battle also undertakes preventive work in the school health service.

Find more information about the project here:
ahs.ax



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Norway: Helsedirektoratet, www.helsedirektoratet.no

Sweden: Folkhälsomyndigheten, www.folkhalsomyndigheten.se

Iceland: Embætti landlæknis, www.landlaeknir.is

Greenland: Peqqissutsimut Naalakkersuisoqarfik, www.peqqik.gl

The Faroe Islands: Fólkaheilsuráðið, www.folkaheilsa.fo

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