

Interaction

European Network on Young People and Tobacco
Réseau Européen Jeunes et Tabac



Special Smoking Cessation Edition

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EDITORIAL

Thank you, colleagues and friends

The National Public Health Institute (KTL) has been coordinating ENYPAT since 1996. It will terminate at the end of 2005. The basic idea of ENYPAT has been to build a European network of professionals who are working with young people and tobacco, aiming to put science into practice and spread best practices among the countries. Over the years there have been about 10 programmes that have included all the Member States. The biggest single programme has been the Smokefree Class Competition. The scientific evaluations in three countries have shown that the programme has had effects on smoking onset at the behavioural level. It is quite rare that one campaign can have effects at the behavioural level. I hope that this programme will be able to continue in one way or other, including developing different formats for different cultures and age groups.

Most public health workers and programme developers do not read scientific journals. There is a need to transfer scientific findings into a format that is useful for them. For this purpose we have had the ENYPAT Newsletter, in which we have been summarizing the main new scientific findings annually. A one-week ENYPAT spring school has been organized annually for European experts to summarize what is known about young people and tobacco

and what the practical implications could be. The feedback has been extremely positive. I feel that this type of high-level education will also be needed in the future.

With hundreds of meetings, seminars, workshops and many joint programmes we have been able to build a real network among people in the old Member States. We have been able to obtain contacts in all the new Member States and many of them have started some of our programmes or activities. It is a pity that this process will end so soon. I hope that there will be other ways of increasing knowledge and know-how about young people and tobacco in these countries.

Finally, I would like to thank my team here in Finland, the subcontractors in different countries, the teams running the programmes, the Advisory Board and all the other people who have been working with ENYPAT over the years. In spite of all the problems and worries we have had, my feeling is that it has been well worthwhile.

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News from ENYPAT programmes

Just be Smokefree – a smoking cessation programme for adolescents and young adults

Introduction

Recent research shows that adolescents develop the first signs of tobacco dependence within a few weeks [1]. Many young smokers believe they are able to stop smoking without help and overestimate the percentage of adolescents who succeed in quitting [2, 3]. Studies show that young smokers often fail to stop smoking [4].

Therefore, there is a need for cessation programmes tailored to young smokers as the target group. The present paper describes the implementation and evaluation of the cessation programme “Just be Smokefree”.

Method

The programme

“Just be Smokefree” is part of the ENYPAT framework project “Quit and win – don’t start and win” which has been carried out in Germany since 2000. The target groups are adolescents and young adults aged 14 to 25, who a) smoke and want to quit, b) smoke and are not prepared to quit smoking, and c) do not smoke and want to support smokers in their attempt to quit.

“Just be Smokefree” can be carried out in different settings. Different approaches for contacting, informing and supporting the participants are available:

- Printed material for individual use, use with partners or in teams
- Internet: web-site with information, guest-book, tests, registration
- Newsletters are sent via e-mail
- Telephone help-line

Recruitment of participants

Adolescents and young adults who are interested in the programme have to register via mail or the Internet. After registration, all participants receive a quit guide. They are asked for feedback about their progress and about their satisfaction with the programme. Among all respondents who stopped smoking successfully, prize draws are held every three months (with prizes of 1,000 euros in each prize draw). Winners are tested for cotinine by their GP. From April 2002 to March 2003, 3,549 people participated in the programme. We distinguished two groups of participants:

a) Officially registered participants: Participants who decided to stop smoking or to carry out a “self-test”. From this group we assessed data on age, sex, and smoking status. The data analyses for the evaluation of the

effectiveness of the programme were based on this group. b) Internet users: no registration for the programme is needed. Participants use the interactive tests on the Internet or download the materials. Self-tests on the Internet could be filled in anonymously.

89.3% (N=1,265) of the officially registered participants wanted to quit smoking and 152 participants (10.7% of all officially registered participants) registered for the self-test (not wanting to quit smoking though).

2,132 used the Internet offers of which 1,644 participants filled in the anonymous self-tests on the Internet.

Sample

The following analyses only refer to the officially registered participants of the programme (N=1,417). The mean age of the participants was 21.5 years (SD=8.5; 51.2% aged 18 and younger) and 56.7% were female. At registration, participants had smoked 84.4 months on average (SD=80.3) and the mean number of daily cigarettes smoked daily was 14.7 (SD=9.4), average number of previous attempts to quit was 3.1 (SD=2.8).

Follow-up data assessment

At the end of April 2003, a follow-up data assessment was carried out including all participants who had officially registered for the programme until March 2003 (N=1,417). Participants received a prepaid postcard assessing their current smoking status with different questions. They were also informed on the postcard that they could win 500 euros, regardless of their smoking status.

N=466 took part in the follow-up assessment, N=408 coming from the group of participants who wanted to quit smoking and N=58 from the group of “self-testers” (retention rate for both groups: 32.9%).

Results of the follow-up data assessment

Attrition analyses

Participants in the attrition group (who did not take part in the follow-up measurement) smoked 1.7 cigarettes more than participants in the retention group ($t(1,261) = 3.09; p=0,002$). Moreover, in the attrition group, the percentage of daily smokers was significantly higher than in the retention group (86.8% vs. 78.4%; $\chi^2(1) = 14.49; p=0,000$). 35.6% of the registered female participants, but only 27.9% of the male participants took part in the follow-up assessment.

Effects of the programme

Quit rates

Taking into account the participants, who were prepared to quit smoking, N=188 reported to have ceased smoking (Figure 1). In an intention-to-treat analysis, considering those who did not take part in the follow-up measurement as smokers, the quit rate was 14.9%.

On average, participants had stayed smoke free for 143.7 (SD=112.3) resp. 4.8 months, 35% had stayed smoke free for longer than six months.

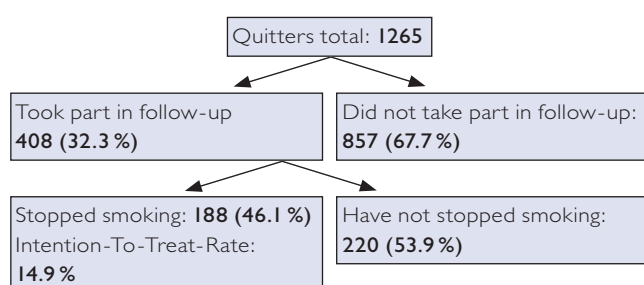


Figure 1. Results of the outcome evaluation study. N at first data assessment = 1,265 (Participants who were prepared to quit).

Predictors for quitting

Logistical regression analyses were applied in examining the predictors for successful quitting. Smoking status served as a dependent variable with categories “stopped smoking” and “still or again smoking”.

Predictors	OR	95 % CI	p
Age	1.03	1.00–1.06	0.016
Gender	0.58	0.38–0.87	0.008
Type of participation	0.94	0.69–1.26	n.s.
Daily smoking	0.37	0.22–0.62	0.001
Confidence to be able to stop smoking	1.92	1.42–2.63	0.000
Subjective importance to stop smoking	1.20	0.84–1.73	n.s.
Prior quit attempts (yes / no)	0.97	0.57–1.65	n.s.
Number of used cigarettes at time of registration	0.96	0.93–0.99	0.045
Duration of smoking	1.00	0.99–1.01	n.s.

Table 1. Predictors for successful quitting.

Table 1 shows the main results of the analyses. On average, participants who managed to quit smoking were two years older than those who did not quit (20.8 vs. 22.9 years) and more often male (54.6% men and 41.0% women stopped smoking). Another predictor for successful quitting was daily smoking at baseline: in the group of the successful quitters, 69.6% of the participants had smoked daily at the beginning of the programme. In the group of participants who did not manage to stay smoke free, 86% smoked daily at the beginning of the programme. Furthermore, the more confident the participants were at baseline, the more successful they were in quitting.

Discussion

Results of this study indicate that “Just be Smokefree” is a suitable tool to reduce smoking by young people. An intention-to-treat-analysis showed a quit rate of 14.9%. This can be considered a satisfactory result compared with other studies, and as a recent review on the effects of 66 smoking cessation programmes for adolescents showed a mean success rate of 12% [5].

This study revealed a gender difference: while only 41% of the women reported to have quit smoking in the follow-up assessment, 54.6% of the men were able to stop. A number of clinical studies indicate that women have more difficulties in stopping smoking than men [6]. In addition, research indicates that the first signs of tobacco dependence develop within weeks or months and that girls have a greater risk of developing an early dependency [1]. These results support the urgent need for intervention tailored to women especially.

Besides gender, age was an important factor for successful quitting: Older smokers had a higher chance of successfully quitting smoking than younger ones. Moreover, daily smokers and smokers with a larger number of smoked cigarettes were less likely to quit smoking. This is a result, which has been described in the literature [7].

Participants could register within a time period of 12 months for the programme, but were all assessed at the same time. Thus the time intervals for the follow-up data assessment show a great variance. For that reason, we assessed not only whether participants managed to quit smoking, but their duration of abstinence. The mean abstinence duration was 4.8 months, which is longer than the recommended four-weeks-abstinence as the standard criterion for the evaluation of the effectiveness of smoking cessation programmes in adolescents and young adults [8]. However, it does not reach the six-month-follow-up interval applied in studies examining cessation programmes in adults [9].

The study has methodological weaknesses, which shall be addressed:

- Self-reported smoking behaviour was not validated by biochemical measurement in the follow-up data assessment. Therefore, a failure to tell the truth cannot be ruled out when the data was assessed. However, all participants were assured that they could win 500 euros regardless of their current smoking status. Thus it seems to be rather unlikely that participants would have felt the urge to lie.
- The study is not a control-group-study, so the assessed changes in smoking behaviour could be caused by other factors than the programme. However, the assessed changes in smoking behaviour are so high that other reasons do not seem to be plausible at first sight.
- The retention rate was low with 32.3% in the group of participants who wanted to quit.

Project funding and co-operating institutions

"Just be Smokefree" is supported by a health insurance company ("Deutsche Angestellten Krankenkasse, DAK") and the "Deutsche Krebshilfe" (German Cancer Aid). IFT-Nord co-operates with the "Berufsverband der Kinder- und Jugendärzte" (German Association of Pediatrics) and the "Bundesärztekammer" (German Medical Association).

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Gudrun Wiborg, Reiner Hanewinkel, Barbara Isensee & Wolf-Rüdiger Horn

This article is based on the German publication:

Entwicklung, Implementation und Evaluation eines Programms zur Entwöhnung vom Rauchen für jugendliche und junge erwachsene Raucher [Development, Implementaion and Assessment of a Smoking cessation Programme for Adolescents and Young Adults]. *Gesundheitswesen* 2004; 66: 433 – 438.

Recent Findings in Research

Do u smoke after txt? Results of a randomised smoking-cessation using mobile-phone text messaging

A Rodgers, T Corbett, D Bramley, T Riddell, M Wills, R-B Lin, M Jones

The objective of this study was to determine the effectiveness of a mobile-phone text-messaging smoking-cessation programme. The study was carried out in New Zealand and a randomised, controlled trial was used as the form of the study.

1,705 smokers throughout New Zealand who wanted to quit, were over 15 years of age and owned a mobile phone were randomised into two groups, (i) an intervention group that received regular, personalised text messages providing smoking-cessation advice or support or distraction from smoking, or (ii) into a control group. All the participants received a free month of text messaging that started on the day they quit for the intervention group in order to assist with quitting, and at six months for the control group to encourage follow up. Follow up data were available for 1,624 participants (95%) at six weeks and 1,265 (74%) at six months.

The main aim of the trial was current non-smoking (not smoking in the past week) six weeks after randomisation. Secondary aims included current non-smoking at 12 and 26 weeks.

The results showed that more participants had quit at six weeks in the intervention group than in the control group: 239 (28%) v 109 (13%), relative risk 2.20 (95% confidence interval 1.79 to 2.70), $p < 0.0001$. The effect of this treatment was consistent across subgroups defined by age, gender, income level, or geographical location (p homogeneity > 0.2). The relative risk estimates were similar in sensitivity analysis, with adjustments for missing data and salivary cotinine verification tests. Reported quit rates remained high at six months, but there was some uncertainty about group differences because of incomplete follow-up.

In conclusion, this programme offers the potential for a new way to help young smokers to quit, being affordable, personalised, age-appropriate and not location-dependent. Future research should test these findings in different settings and provide a further assessment of long-term quit rates.

Tobacco Control 2005 Aug; 14 (4): 255-261

Are anti-smoking parenting practices related to adolescent smoking cognitions and behavior?

Rose M.E.Huver, Rutger C.M E.Engels and Hein de Vries

The aim of this study was to explain the effects of anti-smoking preventing practices on adolescent smoking conditions and behaviour by showing the mediating effects of cognitions. Data were gathered among Dutch high school students in the control condition of the European Smoking Prevention Framework Approach (ESFA).

Anti-smoking parenting practices were measured by parental reactions to smoking, house rules, and frequency and content of communication about smoking. Attitudes, perceived social influences and self-efficacy were made up for smoking cognitions. Additionally, intention to smoke was measured. Relations between practises and cognitions were mostly significant. While some practises were associated with less smoking (communication about health risks of smoking, health risks of breathing in smoke, addictive qualities of smoking and attention for smoking in school), others were related to increased changes of smoking (rewards for not smoking, frequency of communication about smoking, communication about being allowed to smoke, price of cigarettes and friends smoking).

The effects of parenting hardly varied by parental smoking status or adolescent gender. Several practises operated through conditions, which was more pronounced in older adolescents. Counter-productive effects of practises and the few effects in the longitudinal analysis indicate that the order in which parents and adolescents influence each other should be examined more closely.

Health Education Research 2005 Jul; 6; [Epub ahead of print] by Permission of Oxford University Press

Psychosocial predictors of smoking trajectories during middle and high school

Lorien Abrams, Bruce Simons-Morton, Denise L. Haynie & Rusan Chen

Little is known about the heterogeneity in and risk factors associated with trajectories of smoking during adolescence, this study aimed to identify smoking trajectories empirically and identify risk factors for trajectory group membership. Latent growth mixture models were used to identify population smoking trajectories, and logistic regression was used to estimate risk factors for group membership.

The participants were drawn from seven middle schools in a Maryland school district. There were 1329 participants. The participants were 6th graders and were followed to the 9th grade. In the fall of 6th grade, risk factors were measured and the smoking stage was assessed on five different occasions between the fall of 6th and 9th grades.

In this study five distinct smoking trajectories were identified. Overall, being female, having friends who smoked, deviance acceptance and outcome expectations were associated with an increased likelihood of being an intender, delayed escalator, early experimenter and early user compared with a never smoker. Additionally, comparisons with never smokers revealed unique identifiers for intenders, early experimenters and early users, but not delayed escalators. The study concluded that there is much heterogeneity in the manner in which middle schoolers progress from having no intention of smoking to becoming smokers. Implications for prevention programmes are discussed.

Addiction, 2005 Jun; 100 (6): 852-61.

A school-based harm minimization smoking intervention trial: outcome results

Greg Hamilton, Donna Cross, Ken Resnicow, Margaret Hall

This paper is aimed at determining the impact of school-based harm-minimization smoking intervention compared with traditional abstinence-based approaches.

A school-based cluster randomized trial was conducted in Perth, Western Australia in 30 government high schools from 1999 to 2000. Schools were randomly assigned to either harm minimization intervention or a standard abstinence programme. Over 4,000 students were recruited. The harm-minimization intervention comprised eight 1-hour lessons over 2 years, quitting support from school nurses and enactment of policies to support programmes and policies. Cigarette smoking was categorized at two levels: regular smoking defined as smoking 4 or more days in the previous week; and 30-day smoking as any smoking within the previous month.

At immediate post test (20 months baseline), after accounting for baseline differences, school-level clustering effects, socio-economic status, gender and family smoking, intervention students were less likely to smoke regularly [OR = 0.51, 95% confidence interval (CI) = 0.36, 0.71] or to have smoked within the previous 30 days (OR = 0.69, 95% CI = 0.53, 0.91).

The conclusion of this study is that harm-minimization appears to have been more effective in reducing regular smoking than the abstinence-based social influence programme.

Addiction, 2005 May; 100 (5): 689-700.

Youth Smoking Cessation Interventions

Adolescent smoking cessation: evaluating a European pilot programme

Authors: Sarah Francis, Ingrid Geesink and Laurence Moore, Cardiff Institute of Society, Health and Ethics (CISHE), Cardiff University, Wales.

Background

Smoking cessation projects for adolescents, funded by the European Commission, were piloted in Belgium, Denmark, Greece, the Netherlands, Portugal, the Slovak Republic, Spain and Wales. The initial timeframe for the programme was January to December 2004. However, the EC agreed to extend the programme until December 2005. Two additional countries, Italy and Romania, are participating in the second year of the programme.

The programme is being co-ordinated by the Health Promotion Division, Welsh Assembly Government, and they appointed researchers at the Cardiff Institute of Society, Health and Ethics (CISHE), at Cardiff University, to evaluate the pilot programme. This includes a process evaluation drawing on case studies with six pilot projects to provide an in-depth insight into project set-up and implementation. In addition, a minimum data set has been designed to collect comparable outcome data across the pilot programme. The evaluation will continue until the end of 2005. This paper focuses on the preliminary results of the process evaluation conducted in 2004, including key lessons about what works in setting up and implementing projects with a particular focus on adapting smoking cessation activities for adults to the different and transient needs of adolescents.

The projects

Most projects targeted 16 to 18-year-olds although some focussed on younger age groups and some older, including university students. Typically projects were based on a model of six cessation sessions, usually in school-based settings during lesson time or outside school hours. Box 1.1 presents approaches adopted in two countries, exemplifying the range of interventions piloted.

In addition to cessation sessions, projects also facilitated a range of other support activities including: information meetings for teachers about school smoking policies; cessation courses for teachers and other staff; quit lines; information meetings for students and up-dates on teaching materials available. Also, two projects devised self-help computer programmes and internet based resources to supplement face-to-face cessation support.

What was learned about establishing adolescent smoking interventions?

Levels of support

Establishing networks of support within delivery settings was seen as fundamental to effective project delivery and project managers stressed the need for support from a wide range of stakeholders, including teachers, school boards and parents. However, there was an acknowledgement that the organisation-wide approach is

Box 1.1: Interventions**Country A: Providing a quit experience**

Six weekly workshops were facilitated during health education lessons for those young people who initially expressed a desire to quit. The sessions focused on understanding smoking behaviour; the effects of smoking and withdrawal, quit strategies and skills development, (especially refusal skills, assertiveness and communication). Participants were encouraged to set a quit date after the first two workshops and carbon monoxide monitors provided feedback on their progress. A self-help cessation pack was produced to supplement the cessation sessions. Key principles underlying the approach included: running the sessions in a fun, non-judgemental environment; encouraging active participation by young people; differentiating sessions and materials according to educational and ability levels; and building up a relationship of trust between the facilitator and the participants. Participant engagement was an integral part of the project with young people's views being taken into account, particularly in relation to the timing and venue of the workshop.

Country B: Focus on preparing to quit

This pilot targeted young people aged between 15 and 20 in vocational schools, reflecting a lower social-economic background and higher percentage of daily smokers. Five smoking awareness sessions were organised during class hours, preceded by a general information meeting for both smokers and non-smokers. The aim of this project was to prepare young people to quit smoking at some point in the near future, though not necessarily during the cessation course. However, during one session all participants were asked to sign a contract in which they declared their intention to quit smoking by a specified date. Rather than stopping smoking altogether, participants learned to 'cut out crucial smoking moments', such as not having a cigarette after dinner, as a means of cutting down. Subsequent sessions focused on withdrawal symptoms. A special training manual was developed to support both facilitators and participants.

difficult, takes time to set up and needs to be integrated within a broader tobacco control strategy. One project facilitator commented on the importance of developing partnerships with schools for the cessation project and for addressing health in the wider context.

“We couldn’t do the project without the link teachers... they’re absolutely crucial in terms of me going into the schools and having a group there...Also, it’s really positive if they do get involved in working in partnership with me because it means that they’re putting health as a priority on their agenda and that means that they’re making some positive steps towards incorporating and working on health within schools. So that’s a positive thing, and you know hopefully it will be a relationship, a partnership that can be built on and maintained for future programmes to run in schools.”

Recruitment

Projects reported that recruitment was a challenging issue and several experienced problems recruiting the numbers of adolescents anticipated. However, it should be recognised that some cessation activities might be better delivered to a select, highly motivated group where higher numbers may prove counter-productive, especially if some members of the group are not fully motivated. Striking a balance between recruiting higher numbers and recruiting those at an appropriate motivational level is important and will depend on the chosen objectives of the project.

Some projects had a broad remit to target regular and occasional smokers while others had a narrower focus selecting only daily smokers. For example, one project used a procedure to select adolescents who were heavy smokers and motivated to quit. Students filled in a smoker profile questionnaire and those who met the selection criteria (voluntary attendance, possibility of extra time to quit, positive dependence and high levels of motivation) were accepted for the intervention. Other studies (Engels et al, 1998; Pallonen et al, 1998; Mermelstein, 2003) have explored the readiness to quit of the adolescent smoking population and suggest that a relatively small group (about 15-19%) are seriously considering quitting, with a further 30% ready for ‘priming’ for future interventions. This suggests a diversity of approaches is needed for tackling adolescent smoking which take into account young people’s motivation and readiness to quit.

Projects were creative about the recruitment of young people, using a range of strategies to try and engage adolescents, such as initial information sessions which provided an opportunity for young people to meet facilitators and ask questions about issues such as confidentiality. Some projects experimented with the use of incentives as a recruitment tool including CD vouchers and gym membership. An earlier evaluation of pilot work in Wales (Stead et al, 2002) identified that incentives and rewards can play various roles including ‘generating initial interest’, ‘encouraging attendance’ and ‘enhancing cessation motivation’. Overall, project managers stressed the importance of the recruitment phase of the programme and advocated investing time in this.

Follow-up support

Feedback from project managers, facilitators and young people themselves suggests that follow-up support is needed to sustain outcomes beyond the end of the cessation course. While in the adult cessation literature (Fiore et al, 2000) there is evidence that support over extended periods leads to improved long-term cessation success, most adolescent cessation activities have been of a relatively short duration. Project partners and young people regarded follow-up support as a key issue. One teacher stressed the importance of follow-up support as a way of avoiding an abrupt end to the project and suggested a number of follow-up strategies.

“Not necessarily sessions, but follow-up visits...Then maybe if it was initially one month later, then three months later, then six months later, that’s the end of it now and it comes to a more gradual end and there’s a follow up to it. Because they’re only probably getting started on it and then they haven’t really got the maturity to think well we had that and I’ll do it myself next time. It’s asking a lot of them to remember what it is they think they learnt and putting that into practice. Three months in the life of a 15 or 14- year- old is a huge length of time, you know so much happens for them.”

Further consideration should be given to the format of follow-up support and whether there are ongoing sessions on a less frequent basis, drop-in by facilitators, access to an off-site facility, or something which the school facilitates itself.

What was learned about delivering adolescent smoking cessation interventions?

The pilot programme also provided insights into what works in delivering adolescent smoking cessation. There is a growing recognition amongst cessation practitioners that approaches that may work well with adults need to be adapted to take into account the different (sometimes very different and changing) needs of adolescents. Issues such as ensuring confidentiality and encouraging commitment are important to adolescents; whereas an adult-based approach is primarily influenced by individual addiction, peer influences play a greater role among adolescents. These considerations have implications at the beginning of cessation interventions in terms of spending time identifying those at the right stage of motivation, and also during follow-up where more structured support over a longer period may be required than might be the case with adults.

The role of the facilitator is also more prominent in adolescent cessation since the facilitator's attitude and approach play a key role in how well young people respond, both in terms of initially signing up for the project and in terms of their ongoing commitment to cessation. An earlier evaluation of pilot work in Wales (Stead et al, 2002) found that successful facilitators incorporated a combination of smoking cessation expertise and the ability to work with young people in a group setting. In addition, the initial rapport that young people establish with the facilitator is important and this includes developing an empathy with the young people and an awareness of their social contexts. As one project manager commented:

“They’re looking for a role model and for someone to support them a bit, motivate them really, motivate them about quitting smoking, but also about other things within their lives.”

It is also important to recognise the teenage years as a phase of change which means that interventions must take account of where young people are at in terms of their social, emotional and environmental needs. However, there is a tension here between responding to individual needs and recognising that these individual needs are constantly changing. Tailoring approaches accordingly is one of the key challenges for adolescent smoking cessation practitioners.

Conclusion

The European pilot smoking cessation programme has tested out different approaches for adolescents and to date the evaluation has highlighted learning points in relation to setting up and delivering cessation interventions for this group. The context for adolescent smoking and the challenges faced in cessation varies between and within countries but this paper has drawn out generic learning points.

All of the pilot projects were at an early stage in their development and were being established in contexts with no pre-existing adolescent smoking cessation services, and in which the concept of such a service for adolescents was new to both adolescents and partner organisations. As they were new projects, they were still undergoing development during the evaluation period and were not strongly embedded within broader tobacco control strategies.

The pilot services had inevitably drawn upon experience and models for adult services, but there was an emerging recognition of the dynamic and diverse needs and responses of the younger age group. Cessation support for adolescents has to take account of the fluctuating needs of this group – in terms of cigarette consumption, motivation and wider social needs. Gaining support from partner organisations, investing time in the recruitment phase and providing longer term support all appear to be important in maximising the effectiveness of adolescent smoking cessation services. However, it may prove difficult to address these issues without increasing resources available for these services.

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The full evaluation report will be available on the following websites:

Cardiff Institute of Society, Health and Ethics (CISHE)
<http://www.cf.ac.uk/socsi/cishe/>

Welsh Assembly Government, Chief Medical Officer (CMO)
<http://www.cmo.wales.gov.uk/content/index.htm>

Internet as an underutilized smoking cessation resource in Europe

How could we make it any more without the Internet? And how did we actually make it before the Internet era? In recent years, the Internet has become an increasingly popular medium for seeking information. Health issues are roughly the second most common topic sought on the Internet. It has been estimated that 60-80 % of adult Internet users have used the web to obtain health information. For adolescents the Internet is an even more familiar forum, but according to research they do not seek health information as often as adults. What kind of resources, then, does the Internet offer in the area of smoke-free action in Europe?

Tobacco and smoking issues are thriving among other health-related issues on the Internet. The issues are not approached exclusively from an anti-tobacco perspective; tobacco industries use the new media for their promotional purposes. But luckily, the capacity of the Internet alongside other anti-smoking activities has been realized. There are a wide variety of websites both commercial and public interest, providing information of the risks of smoking and encouraging smokers to quit.

A web cessation project was launched in March 2005 in order to map and evaluate existing smoking cessation services on the Internet in European Union countries. The project is being carried out by the National Public Health Institute of Finland and financed by the European Union. On one hand, the project researches the distribution of

cessation websites in European countries. On the other hand, it outlines quality guidelines for cessation websites.

Websites in general consist of two elements: information and interactive services. At its simplest a cessation website contains information on smoking and quitting. Information-based websites are static, interactive websites dynamic. Interactive cessation services offer a site-visitor an opportunity to communicate with others - smokers, quitters or health professionals in different ways. More advanced interactive websites can provide quitters with individually tailored, automatic messages delivered by the service system. Messages supporting the quitting process are tailored according to individual smoking profiles, defined through electronic questionnaires on the website.

The Internet can no longer be considered a new phenomenon. However, when existing European cessation websites are compared it has become clear that interactive cessation services are not yet so common from a European perspective. Tailored, computerized cessation websites are even rarer and a still-developing area. In some countries there are no smoking cessation websites, whether interactive services or solely information-based. Especially in east and south-European countries the Internet is still an underutilized resource in the area of smoking cessation. In central or northern Europe more interactive websites can be found. Cessation websites for adolescents are not so common, either.

The Internet offers a variety of advantages, because it can reach a large number of smokers. In terms of accessibility, the Internet is equal in terms of race, age, income and educational attainment. Anonymity, convenience and a large quantity of information are qualities that are commonly appreciated among Internet users. The Internet is available around the clock, and in any place where a web browser is available. Anonymity, though, is a double-edged sword from the point of view of cessation. Smokers and quitter often need an anonymous contact because behaviour posing a health-risk is felt to be stigmatizing, not to mention a guilt-arousing topic. Therefore, it may be easier to start communication without face-to-face contact. On the other hand, anonymity also brings the risks of low commitment by web visitors. A cessation website, however high-quality, cannot resolve the problem of smokers' low motivation to quit nor create motivation.

What kind of development would systematically benefit virtual smoking cessation in Europe? First of all, it would be necessary to have smoking cessation websites in all European languages. Because the Internet is not dependent on the borders of the countries, it is not necessarily essential to have a cessation website in every country, but in every language instead, not forgetting different minorities and age groups. A second, but not less important focus of attention, is the quality of the smoking cessation websites.

The basic point of departure for a cessation website is to offer information on the risks of smoking and the quitting process. Without interactive services though, the full capacity of the Internet is not being fully utilized. Therefore, the development of interactive services for smokers and quitters is most essential. Online chats, tests, feedback messages, discussion forums for quitters in order to exchange experiences, the possibility of keeping a quitting diary on the web or obtaining consultation from a health professional are all important features for a functioning cessation website.

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Web-based smoking cessation and prevention in the Netherlands

Froukje Dijk, MSc; Hein de Vries, PhD; Astrid Reubsaet, PhD

Introduction

In the Netherlands, programmes on smoking prevention for young people are primarily aimed at children in the final years of primary school and in the first year of basic vocational or high school. For older adolescents, however, little education is available on this subject. Even though most adolescent smokers start smoking before the age of 15, a substantial group takes up smoking when they are older. Therefore, smoking prevention still needs to pay attention to these adolescents. Many adolescent smokers start thinking about quitting from the age of 15. Focus group interviews with Dutch adolescent smokers between 15 and 20 years of age discovered that they wanted help if attempting to quit smoking, but did not know how to obtain this help. Non-smoking adolescents or smokers not motivated to quit knew less about the negative health consequences of smoking than they thought themselves. When asked about their preferred receiving education on smoking (cessation), they preferred personal over general information, and the Internet as the channel of choice. The Smoke Alert Project was initiated to provide adolescents aged between 15 and 18 with this personal information on smoking and to help them quit the habit. Smoke Alert is a study on the effectiveness of a web-based smoking cessation and prevention programme for adolescents between 15 and 18 years of age. The study is an initiative of Maastricht University and STIVORO for a smoke-free future and is financially supported by a grant from the Netherlands Organization for Health Research and Development (ZonMW).

Design of the study

The goal is to include 5,000 adolescents between 15 and 18 years of age in this study. Adolescents are recruited through schools and under supervision of a teacher they

fill out three web-based questionnaires within a year. Participating adolescents are randomly assigned to one of the three conditions in the study. Adolescents in the first condition receive a personalized advice through the Internet immediately after filling out the questionnaire. Adolescents in the second condition receive their personalized advice as a letter that is sent to their school a few weeks after filling out the questionnaire. Adolescents in the third condition receive no advice. Within the six months between the first and second measurement, both experimental conditions (Internet and letter condition) will receive advice on smoking on three occasions. Six months after the pre-test all participants fill out the second questionnaire and to measure long-term effects of the intervention, the third measurement will be held 12 months after the pre-test. During the last measurement a saliva specimen will be taken from 100 participants, and analyses will bio-chemically validate their self-reported smoking status.

Questionnaire

The Smoke Alert questionnaire is based on the I-Change model (de Vries, Mudde et al. 2003) and consists of questions on biological factors (gender, age, diseases), psychological factors (depression and self-esteem), social-cultural factors (ethnicity, school level, parents' occupation, spending money, school level, religion). Smoking-related factors in the questionnaire are: awareness factors (knowledge on health effects of smoking, cues to action, risk perception), parenting practices, school policies with regard to smoking, cigarette availability, current and past smoking behaviour, attitude towards smoking and quitting, self-efficacy not to smoke, social norm, social pressure, action plans and intention to smoke or quit. These questions are asked at baseline, 6-month follow-up and 12-month follow-up. For the second and third questionnaires a short version is used that contains only questions on attitude, social influence, self-efficacy, intention, action plans and smoking behaviour.

Feedback

After filling out the first questionnaire, the two experimental conditions receive personalized advice of about 3-5 pages. The Internet condition also includes movie clips on resisting pressure to smoke and on the effects of smoking on health and the body. The initial information sent out focuses on the respondents' attitude towards smoking and smoking cessation, as well as teaching them how to resist the pressure to smoke. If the respondent is a smoker, useful tips on how to quit smoking are also included. After this initial advice, respondents are invited by e-mail two times to visit the website again and fill out a short questionnaire. After filling out this questionnaire, they receive more advice that is based on answers from the current questionnaire as well as the previous questionnaire. Respondents receive advice based on their change in smoking behaviour, cognitive factors and action plans since the last measurement.

Response

Since the launch of the Smoke Alert website in March 2005, 2,152 adolescents filled out the baseline questionnaire. The mean age of respondents is 16.5. Just over half of the respondents are female (52%) and 43% have never smoked a cigarette. Twenty percent of the respondents smoke at least once a month. Almost 30% have quit smoking after having smoked regularly or after trying smoking just a couple of times. Of the 406 daily and weekly smokers, 25% intend to quit within 6 months. Many adolescents (44.5%) have no intention of quitting at all. The remaining 30.5% intend quitting some time in the future. Of the 1,569 non-smokers (never smokers and quitters), 1004 (64%) are sure they will never start smoking (again) and 33.5% expect not to start smoking, but are not sure. The remaining 2.5% thinks they might start smoking (again) in the future.

Proceeding of the project

The inclusion of participants for the study will continue until November 2006. The final post-test measurement will be in October 2006. If proven successful, this intervention will be implemented nation-wide by STIVORO, for a smoke-free future.

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Xhale.dk – new media smoking cessation for young people

Over the past couple of years the smoking prevalence amongst Danish 16-20 year -olds has steadied at around 30 % - approximately 20% are daily smokers and the rest occasional smokers (MULD 2003). Almost half the current smokers would like to quit. In response, a permanent Internet -based smoking cessation programme for young people has been developed. The Danish National Board of Health and the Ministry of Health and the Interior provided the funding for the Danish Cancer Society to develop the programme.

The purpose of Xhale.dk is to offer young smokers aged between 15 and 25 easy access to smoking -cessation support using the media preferred by young people.

Methodology

For a number of years the Danish Cancer Society has experimented with how best to exploit the Internet for adolescent smoking cessation purposes. Until Xhale.dk was launched, an Internet -based Quit and Win competition was held in January every year between 2000 and 2004. Because of the ever -growing use and dissemination of the Internet, mobile phones and e-mail, a programme combining these media proved to be a very useful smoking cessation tool. Further more the method complemented existing cessation programmes mainly consisting of cessation groups. In addition, the web -based programme had an added advantage in reach and accessibility (96% of Danes aged 16-19 years and 90% of people aged 20-39 have access to the Internet and 90% of all Danish households have mobile phones).

On the basis of a review of international literature on adolescent smoking cessation a number of factors/ principles believed to be decisive for successful attempts to quit have been identified, and the general strategy employed by the site is to work with both cognitive-behavioural principles and motivational enhancement. (decision to quit, quitting smoking, maintenance).The Danish Cancer Society believes that a combination is the

best approach for young people. In short, this means that a successful attempt to quit involves a decision to quit, actually quitting and staying smoke free. In order to be able to go through with this it is imperative for quitters:

- to be able to resist temptation and social pressure from friends and other social relations
- to be able to cope with stress, negative emotions and nicotine dependency,
- to have strong self-efficacy
- be able to pursue a goal
- perceive the health risk as being personally relevant

This means that rather than 'just' quitting a qualified attempt to quit involves the young person:

- seeking information about smoking and smoking cessation
- identifying difficult situations
- laying down coping strategies
- reflecting on quitting experiences
- determining new or maintaining existing coping strategies

The idea with xhale.dk is to try and translate the principles to work on the Internet. Thus the programme was designed to accommodate both those who need preparation and those who want to quit straight away plus those who just wanted information about the health effects of smoking.

Xhale.dk

Xhale.dk has a simple structure with only three main areas plus a test and basic personal data at on entering the site.

'Why quit' is an open- to- all area containing information about smoking and dependence. The information is communicated in a number of ways using traditional text, unpleasant pictures and films, tests and games. All the information aims to make the consequences of smoking

personally relevant by allowing potential quitters to use their own smoking habits as the departure point whenever possible.

'Quit soon' is an area designed for people who need to prepare for their attempt to quit. In the course of the preparation phase the quitter is presented with a number of exercises that emphasize becoming aware of personal smoking habits and how quitting will affect every-day life. The exercises are sent by e-mail to those who have signed up for this service. Apart from exercises, the "quit now" area contains options to chat with other quitters, write down the pros and cons of quitting smoking, how not to gain weight, a diary for personal notes and an option to ask questions directly to advisers working at the Quitline service at Copenhagen Municipal. In the last few days before the quit date, quitters can receive SMS or e-mails counting down to the quit date. When the quit date is reached, the quitter automatically continues in the 'Quit now' programme. Access to this area requires the xhale test and entry form to be filled out.

'Quit now' is an eight -week computer -tailored programme that allows a simple form of feed back and personalized advice focussing on motivation and self-efficacy. Personal information such as the quit date, number of smoke-free days and money saved is updated on a daily basis. In the event of a relapse this information is reset. The personal diary is updated every day with information about either the quitter's physical progress or moral support. This information is also sent out in a daily SMS and weekly e-mails. Information is available on how to cope and how other young quitters have managed to avoid a relapse in different situations. It is possible to chat with like-minded young people and put questions to professional advisers from Quitline, which is managed by Copenhagen Municipal. Besides this, the programme contains various photos, films, tests and games.

Statistics

The site was launched in September 2004 and has so far attracted 53, 000 visitors. 2, 700 people with an average age of 22.6 years have signed up for the programme which is approximately equivalent to 5.5% percent of the smokers motivated to quit in this particular age group. 640 have actively signed out. So far we don't know how many of the participants have successfully quit smoking. A survey will be carried out later in 2005 to uncover the stop rate among the participants after one year.

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Stumppi.fi and Happi.ws – Smoking cessation support on the Internet

The Internet has become a popular medium for information exchange. In addition, the Internet has been found effective and promising in smoking cessation, mostly because of its advantages of interactivity and anonymity, and because it can offer a variety of appropriate cessation-related activities and interactive feedback tailored to smokers' needs as a round-the-clock service. In 2003, few commercial service providers were offering Finnish smokers Internet-based help with cessation, but there was still a need for independent, non-commercial, trustworthy and up-to-date services. In addition, the results of the first year of activity of the Finnish Quitline showed that there is a clear demand for further supportive smoking cessation activities, especially targeted at adolescents. Consequently, the Finnish National Public Health Institute, in collaboration with a coalition of health organisations, decided to create a reliable and non-commercial Internet-based smoking cessation website to supplement the existing national smoking cessation network.

Organisation and financing

The Finnish National Public Health Institute had the main responsibility for developing the overall structure, but the concrete planning was done in smaller project groups consisting of members from the coalition partners. A coordinated approach was undertaken to acquire funding, which was received from many sources. The development of the website was funded by the Ministry of Social Affairs and Health, the National Public Health Institute, the Cancer Society of Finland, the Pulmonary Association and the National Quit and Win competition/North Karelia Public Health Centre. At the beginning of year 2005 the maintenance of the service was transferred to the Pulmonary Association, and the Ministry of Social

Affairs and Health, Finland's Slot Machine Association and the Pulmonary Association now cover the funding of the website maintenance. One of the key elements in the successful tobacco policy in Finland has been the conventional collaboration between the health authorities and non-governmental health organisations (NGOs). The collaboration of various actors and services has strengthened the existing network in tobacco control, and has also helped create the common guidelines for smoking cessation in Finland: witness also the good example of the development of the website for smoking cessation

Design and structure

The website was planned to mediate effectively and actively provide information and support, as well as provide links to other relevant cessation services with applicability to both adolescents and adults. This was implemented in the form of two parallel websites linked to each other: www.stumppi.fi for adults and www.happi.ws for adolescents.

Both websites provide information and counselling on quitting based on the Current Care guidelines and transtheoretical model. Although the primary focus of the websites is to motivate people and teach mood management methods, there is also a large body of practical information to help and support smokers in their efforts to quit. The content, which is partly organised by different stages of quitting, comprises information on smoking and smoking cessation issues, advice and hints on the cessation process, medical and pharmacological treatment options, myths and facts about smoking and information on the pros of quitting and cons of smoking.

The websites provide peer support functions through moderated discussion forums allowing information concerning cessation to be exchanged among individuals. Other interactive and personalised services are also provided for individuals. Users can keep quitting diaries, which, in order to encourage the community nature of the site can be read and commented on by other visitors. Users can also run various tests giving tailored information based on the answers provided, for example on reasons for quitting, the user's nicotine dependence level, amount of money spent on cigarettes/saved if quitting and smoker's profile.

In addition to address smokers' specific needs and experiences, we also wanted to reach two other target groups, namely health professionals and teachers. For health professionals we constructed a password-protected section, which contains up-to-date information and materials on tobacco, smoking and cessation-related, a national smoking cessation resource network and services and assistance on cessation related matters. The Q&A area of the site encourages visitors to submit questions about issues they may be facing. The submitted questions are answered by cessation specialists and displayed on the site as a reference for others. Educational and professional smoking-related information for teachers is provided through links to other relevant websites.

The development process moved on very quickly and the preliminary version of the adults' website went online already in April 2004, followed by the adolescent website (launched in November 2004) and section for the health professionals (launched in March 2005). The website has met a good response since the launching of the first version. The number of website visits and submissions have

steadily increased since the launch, and it now receives an average of 14,500 hits per month, and 65,500 page views per month.

Future prospects

The providers of the service are constantly working to develop and upgrade the website in order to provide users with the most user-friendly, high-quality and best possible services and help in smoking cessation. Other prospects include investigating the possibilities of integrating the website with the Finnish Quitline or other cessation services together with exploring research opportunities of Internet-based smoking cessation intervention. The Finnish National Public Health Institute has also started an EU-funded project on smoking cessation services on the Internet in EU-countries in order to contribute to the development and improvement of the quality of interventions aimed at smokers.

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Quit UK approaches to youth smoking cessation

It is currently being advocated that if tobacco control policies are implemented to de-normalize adult tobacco use, then the young will follow. But is this the practice because it is the best way forward or because there are not enough effective approaches of working with young people.

Tobacco companies target young people because they are their long-term future. Every day in the UK, 350 smokers die from a smoking-related disease, and the tobacco industry has to replace these consumers. Therefore young people are their natural target group. In the UK you can legally buy cigarettes at 16 yet are unable to purchase nicotine replacement therapy until the age of 18. It can take only four weeks to become addicted. Instead of raising the age of purchasing cigarettes, we should be doing more research into giving 16-year-olds NRT. Most young people are convinced they will not become addicted but cigarettes are as addictive as heroin or cocaine.

Background

QUIT, the UK charity that helps smokers to stop, is trying to tackle the issue and has been working with young people since 1994 - 800,000 children and young people to be precise. QUIT is carrying out comprehensive work within schools and the wider community and is developing proactive dialogue about young people's tobacco use, encouraging informed decision-making as well as providing practical support for teenagers who are already smoking. QUIT is also working to include young people's social networks, and to educate and develop the skills that are needed to resist peer pressure.

Break Free

QUIT has created confidential, stop-smoking groups for pupils who smoke (maximum of 12), the approach is called Break Free. Success rates to date have been encouragingly

high, 15 - 33%. Although this might seem low, in an area where most UK experts are reluctant to help it is in reality a positive move forward.

Schools throughout the UK can obtain support from sponsored Break Free areas. QUIT recommends that teachers should include smoking issues in PSHE and citizenship so that young people can discuss smoking issues in a safe environment. Break Free managers will offer schools presentations and confidential groups for all year groups from 8 to 18-year-olds. The lively, interactive presentations are adapted to suit the age of the audience. Afterwards, all pupils are offered a Break Free pack of hard hitting postcards and 82% take a pack.

The Break Free team also go along to Asian Melas, health fairs, educational shows, youth clubs, summer play schemes and community events. QUIT also offers literature to teachers that enables them to raise issues about smoking in the classroom. Through discussion, debate, creative activities and mathematics, the issue of smoking and young people can be addressed in a factual yet stimulating way across the school curriculum.

Parents and teachers are also supported through the Break Free programme. Although the decision to smoke or not is up to young people, both teachers and parents can influence their decision. Both groups of adults can be powerful role models and can help young people to make a healthy choice.

Tips for parents

Parents often over-react by shouting and screaming instead of advising their children on the best way to obtain effective help. As a result, QUIT has developed 10 top tips for parents who want to talk to their children about smoking which they can access by visiting www.quit.org.uk.

Parents in the UK can also talk to QUIT counselors or they can email counsellors their concerns and they will receive a personal reply. QUIT counsellors always advise parents to keep their discussions with their children both honest and open. Schools should deal with the facts about smoking so it is important for parents to make their conversations directly relevant to their child. It is vital to listen to what the child has to say and discuss together how they feel about smoking issues.

Parents need to be receptive to the slightly more difficult conversations that may follow if they are a smoker. UK statistics offer an incentive to parents to quit. If one parent stops smoking by the time their child reaches 9, their odds of becoming a smoker in their late teens decreases by 25%. The figure increases to 40% if both parents stop.

Quitline

Quit UK operates a quitline in order to support people giving up smoking. Young people and children ring the Quitline as well, but it is recognised that it takes more than one attempt before they find the confidence to speak to a counsellor and discuss their tobacco use. But QUIT is seeing an increase in calls to the line from young people; they are taking more responsibility for their own health.

Including young people

Smoking is creeping up the public agenda; people are starting to take an interest. Adult smokers can now obtain a wide range of services for stopping smoking. Unfortunately this does not apply to services targeted at young people. It is a simple adage, but if you want to encourage children and young people not to think that smoking is an adult activity, something to aspire to, then include them in the smoke free agenda and encourage some of their role models to set a good example by stopping smoking themselves.

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Smoking Policy

The impact of the tobacco control act of 1976 on ever smoking in Finland

The aim of the study was to examine patterns of ever smoking among Finnish adults by gender and birth cohort from 1978 to 2001, with special emphasis on the possible effects of the 1976 Tobacco Control Act (TCA). The TCA prohibited smoking in most public places and on public transport, restricted tobacco advertising, and set a 16-year age limit for buying tobacco. Manufacturers were obliged to include health warnings on tobacco packaging, and about 0.5% of tobacco tax revenue was allocated for tobacco control programmes and other health promotion initiatives. A total advertising ban was enforced in 1978.

The data were derived from independent, annual cross-sectional postal surveys among 15-64-year-olds (n=91 342), the average response rate 75%. 13 five-year birth cohorts from 1916 to 1980 were constructed for the analyses. Birth cohort variations in ever-regular smoking were first examined graphically, and then logistic models were used to test the impact of the TCA.

Smoking initiation in those cohorts, who reached initiation age after the 1976 TCA had been enacted, was less common than expected based on the extrapolation of a continuous cohort trend. The prevalence of ever-regular

smoking based on the final model was about seven percentage points lower than those expected on the basis of the extrapolation among men. Among women, the corresponding difference was about 20 percentage points in cohorts born in 1961-65, in younger cohorts this figure was even higher.

In this study disparities between birth cohorts in the prevalence of ever smoking were compatible with the assumed effects of Finland's 1976 Tobacco Control Act among both men and women. The present findings support the acceptability and effectiveness of tobacco control policy measures in society.

Source: Helakorpi S., Martelin T., Torppa J., Patja K., Vartiainen E., Uutela A.: Did Finland's Tobacco Control Act of 1976 have an impact on ever smoking? An examination based on male and female cohort trends. *Journal of Epidemiology and Community Health* 2004;58:649-654.

Tobacco industry funding for smoking prevention among young people – lessons learnt from Germany

It is well documented that the lobbying tactics of the tobacco industry have undermined European tobacco control, with certain European Union member states, particularly Germany playing key roles [1]. Germany's resistance to effective tobacco control has been attributed to a reaction to the Nazi's strong opposition to smoking [2]. Internal industry documents reveal a close relationship between Germany's Government under Chancellor Helmut Kohl (1982-98) and the industry [1].

In recent years a contract between the German government and the tobacco industry attracted the attention of the international tobacco control society [3,4]. In March 2002 the German government accepted 11.8 million euros of industry funding for a 5-year tobacco-control programme that purports to prevent children and adolescents from smoking. Tobacco industry documents reveal its true attitude and the importance it attaches to encouraging rather than preventing youth smoking [5]. In this special contract the German government explicitly stipulates that there must be no discrimination against the industry, its products, or cigarette trading, and that adult smokers must not be denigrated, precluding the campaign on youth smoking.

The contract between the tobacco industry and the German government had an impact on the ENYPAT programme "Smokefree Class Competition" in Germany. In Germany the "Smokefree Class Competition" is run under the label "Be Smart – Don't Start". This programme has attracted the participation of an increasing number of school classes over the years – the latest number being more than 10,000 German classes participating in the school year 2004/05. Funding for this programme – besides EU funding – has come from the German "Länder" and the central government.

In the initial press release concerning the contract the German government named "Be Smart – Don't Start" as one of the beneficiaries of the 11.8 million euro deal – without asking the organisers of the competition for permission. In fact we learnt from the German Medical Journal (*Deutsches Ärzteblatt*), that industry money was to be used in part to finance the competition in Germany.

We decided to write a letter to the Ministry of Health explaining our reasons why we could not accept tobacco industry money for our programme. We sent copies of the letter to numerous operating institutions, and received positive feedbacks and supporting letters from national and international bodies, including ENYPAT, Commissioner

David Byrne, the World Health Organisation, and the German Association of Pediatrics and Adolescent Medicine. The feedback from the German Ministry of Health was not positive though: it stopped funding the competition. We were very lucky at that time that German Cancer Aid decided to co-finance the competition, thus enabling us to carry on with our work. One year later the German government decided to co-finance the competition with money which explicitly does not come from the contract with the tobacco industry. We are certainly very happy about this development.

In addition, the journal *SUCHT* (German Journal of Addiction Research and Practice) took up our recommendation to publish a discussion about the ethics of industry-sponsoring. This special issue was published in April 2004 [6].

The whole tobacco control community in Germany hopes and believes that the contract with the industry will expire in 2006 and that it will not be renewed. Furthermore in recent years the German government has moved towards more active tobacco control policies, including a series of tobacco tax increases from 2002 to 2005 [7].

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