

INTERACTION

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



Editorial

From Scotland to Finland

ENYPAT has successfully moved from ASH Scotland to the National Public Health Institute (KTL) in Finland. We are up and running and are all very pleased with the support we received from all the key players in the network. We wish to thank the members of the previous Steering Committee who followed us, especially Maureen Moore and Cecilia Stephens from ASH Scotland. Sylviane Ratte took the risk and moved with the Network to the unknown and cold north. She has been a great help to us.

The first Advisory Board meeting was held in Helsinki in January. All the European Union Member States are now represented. It has been interesting to follow how a few people, namely, Anne Charlton, Hein de Vries, Alison Hillhouse, and Ligia Lima put together the basic idea of the Network. It seems to take about two years to build a network of specialised professionals in Europe. We are now in an excellent position since this basic work is completed.

Our main question is: What shall we do next with the Network? The basic idea has been to exchange information. This was accomplished by collecting information and creating a database of programs and agents, by

publishing a newsletter, and by holding conferences and meetings. These will remain some of the key functions of the network.

A few newer functions were discussed during the Advisory Board meeting in Helsinki. The first is to develop joint programmes involving many Member States, whereby similar programmes would be run in different countries. Our intention would be to examine whether adding a European dimension adds new value in comparison to the present situation in which most Member States run individual programmes within national borders. In addition, running joint programmes could improve the contacts among young people from country to country.

To this end, we will pilot the Smoke-free Class Competition in several countries. The classes can contact other classes from different countries. At the time of this writing, the first meeting of the Smokefree Class Competition taskforce is scheduled for the 27 February. Nine countries are represented in this taskforce.

The second new function is more related to the co-ordination of European-funded programmes. There is a trend to reduce the number of smaller pro-

grams in isolated areas and develop more coherent programmes involving a number of states.

Here, the key question is how the Network can be used to develop these programmes. Some options include starting their operation before the funding applications are submitted, and to investigate whether non-funded or funded projects can be developed together into wider, more coherent initiatives. This is an important topic for which we hope to receive your ideas and comments.

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ENYPAT Project Director



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Réseau Européen Jeunes et Tabac



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EUROPEAN COMMISSION NEWS

Recent developments in European Union smoking and tobacco policy

The last three months have seen a number of initiatives on the part of the European Union in the field of smoking reduction and prevention, including the adoption of the following documents.

On 14 November 1996 the Commission adopted a Report on the application in the Member States of the 1989 Council resolution banning smoking in public places. The Report finds that all Member States except for the UK now have some form of legislation in place regarding smoking in public places. The UK has a voluntary code of practice in place. The Report is now before the Council and Parliament for consideration.

On 26 November 1996 the Health Council of the European Union adopted a Resolution on the reduction of smoking in the EU. The Health Council also discussed measures that

could be taken to reduce tobacco consumption throughout the Community, particularly amongst young people.

On 18 December 1996 the Commission adopted a Communication¹ on Tobacco after many months of work on the part of the Commission Services, and following a lively discussion in the Commission itself. The Communication outlines the current state of EU tobacco policy and suggests what further measures might be taken to strengthen the Union strategy of reducing tobacco consumption and the annual total of 500,000 smoking-related deaths in the Community. The Communication, which is intended to provoke a wide-ranging debate among all interested sectors on tobacco policy, is now before the Council and the Parliament for consideration. A special edition of *Prevention*, the Commission's public health magazine has been devoted to the Com-

munication and will be published shortly.

On the same date the Commission also adopted a Report into the organisation of the common market of tobacco. The Report, prepared by the Commission's Agriculture Directorate, rejects a gradual phasing out of subsidies to the Union's tobacco growers on the grounds that it would cause mass unemployment in rural areas already hard hit by poor economic conditions. It recommends, however, that the subsidies be structured in ways to encourage the production of higher quality, less toxic tobacco, as well as crop conversion programmes. In addition, the Report also proposes increasing the annual levy for the Community fund for research and information on tobacco from one percent to two percent of the annual subsidies paid to producers. The report is now before the Council and the European Parliament for discussion.

¹ ENYPAT will collect until the end of April comments on this communication, in particular those related to young people and tobacco

Funding Update

European Union funding for projects related to young people and smoking is available from the following sources.

The Europe Against Cancer Programme

The next deadline for submission of projects under the Europe Against Cancer Programme is 15 March 1997. All requests for finance must be submitted on the official programme application form, and the projects must conform to the requirements of the programme, i.e. that they involve at least three EU countries and conform to at least one of the Programme's action proposals. A list of these proposals can be found in the Decision establishing the third cancer action plan and the Decision laying down specific priorities for the programme in 1997. The next funding deadline will be 15 September 1997.

The Community Fund for Tobacco Research and Information

The Community Fund for Tobacco Research and Information (the Tobacco Fund) was created as a result of the 1992 reforms to the tobacco market and is financed by a levy of one percent of the total annual tobacco subsidy paid to growers in the EU. The levy is paid back to the Agriculture Directorate (DGVI), from where 50% of the annual sums available are then transferred to the Commission Directorate for Social Affairs (DGV) to fund information projects on smoking. The first call for tender of projects resulted in approved funding for 11 information projects, primarily concerning smoking prevalence and prevention amongst young people and women. All contracts have now been signed and it is hoped that all projects will be up and running in the near future.

A second call for tender took place in 1996 and resulted in the submission of a large number of information projects which are now being evaluated. It is hoped that a list of projects likely to be financed can be approved at the next meeting of the Scientific and Technical Committee of the Fund in March. Their approved list will then be submitted to the College of Commissioners for a final decision. As a result of the proposed increase on the levy to tobacco producers made in the recent Commission report addressing the organisation of the tobacco market, further calls for tenders are not expected to take place until 1998 at the earliest. Any subsequent call for tenders will be published in the Official Journal.

contact:

Documents and applications forms, copies of all forms, documents and reports referred to above are available from the
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Final reports of projects submitted to the Commission in 1996 will be available from ENYPAT's office.

EVALUATION SPECIAL

ENYPAT evaluation taskforce

The role and perspective of evaluation for smoking prevention programmes¹

This is a summary of the document resulting from the efforts of the "Evaluation" taskforce of ENYPAT. One reason for establishing this taskforce was that the participants of the ENYPAT conference indicated a need for more attention on evaluation, as well as a need for guidelines and workshops on evaluation. Consequently, the taskforce was set up with the goal to focus more thoroughly on this issue by trying to identify a framework that could be used for the development of guidelines and workshops. The present paper, a summary of a larger document that soon will be available, can serve as an outline for this purpose.

The taskforce members were: Hein De Vries, University of Maastricht, Chair (Netherlands); Jenny Engblom, Health Department, County Council of Halland (Sweden); Danielle Grizeau, Chargée d'études, Comité Français d'Éducation pour la Santé (France); Kyriacos Athanasiou, Aristotelian University of Thessaloniki (Greece); Maureen Moore, ASH Scotland (United Kingdom); Erkki Vartiainen, Ph.D., National Finnish Institute for Public Health (Finland); and Ros Weston, Ph.D., University of Southampton (United Kingdom).

Smoking Prevention in Europe: a Religion or Science?

Several European organisations are involved in the development of smoking control programmes for adolescent youth. Effective programs are needed both in and out of school, since smoking prevalence rates are still very high among adolescents between ages 15-20, and vary between

40% and 50% in many countries of the European Communities. Another reason for developing programs of the highest quality is that ineffective programs will ultimately decrease the credibility of health promotion in general, and smoking prevention in particular. Only 13 programmes in Europe, however, have been developed and tested in a (quasi) experimental design (De Vries & Chatrou, 1996).

What is Evaluation?

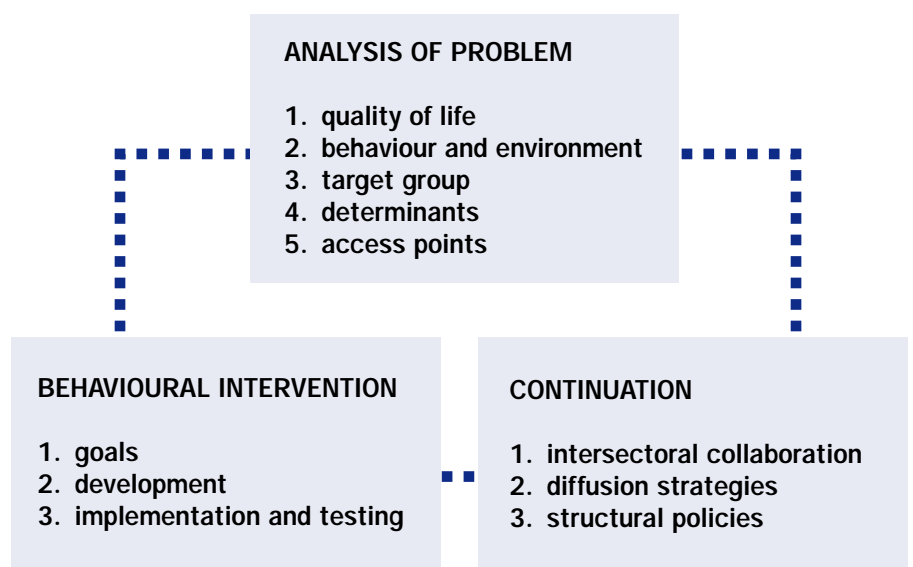
Distinctions are ordinarily made between formative evaluation, process evaluations, and effect evaluations (Green & Kreuter, 1991). Formative evaluation research provides information that is needed for the development of the program. With process evaluations we assess what is going on in a program, how it is evaluated by the target audience and intermediaries, whether the programme is implemented as it should be, etc. Effect evaluations (or summative evaluations) are aimed at measuring the effects of the programme on behaviour, attitudes, knowledge, skills, etc.

A Model for Planning and Evaluating Behavioural Change

The quality of programmes is dependent on the quality of planning. Planning and evaluating smoking prevention programmes should be considered as efforts that are intertwined: one activity cannot be done without the other. Hence, we will discuss a planning and evaluation model for developing and evaluating smoking prevention programmes. This ABC-planning model is based on an integration of various health education planning models, which distinguishes three main phases, each with specific steps (De Vries, 1991).

Analysis of the problem

The goal of this phase is to analyse: the main health problems influencing the quality of life, the analysis of the behavioural and environmental factors that are related to the health problem, the target groups, the factors that determine a person's behaviour, and access-points analysis to reach the target group.



¹ Lecture presented at the first conference of the European Network for Youngsters and Tobacco, Edinburgh, UK, October 5, 1995

1. needs assessment or analysis of quality of life: Generating consensus about priorities among various parties within a community is important, because they may differ about the recognition of a problem and, consequently, their willingness to change a problem. Young people, for example, may have a different perspective than adults or health professionals regarding their problems. Health professionals may believe that young people need smoking prevention programmes, but teachers and young people may regard other issues as having more importance. Hence, information is needed to determine whether smoking is on the agenda of young people, teachers, etc.

2. analysis of individual behavioural factors and environmental factors: The goal of this step is to analyse whether interventions are needed for individuals (the adolescents) or whether factors in the environment need to be changed and, secondly, to identify environmental factors that could influence the efficacy of a smoking prevention programme.

3. identification of the target group: This step should provide information to enable the target groups for smoking prevention to be identified. Target groups can be at the individual level (e.g. young people), at the meso or organisational level (e.g. parents, teachers), or at the macro or national level (e.g. national institutions, ministries).

4. identification of the determinants: The fourth phase is to analyse why people engage in unhealthy behaviours. Analysing the determinants is a form of formative evaluation that is needed to know which items are to be addressed in a particular programme. If we do not know why people engage in unhealthy behaviours, we cannot develop education programmes to motivate behavioural change. For instance, the result may indicate that the programme should focus on improving knowledge, improving awareness of the short-term effects of tobacco consumption, improving awareness of social pressure, improving coping skills, etc. Research has shown that the following factors are important as determinants of behaviour: environmental or demographic factors (e.g. age, socio-economic status, religion, gender) and cognitive factors, such as attitudes, social influences, and self-efficacy expectations.

5. access-point analysis: The goal of this step is to learn how we can reach the target groups and programme providers. We need to analyse the needs for particular methods among the target group and programme providers, as well as doing literature search. If we use methods that are unacceptable to the programme providers, they might not use the programme and we will not reach the target group. Furthermore, literature research can indicate which methods can be effective.

Behavioural interventions

A second phase is the development of a programme aimed at prevention or behavioural change (e.g. smoking cessation).

1. programme goals: The first area that needs to be addressed is the programme goals, which must be clearly formulated. All input that was obtained during the Analysis phase can be used to formulate the goals. Three types of goals can be distinguished: 1) programme goals, describing the effects; 2) method goals, describing the methods to realise the programme goals (e.g. using videos, social skills training); and 3) time table goals, describing how the various activities need to be accomplished in time and by whom. Moreover process evaluations are needed to analyse whether consensus exists among these goals and whether these goals have been realised.

2. programme development: The second step is programme development and pilot testing. Pilot testing a new programme among a small group that is representative of the target group

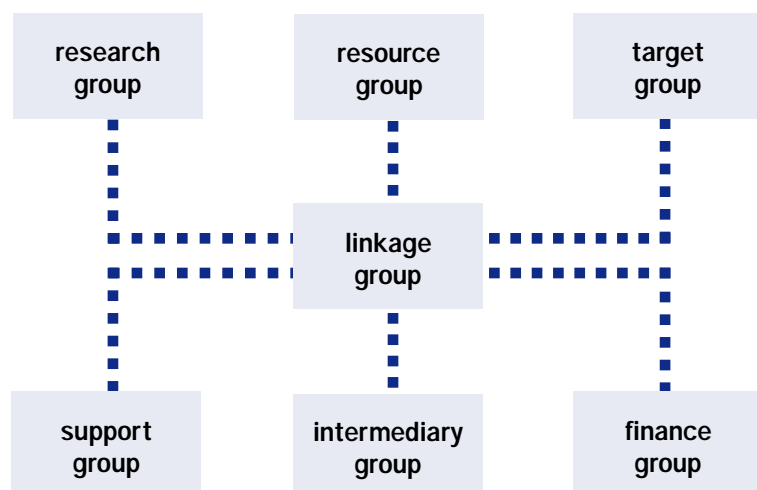
is essential to evaluate whether the programme or campaign resulted in attention, comprehension, credibility and a positive evaluation. Pilot testing is also needed to ensure that the programme's actual implementation does not result in unexpected problems.

3. testing: The next step is to obtain information to ascertain the effectiveness of the programme. Four types of evaluation questions can be distinguished: 1) implementation evaluation, to measure the level of programme implementation; 2) programme evaluation, to measure its acceptability; 3) effect evaluation using (quasi) experimental designs to assess the effectiveness; and 4) cost-effectiveness evaluation.

Continuation

Prevention approaches can only have a national impact if they are used on a large scale over a substantial period of time. To enhance continued utilisation, we need to establish an inter-sectoral approach, to develop diffusion strategies, and to develop supportive policies.

1. inter-sectoral collaboration is generated by inclusion of all relevant stakeholders in the process of planning, development and evaluation of the programme. The following groups can be identified: the research group (those who will conduct the evaluation); the resource group that develops the materials (e.g. Cancer Organisations); the intermediary group that will be involved in implementing the materials (e.g. teachers); the target group; the support group (those who will be able to provide support, e.g.



youth workers, members of regional councils to help put the issue on the agenda, etc.); and sometimes representatives of the finance group to ensure that the programme does not conflict with their mission.

First, relevant stakeholders should be identified. Second, their motives for (non) collaboration need to be analysed to examine whether they perceive a certain advantage in participating (the win-win principle). Third, consensus is needed regarding each stakeholder's level of involvement in the project. Fourth, the collaboration process needs to be monitored to ensure that each stakeholder remains satisfied and motivated.

2. diffusion strategies: We need to analyse which factors determine adoption and implementation. These

results can indicate whether specific strategies are needed to promote or "to sell" the programme.

3. structural policies: Continuation may also be hindered if the necessary conditions are unavailable. For instance, smoking prevention programs may not be adopted in the curriculum if health education is not mandatory in schools.

Steps for setting up evaluation efforts

Collaboration during the planning and evaluation of actions is a prerequisite for effective programmes to develop. The following logistical steps can be taken into consideration.

Step 1: defining the working system. The first step is to set up a linkage

group (also called project group or monitoring committee) that is responsible for the overall planning of the research. To delegate tasks, an evaluation steering committee can be chosen (also called the research group in the linkage or network approach). While the overall planning of the evaluation is still the responsibility of the project group, the daily activities will be carried out by the evaluation committee or research group.

Step 2: defining the evaluation questions. To know what questions require answers, the questions can cover a wide range of activities, such as needs assessment analyses, analyses of the motives of the target group for engaging in unhealthy behaviour, assessing the impact of a programme, etc. Consequently, the order of the questions should be linked to the objectives of the project group.

Table 1: The evaluation grid for programme preparation: formative evaluation

Subject	Goal	Results Literature Research	Results Qualitative Research	Results Quantitative Research	Who
1. needs assessment (A1)	<ol style="list-style-type: none"> to determine what the problems are for young people in general and whether smoking is on their agenda to determine whether smoking prevention is on the agenda of schools to determine whether smoking prevention is on the national agenda 				
2. individual and environmental factors (A2)	<ol style="list-style-type: none"> to determine whether interventions need to be targeted at motivating individuals to change, or at changing factors in the environment to identify environmental factors that could influence the efficacy of a smoking prevention programme 				
3. target group (A3)	<ol style="list-style-type: none"> to select the target groups 				
4. motives for smoking (A4)	<ol style="list-style-type: none"> to analyse the target group's motives for taking up smoking to provide suggestions for selecting items that need to be addressed in a programme 				
5. reaching the target group (A5)	<ol style="list-style-type: none"> to determine what methods are acceptable and potentially successful for the target group and their intermediaries 				

Step 3: defining the evaluation methodology. Each evaluation proposal must specify: the method's relevance to the questions being studied; the sort of data it intends to collect, analyse and produce; how the data will be analysed and judgements made; how representative samples or ranges will be decided.

Step 4: summarising the evaluation plan. Indicating a brief yet comprehensive description of the evaluation plan, the evaluation questions, a power analyses, methods for data collection, the analytical procedures for analysing the data, the way the data will be reported to the project group and other relevant parties.

Step 5: starting to work. In the fifth step the work needed for the evaluation will be carried out.

Step 6: discussion of results. In the sixth step, the results of the evaluation will be discussed. Obtaining feedback from those involved with the project (the project group) is essential to verify whether all evaluation

goals have been accomplished, and whether all groups understand the results of the evaluation. This will give the project group the possibility to provide feedback.

Step 7: dissemination. The seventh step involves the dissemination of the results, the final and very important stage of the evaluation process. All partners of the project group should be part of this process. It is important to decide the content of the report, to whom the report will be disseminated, what format the report will take, how many reports will be produced and for which audience, and how the results may feed into the decision-making process.

Research: how and by whom?

Why and when should we include research? A planning model clearly shows that programme planning consists of several steps. In principle three strategies can be used to obtain data: inspection of literature; qualitative measures; and quantitative meas-

ures. If we combine the planning model with these strategies, the following matrix can be used to identify which steps need further elaboration.

For a practitioner it is not always feasible to carry out every step when gathering detailed data. Therefore, it may be necessary to seek collaboration with specific research groups.

Furthermore, based on the various meetings the following recommendations were made:

1. practical guidelines should be written indicating the interrelationships of planning and evaluation, the contribution of including evaluation as an on-going process, and how evaluation plans should be made and implemented.

2. workshops are needed addressing the application of these guidelines.

Table 2: The evaluation grid for programme development: programme evaluation

Subject	Goal	Results Literature Research	Results Qualitative Research	Results Quantitative Research	Who
programme evaluation					
1. goals (B1)	1. to analyse whether goals have been formulated regarding the expected effects, implementation, and time				
2. pilot testing (B2)	1. to determine in a pilot test the initial responses of the target group and the intermediaries				
3. programme testing (B3)	1. to analyse the level of the programme's implementation 2. to describe the evaluation of the programme 3. to study the impact of the programme on the target group 4. to study the cost effectiveness of the programme				

Table 3: The evaluation grid for programme continuation: diffusion evaluation

Subject	Goal	Results Literature Research	Results Qualitative Research	Results Quantitative Research	Who
diffusion evaluation					
1. intersectoral collaboration (C1)	<ol style="list-style-type: none"> to analyse relevant stakeholders' motives for their initial desire to participate in the project to analyse relevant stakeholders' motives for continuing to participate after the project's initial testing phase 				
2. diffusion (C2)	<ol style="list-style-type: none"> to study the factors (motivational, financial, structural) stimulating and hindering programme providers (schools, teachers, regional and national organisations) as regards adoption, implementation and continuation of the programme to formulate conclusions for programme development and programme diffusion 				
3. policies (C3)	<ol style="list-style-type: none"> to study if structural policies may facilitate the adoption of the smoking prevention programme to analyse which policies may facilitate the adoption and implementation of the programme to formulate suggestions for developing policies 				

References:

De Vries, H. (1991). The ABC's of health education and planning: a brief reader for the summer university course health education and promotion: theory and practice.

De Vries & Chatrou (1996). The effectiveness of European smoking prevention programmes: a comparison of results. Abstractbook of the Smoke Free Conference on Tobacco or Health. Helsinki: Finnish Centre for Health Education.

Green, L.W. & Kreuter, M.W. (1991). Health promotion planning; an educational and environmental approach. Palo Alto: Mayfield Publishing Company.

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No Smoking – My Freedom Evaluation

In 1990 the prevention programme “No Smoking – My Freedom” was developed, according to recent literature on effective programs. It was pre-tested in eight schools. For financial reasons, dissemination took place without examining the effects of the program. It was sent out by media channels (advertisements in school journals, brochures) and with face-to-face methods like in-service days. Today, almost 2000 schools and school guidance services have ordered and have received the program.

The program's main emphasis is on the student's ability to cope with the various social pressures to smoke. The programme aims at preventing experimental smoking and regular smoking by: increasing knowledge of the consequences and smoking prevalence rates, by reinforcing the non-smoking attitude, by developing skills for resisting social pressure – especially peer pressure, and by enhancing the principle of self-efficacy. Students are encouraged to make a personal commitment not to smoke with their peers and parents.

The potential impact of prevention programs depends both on the quality of the programme and on the quality of the dissemination process and implementation level (extent and level of use). Therefore the evaluation of the programme “No Smoking – My Freedom” consisted of two parts: 1) assessing the impact of the programme on attitudes, self-efficacy, perceived social norms, social skills, short-term and long-term intentions to smoke, knowledge of smoking restrictions at school, communication with smokers and non-smokers and smoking behaviour and 2) assessing the program's level of implementation (extent and level of use).

When smoking behaviour and possible determinants are being followed over time by assessments, before and after an intervention program, the reproducibility of the instrument is important. Therefore, three studies were conducted:

Study 1: A reliability study of the questionnaire designed to measure smoking intervention among secondary school students.

Conclusions: The results indicated that questions assessing the smoking behaviour of young people and possible determinants in the framework of an evaluation study can have heterogeneous reliability values. Care should be taken in the interpretation of specific information related to items such as perception of smoking prevalence rates, intention to smoke in the future and beliefs about young people's capabilities of quitting smoking or not in specific situations.

Study 2: A study of the effects of the school-based tobacco prevention programme “No Smoking – My Freedom” using a pre-post test control design.

Discussion: The results indicated that no effects on smoking behaviour were observed. However, a few effects on attitudes and self efficacy were noted; most effects on the intention not to smoke in the future were related to the communication of non-smoking pupils with smokers. It seems that non-smokers in the experimental group are more convinced to remain non-smokers, while smokers become more convinced of smoking's disadvantages and more likely to become non smokers at age 18.

Care should be taken in the interpretation of these results. Differences in the level of implementation between the intervention schools were not yet taken into account. Instead of testing the effectiveness of the programme implemented by highly trained individuals who had been supervised by researchers, the programme in this study was delivered by classroom teachers with minimal training and supervision. The study was designed to determine if the intervention worked under realistic implementation conditions. Further analysis of the data with a multivariate model will also take the implementation level into account.

Study 3: A study of the adoption and implementation of “No Smoking – My Freedom”

Conclusions: As schools in Flanders are not obliged to implement health promotion programs, the results can be evaluated as fairly good. It can be concluded that the programme is well known in schools (at least by the respondents of our questionnaire) and is delivered – to some degree – in 80% of the schools where the programme is available. When we assess the extent and level of implementation, however, it may be unrealistic to expect attitudinal and behavioural effects to appear, because of failures in the implementation process. For example, the programme is administered to older students with a greater percentage of smokers; smoking prevention remains a personal initiative of individual teachers; the amount of time devoted to the programme is rather short and the content of the programme is reduced to the negative health effects of smoking and passive smoking and to information on possible reactions towards peer pressure. A core topic such as developing skills to resist peer pressure, addressed by using active learning methods, is often lacking in the programme offered to the pupils.

A new project is planned for the next school year. We will evaluate a self-developed smoking cessation programme for daily and weekly smoking students aged 16-18 years.

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Belgium

Young People Against Smoking Evaluation

This programme is being implemented by the prevention workers of the Flemish Cancer League (Vlaamse Kankerliga-VKL). They provide guidance for secondary schools taking steps to tackle the problem of smoking in the school environment. We have found that a great deal of conviction on the part of the head teacher and/or teaching staff was necessary as a first element. Also important is the atmosphere in the school, the existence of a tradition of consultation, and whether or not the staff are accustomed to working in the area of health promotion and risk behaviour, e.g. drug abuse, at school.

The ultimate goal of the programme is to create a policy approach to establish non-smoking as the norm at school, with the active involvement of all the partners in the school community. At the moment this goal is only in view for a fairly restricted number of schools. One inherent feature of the programme is its gradual approach, using a plan in several stages towards achieving this objective.

At the end of the 1995-1996 school year, VKL made an initial assessment of the programme. The results of the process evaluation were analysed and have now been brought together into a short report. The evaluation con-

sists of the analysis of data collected by the prevention workers themselves and of a survey of key figures in 70 schools. To this end two instruments were developed: a contact sheet and a questionnaire.

During the 1995-1996 school year 163 schools responded to the announcement. In this period of time prevention workers had on average two contacts with a quarter of these schools. Key figures in relation to smoking prevention are mainly teachers and head teachers.

The schools contacted the prevention workers (in descending order of priority):

- to learn about the VKL and the project
- to work together in assessing the current situation in relation to smoking at school
- to obtain teaching material
- to explain the no-smoking policy in the school environment
- for advice in monitoring the action group
- for advice in setting up an action group

Schools qualify the project as: "interesting, useful, necessary, uses a good method of working"

They find the support offered: "Interesting, stimulating, useful, necessary" 95% said they would continue with the programme.

The initial results of the programme are encouraging. The high level of appreciation for the approach that was taken among the participating schools is a salient factor. The approach is, however, very demanding. A great deal is asked of the schools taking this step. This programme therefore stands or falls depending on the quality and level of support provided. A positive factor is that so many schools are continuing with the process they have begun. This is the essence of working on a policy and this conviction is clearly becoming firmly established. Special efforts will have to be made to convince "starters" that this approach is useful. The ongoing evaluation of the project will, undoubtedly, provide useful information in this respect.

contact:

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Eire

North Western Health Board "Smoke Free Leitrim" Project Evaluation

The Smoke Free Leitrim Project is an innovative, county-based Health Promotion project developed around a broad-based educational approach including core classroom work and the development of a non-smoking school policy. The project is targeted at all children in county Leitrim who entered fourth class in primary school in September 1996. This group will continue to be part of the programme for five years up until their second year in secondary school. The aim is to reduce smoking uptake in this group while also providing them with opportunities and education on healthier options.

Evaluation has been built into the Project from the start and is being carried out by the Public Health De-

partment. The aim of the evaluation is to establish the effectiveness of the Smoke Free Leitrim Project in relation to lifestyle and smoking behaviour. Measurables in this regard include: Levels of and attitudes to smoking Knowledge about effects Relationship between knowledge and behaviour Participation in sporting activities

Evaluation involves the following: Baseline survey of sample of target and control groups; Follow-up surveys mid-post intervention; built-in evaluation of project materials and tools; consultation with the schools and with the project team.

A combination of drawing, writing and pictogram techniques was used to

collect data from the children at primary school level. This has been proven to be a very useful tool with children of this age group (Colline, Fisher and Laycock 1995).

contact:

Anyone who is interested in becoming a European Partner in this project, or who is interested in this evaluation should contact:

Celia Keenaghan
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North Western Health Board
Public Health Department
Bishop Street
Ballyshannon
County Donegal, Ireland

Tel: +353-72-52900
Fax: +353-72-52901
E-mail: Research@NWHBPHD.iol.ie

Europe

Start of large-scale international smoking prevention programme in the Netherlands

European Smoking Prevention Framework Approach (ESFA)

A five-year European Smoking prevention project started on February 1, 1997. This extensive project involves six Member States of the European Community, and is financed for 70% by the European Commission, Tobacco Research and Information Fund. The total costs for the project are estimated at 4,475,000 ECU.

Smoking onset takes place from early to late adolescence. Smoking prevention and delay of onset can be realised most effectively by applying a combination of well attuned strategies (UICC, WHO). These strategies should address the psycho-social factors which determine smoking onset. Consequently, the goal of this action project is to develop, implement and evaluate a European Smoking prevention Framework Approach (ESFA) for adolescents of 12-16 years consisting of: 1) smoking prevention through health education within the curriculum (a range of smoking prevention lessons which will contain the essential elements of a social skills approach; 2) stimulating a smoke-free school environment (e.g. smoking regulation policies, smoking cessation training for teachers, parents); 3) out-of-school regional smoking prevention activities (e.g. ongoing regional publicity, out-of-school smoke-free activities for adolescents).

In six countries, Finland, Denmark, United Kingdom, Spain, Portugal and the Netherlands, school-based smoking prevention projects will be started that target adolescents, teachers and parents. Teachers will be trained to

carry out the programme. In consensus with contractors from all participating countries, a common theoretical foundation will be elaborated for these projects. The projects may vary, however, along cultural differences between countries.

A comprehensive evaluation study will be part of the project. For this study, consensus on criteria for process, effect and cost-effectiveness evaluations will be reached on a European level. In each participating country, the results of the ESFA approach will be compared between one experimental and one control group per country, each group of 2000 adolescents, to assess both national and overall European impact of the ESFA approach.

The logistic organisation is as follows: an ESFA Steering Committee, including the project staff and one or two co-contractors from each participating country, has the final responsibility for the project. The ESFA staff consists of the principal investigator (Dr. Hein de Vries, Maastricht University), the European project manager (Dr. Goof Buijs, Netherlands Institute for Health Promotion and Disease Prevention), and the European research manager (Dr. Aart Mudde, Maastricht University). Participating co-contractors are Dr. Erkki Vartiainen (National Public Health Institute, Finland), Dr. Anna Pia Hudtloff (Danish Cancer Society), Dr. Anne Charlton and Dr. Hywel Thomas (Universities of Manchester and Birmingham, UK, respectively), Dr. A. Gonzalez-Navarro and Dr. Manel Nebot (Regional Office for Cancer Co-

ordination, Madrid and Municipal Institute of Health, Barcelona, Spain, respectively), Dr. Manuela Santos Pardal and Dr. Manuel Pais Clemente (Portuguese Council on Smoking Prevention), and Dr. Boudewijn de Blij (Dutch Foundation for Smoking and Health).

In each of the participating countries, a special national project manager will be appointed, who will be responsible for the development and implementation of the project in each participating country. He or she will do this in conjunction with a national steering group with representatives of relevant national organisations in the field of smoking prevention.

contact:

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or 388 2406
Fax: +31-43-367 1032

Aart Mudde
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Department of Health Education
Maastricht University
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6200 MD Maastricht
Goof Buijs

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Fax: +31-348-437 666
NIGZ, P.O. Box 500
3440 AM Woerden

Form (Klasse) 2000 Programme – Effects After Four Years of Intervention

This holistic programme starts in the first year of elementary school with age-adapted classes and accompanies the children continuously through elementary school. Lessons are controlled by teachers as well as by specific instructed Form 2000 health promoters. The aim is the prevention of addiction through health promotion. The programme concentrates on the strengthening of the children's self esteem, on the learning of social skills, as well as on the demonstration of the positive aspects of being healthy as well as critical about drugs.

The programme has been running since 1991 in Germany. In the school year 1994-95 almost 18,500 children took part. Bavaria was the regional

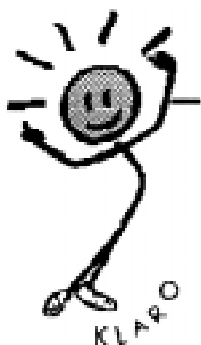
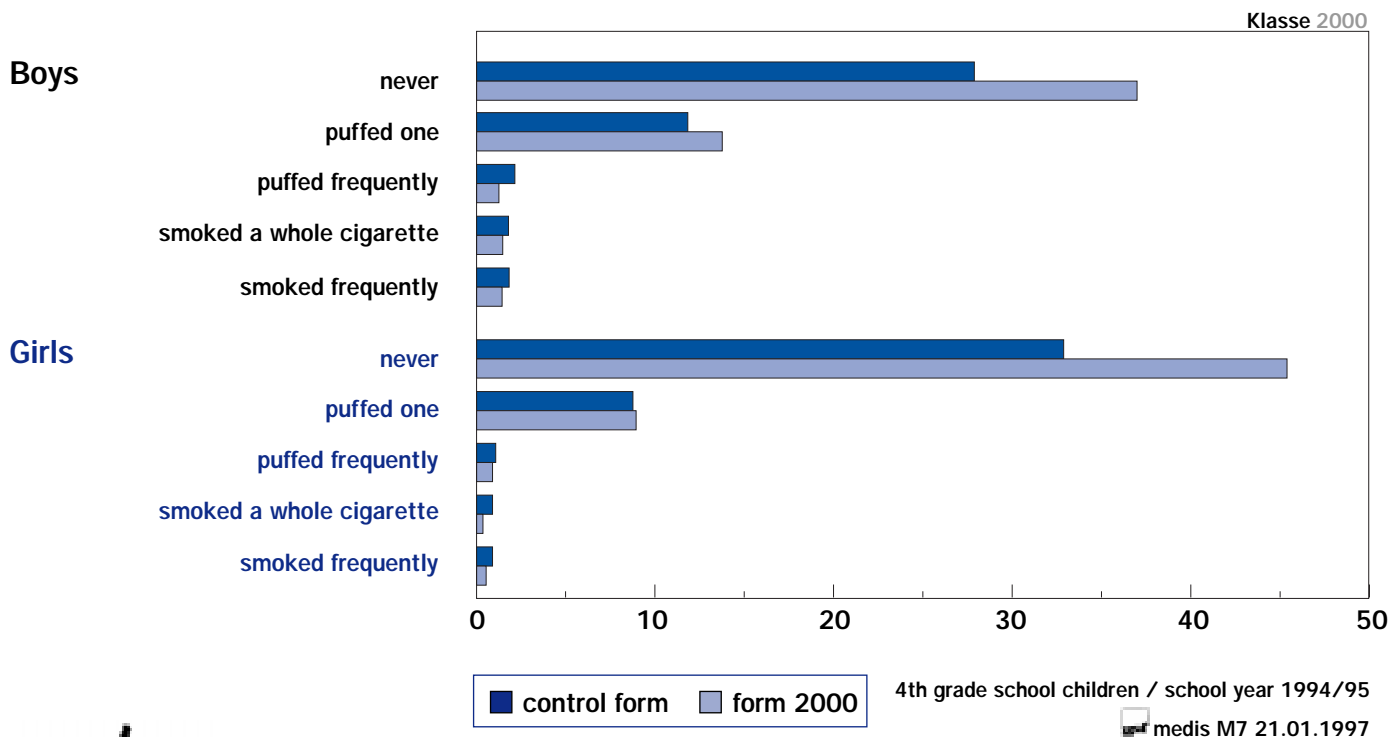
focus of the first evaluation. The positive results, we believe, show that it is not too early to start the prevention of addiction in the first class of the elementary school. Nearly 10.4% of the pupils questioned had smoked at least once during the first class. In the fourth year of elementary school already 25.2% of the pupils of the intervention group and 32.0% of the control group had experienced smoking cigarettes. The statistical analysis indicated the most significant difference in prevalence between the intervention group and the control group (chi-square = 30.08, df4, p<0.001).

The evaluation shows a significant difference in consumption between boys and girls in the fourth year of the

intervention. Indeed, in the intervention group 67.8% of the boys never smoked even a single puff in contrast with 81.3% of the girls. The percentages for consumption in the control group show similar differences: 61.7% of the boys compared with 74.2% of the girls. 6.4% of the boys but only 2.4% of the girls have smoked a whole cigarette or smoke frequently.

We are interested in co-operating with other European programmes especially in the light of the next funding opportunities from the Europe against Cancer Programme.

Question 7: Have you ever smoked, even a single puff?



contact:

Klasse 2000 Team
 Tel: +49-911-398 31 96
 Fax: +49-911-398 34 06
 or GSF Medis Institute
 Tel: +49-89-3187 4199
 Fax: +49-89-3187 4448

Sweden

Reliable Method Developed to Reach Younger Age Group

Evaluation January 1998

A Non Smoking Generation in Sweden has developed a unique method in the work of tobacco prevention among children (The School Programme. The programme is specially created to suit 12-13 year-olds. Now, the well-tried and successfully carried out method is to be reviewed, to take into account the fact that children start smoking at a younger age. The method innovates by reaching children as young as ten. By studying the

psychology, the pattern of behaviour, values and attitudes of ten and eleven year-old children, the method will be developed to be adapted to the new target group. The research has just begun and will continue throughout 1997. In the autumn, the new method will be tested in schools by the "Inspirers". The new elements of the method should be evaluated in January 1998.

contact:

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En Rökfri Generation
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104 32 Stockholm

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Fax: +46-8-10 17 80

United Kingdom – Scotland

Thinking About Evaluation – Some Advice

Contact researchers as early as possible to make the best possible use of their skills.

How can researchers help health promoters? Conducting research is a skill which some of us are better at than others. Far too often, health promoters approach a researcher for help with a questionnaire they have already designed, or a survey they are about to conduct, or worse (after the study has been done. This often leaves the researcher with only two options: a) tell the person who did the work that there are mistakes in the methods/methodology; or b) try to salvage as much as possible from a poorly designed and/or conducted study.

How can health promoters help re-

searchers? Seek early advice on how to design a study or studies to provide you with the data you need to assess your intervention. Regard this as an investment! Come to the researcher before you start the health promotion intervention or, if that is impossible, approach the researcher before you design any studies. A well-designed and well-conducted study is worth so much more in an argument to convince funders, potential recipients and colleagues of the value of your intervention. Evaluation should be included in your planning.

- Secure funding for the evaluation.
- Secure access to the respondents of the study and, if possible, to a control group.

- Accept that an evaluation can, or better, will bring up positive and negative issues. It is highly unlikely that you and your work are going to be assessed as perfect; therefore, improvements are always possible.

contact:

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University of Aberdeen
Scotland, UK

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ANNOUNCEMENTS

COLLABORATIVE ACTION / EUROPEAN PARTNERS

Germany

Form 2000 (Klasse 2000)

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esteem, on the learning of social skills, and on the demonstration of the positive aspects of being healthy and critical about drugs.

We are interested in co-operating with other European programmes, especially in the light of the next funding opportunities from the Europe against Cancer Programme.

contact:

Form 2000 Team
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Fax: +49-911-398 34 06

or GSF Medis Institute:
Tel: +49-89-3187 4199
Fax: +49-89-3187 4448

Eire

The Smoke Free Leitrim Project

The Smoke Free Leitrim Project is an innovative, county-based Health Promotion project developed around a broad-based educational approach including core classroom work and the development of a non-smoking school policy. The project is targeted at all children in county Leitrim who entered fourth class in primary school in Sep-

tember 1996. This group will continue to be part of the programme for five years up until their second year in secondary school. The aim is to reduce smoking uptake in this group, while also providing them with opportunities and education on healthier options.

contact:

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France

Sport and Smoking Survey Project of Enlargement at European Level

The "Association Pays Basque Contre le Tabagisme" at the IX World Conference on Tobacco and Health presented the results of a survey on young people aged 13-23, indicating that the average daily consumption was about 18 cigarettes among boys and girls. The survey results also showed that regular involvement in sport led to a decrease in this consumption. Since the spring 1996 the association has conducted a survey among active people belonging to a club of all ages and all sports disciplines. For Interaction, we evaluated the impact of regular involvement in sport among the young people in our

sample who were aged 13-23. From the results, the average daily consumption among girls as well as boys is 10 fewer cigarettes per day among young people involved in sport.

Those involved in individual sports or sports involving high energy loss smoke very little compared with those involved in collective sports. The global as well as detailed results will be published (by age and by sport) at the end of 1997.

We are looking into extending this survey to the European level. The questionnaire designed in French will

soon be available in English. Anyone interested in implementing this survey in his/her country, please contact:

contact:

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Tel: +33-5-59 93 56 00
Fax: +33-5-59 29 22 23 or

Sylviane Ratte, ENYPAT

Tel: +358-9-685 1180
Fax: +358-9-694 9103
E-mail: sylviane.ratte@ktl.fi

United Kingdom

City-wide Action on Reducing Smoking Rates

Kirklees Smoke-Free, an inter-agency in West Yorkshire, United Kingdom, is seeking partners for a smoking project. Europe Against Cancer funding will be sought (deadline March 15 and September 15, 1997). Discussions have begun with two potential

partners and the project will include elements relating to healthy public policy, community development, young people and physical activity. If you are interested in collaborating with us please contact:

contact:

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Kirklees MC environmental
Services
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Huddersfield, HD1 3HH
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Fax: +44 1484 226 409

PUBLICATIONS AND MATERIAL

Italy

Tools for Smoking Prevention Among Young People

The Centre for Health Education coordinates health education and health promotion activities on behalf of the Veneto Region, Italy. One such activity is to co-ordinate a global strategy against tobacco consumption. With the help of health professionals, social workers and teachers the Centre for Health Education has developed the following tools for smoking prevention in schools:

Smoking Prevention in Schools: a didactic guide for secondary school teachers

A guide to help teachers carry out smoking prevention intervention in their classes (11-13 year-olds). Teachers can offer help to students to develop a more critical sense and to strengthen their ability in facing peer pressure.

The guide is divided into six units. The first two units deal with the issue of adolescence. The aim of these units is to help the students become aware that adolescence is a difficult age and to analyse the behaviour of this age group.

The other four units have the following aims:

- to know the opinions and experiences of the children regarding smoking;

- to make the children reflect on the emotional factors, personal problems and social pressures that lead to smoking;
- to provide information on tobacco, passive smoking and tobacco-related health hazards
- to discover the reasons and motivations for leading a smoke-free life and to learn to say no to smoke

Each unit follows a methodology of work and is provided with questionnaires, working cards, extracts from literature etc. to assist the teacher in reaching the objective.

Smoke-free City: an interactive multimedia tool for smoking prevention in secondary schools

This is a multimedia didactic tool, the first of its kind created for school children. It allows the children to learn in an enjoyable way using a computer. The programme allows the user to navigate in a city called "Healthy-city" which has different settings: a town square, a billboard, a school, a park, a hospital, a bar, a tobacconist's, and a gymnasium. Each environment provides information regarding tobacco issues and health hazards related to tobacco consumption. It also includes a quiz game, which has ten options, that can be accessed from any set-

ting. The quiz consists of one hundred questions which appear at random. If answered correctly a slogan appears in the town square. There is a different slogan for each option. This tool is meant to be used in schools where smoking prevention interventions are carried out by teachers.

Epidemiological Data on Tobacco Consumption and Epidemic: diskette and paper copies for transparencies. This is a kit of transparencies containing epidemiological data on tobacco consumption and tobacco epidemic. It provides data regarding the EU countries, Italy and Veneto Region in practical tables and graphics. The same data is also provided on floppy disk. This tool is meant to assist health workers and teachers in their smoking prevention interventions.

contact:

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E-mail: Salute@protec.it

France

Training Guide for Youth Workers

The French National League Against Cancer's bilingual (English-French) training guide for youth workers, Towards a Smoke-free Generation with

the 7-14 Year-old Age Group, has now been reprinted and is available both in English and in French. ASK FOR YOUR COPY NOW from:

contact:

Anne Le Cain
Ligue Nationale Contre le Cancer
1 Avenue Stéphen Pichon
75013 Paris, France

International

World Health Organisation Publication

Evaluating Tobacco Control (Experiences and Guiding Principles) This book has now been published and is available in English, French and Spanish from WHO Distribution and Sales.

contact:

WHO Distribution and sales
1211 Geneva 27 Switzerland
Fax: + 41-22-791 48 57

France

Booklet: "The little story of tobacco through the centuries"

Columbus introduced tobacco to Europe. He brought it back from America where indian people used it for their sacred rituals or for medicinal purposes. During the 17th and 18th century, smokers were in turn either encouraged in their habit or punished for it, sometimes even leading to death. Later, Vauquelin isolates the nicotin

component. Other discoveries follow... Tobacco, used for a long time as medicine is now considered toxic and responsible for a great number of diseases including lung cancer. This booklet – 20 pages long – is published in French and is available from Epidaure. Price 30FF.

contact:

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Parc Euromédecine
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Tel: +33 4 67 61 30 00
Fax: +33 4 67 61 31 16

NETWORKING

International

GLOBALink's membership triples in six months

Congratulations! GLOBALink, the International Tobacco-Control Network managed by the International Union Against Cancer (UICC) has seen its membership triple in one semester. GLOBALink offers news bulletins, electronic con-

ferences, live interactive chat, electronic mail, and full-text databases. GLOBALink can also host your Internet home page. Anyone with an access to Internet is invited to visit the GLOBALink page at: <http://www.uicc.ch/glob>

contact:

For further information contact:
Ruben Israel or
Jeanie Chevallaz
Tel: +41-22-809 1850
Fax: +41-22-809 1810
E-mail: globalink@uicc.ch

Europe

European Network on Smoking Prevention

ENSP is an independent, international, non-profit association registered in Brussels which has been created in the framework of the Europe Against Cancer Programme. Full members of the association will be national coalitions against tobacco and European networks active in tobacco control. ENSP is open to associate membership from individual organisations who wish to have access to the information service.

The aims of ENSP are:

- to facilitate the creation and operation of national alliances in each

member state of the European Union

- to promote collaboration amongst member organisations
- to stimulate and co-ordinate joint projects at the European level
- to facilitate specialised European anti-smoking networks
- to undertake the collection and distribution of information between the institutions of the European Union, the Member States and the members of ENSP
- to establish a link between the ENSP, intergovernmental organisations, national governments,

non-governmental organisations and other relevant groups

- to support national alliances for smoking prevention in the countries of Central and Eastern Europe.

contact:

Further information can be obtained from:
ENSP
33 rue de Pascale
1040 Bruxelles

HELP NEEDED

Europe

ENYPAT needs information on the planning and evaluation of media campaigns

ENYPAT secretariat is compiling a bibliography on smoking prevention media campaigns in different European countries. We are particularly interested in receiving information on the communication strategies and the methods of evaluation used in the following countries: Portugal, Belgium,

Denmark, Germany and the United Kingdom. Information about the context, i.e. epidemiology, legislation, budget allocated to smoking prevention campaigns, for these countries would also be welcome as well as contact details of people who have experience in this domain.

contact:

Please send information to:
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Fax: +358-9-694 9103
E-mail: sylviane.ratte@ktl.fi

France

Contacts needed to provide Pen-pals

The French League Against Cancer, Pataclope, is looking for people in the United Kingdom and Eire who could link French Pataclope members to pen pals in English-speaking areas of Europe.

contact:

Anybody able to help should contact:
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PROJECTS INFORMATION

Germany

Together Out of the Tobacco Empire

The programme uses an attractive form of youth work and provides a really good chance of escaping the nicotine trap. The programme is a one-year journey out of the Tobacco Empire. The philosophy behind the project is to make the participant conscious of the increasing time gap from the last cigarette. The project has three parts:

1) Participation in an international workcamp "Non-smoking only": The participation in a workcamp and the desire to stop smoking are both individual decisions. The spontaneous and creative atmosphere of the three weeks brings the important initial input for this journey out of the tobacco empire. The first days without smoking are often the most difficult period of the journey. The camp will bring together either non-smokers or potential non-smokers. The work during the camp is no more than four hours a day and is normally related to the environment and nature protection. The presence of others and the atmosphere in

the team are the main supportive factors to help the potential non-smoker to not smoke again. On the last day of the camp the participants can choose whether to continue on the journey or not. In the presence of the others they will sign an "obligation towards oneself" and they will be provided with a rescue pack.

2) Creating a network of support: during the camp the potential non-smokers can find supportive friends who help them in difficult moments. Following the camp, they can keep in contact with non-smokers and potential non-smokers. AgdR, Aktionsgemeinschaft gegen das Rauchen, will remain in touch with them.

3) Celebrating the arrival on No-smoking land after one year: the final stage and the highlight of the programme is a second meeting to celebrate the arrival in No-smoking land a year later. This meeting will include special sessions with experts and specialists in the field of health education. This meeting will also bring the participants

from different camps together. This will be the starting point for newcomer to the programme. The expenses for the meeting, including the transport costs, come from the savings made by not smoking during the year.

Two international work-camps will be organised in Germany. Interested organisations, individuals or specialists can obtain further information from:

contact:

André Neumann
VJF Co-ordinator for AgdR
Aktionsgemeinschaft gegen das
Rauchen (AgdR) Vereinigung
Junger Freiwilliger e.V.
Hans Otto Strasse 7
10 407 Berlin
Tel: +49-30-42 850 603
Fax: +49-30-42 850 604
E-mail: arenda@t-online.de

Greece

Report on the Conference "Smoking Prevention in Adolescence"

The Association for the Psycho-social Health of Children and Adolescents APHCA organised a conference which was held on February 14-15, 1997 in Athens. The topic of the conference was "Smoking Prevention in Adolescence". It aimed to exchange information on research projects and methodology of school-based interventions for the prevention of smoking among young people. The conference is part of the activities of the project "Adolescent Against Cancer: A Smoking Prevention Programme" which was undertaken by APHCA in collabora-

tion with centres from Portugal and Wales. APHCA has been co-ordinating the collaborative project, which has been funded by DGV of the European Commission, Europe Against Cancer Programme.

contact:

For more information about the conference or the project in general, please contact:
J. Tsiantis, Scientific Director
or I. Koumi, Project Manager
Association for the Psycho-social
Health of Children & Adolescents
19 Agiou Ioannou Theologou st
155 61 Holargos, Athens
Tel/Fax: +30-1-65 22 396

Greece

Final Report of the Second International Anti-smoking Youth Festival

The very positive response received for the First International Anti-smoking Youth Festival encouraged the Hellenic Action Against Cancer to organise a second one in 1996. This initiative is exclusively for young people. The participants aged 15-25 were asked to express themselves and to create their own anti-smoking messages using essays, drawing, photography, comics, cartoons, music, dance and drama. The Hellenic Action Against Cancer that it should encourage young people to participate in anti-smoking events, enabling them to become involved personally and feel part of the action. The organisation thinks that taking such a stand will influence their present and future behaviour and may encourage some of them to become active or even lead anti-smoking campaigns.

In order to evaluate its ideas and methods, the organisation will send a questionnaire to all the participants of the first two festivals and will report on the results. The results will be taken into consideration in the planning of the Third International Anti-smoking Youth Festival in 1998.

The first announcement for the second festival was disseminated through international networks (WHO, ENYPAT, Deutsches Krebsforschungszentrum etc.) and through

1535 letters sent by the organising committee. There were 756 respondents (individuals and schools) from 21 countries.

A total of 582 young people sent their work. The winners were as follows:

Essays:

1. Carolina Ohrn (Sweden)
2. Athanasia Kotsiatou (Greece)
3. R.K. Bobby (India)

Theatre:

1. Annika Rollins (Sweden)
2. Sandra Williams, Llanitloes High School, (Wales, U.K.)
3. Mark Corbett, Zone Youth Project (U.K.)

Music:

1. Dirk Loose, Gymnasium Traben Trarbach (Germany)
2. Klasse 10, St. Matthias Highschool (Germany)

Painting:

1. V. Liaouris (Greece)
2. A. Skandalelli (Greece)
3. D. Kalambokis (Greece)

Photography:

1. Kristie Drew (U.S.A.)
2. Violetta Skrabl (Slovenia)

Comics:

1. Sebastian Dunzinger, Holger Graber (Germany)
2. Ashot Davidiants (Armenia)
3. Xenia Solozhenkina (Kirgizstan)

Special citations:

Essays:

1. 24th Lyceum of Athens (Greece)
2. Joanna Pothitaki, Douka Lyceum (Greece)

Painting:

1. Smoking and motherhood
 - a. Athina Tsaka
 - b. S. Spirakos & J. Kambilis (Greece)

Comics:

1. Geschwister-Scholl Schule (Germany)
2. Klasse 10, St. Matthias Highschool (Germany)
3. Thorsten Steinel (Germany)

The winners received a medal, a diploma and a three-day stay in an Athens resort Hotel, with all travel and accommodation expenses covered by the Hellenic Action Against Cancer. All participants received a diploma. We are thinking of inviting other similar organisations in Europe to collaborate with us in organising the third festival.

contact:

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Hellenic action against Cancer
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115 28 Athens

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Fax: +30-1-77 88 698

Sweden

Big school competition changes attitudes of tobacco

The Swedish organisation, A Non Smoking Generation, has arranged its biggest national school competition since 1985. Arranged annually for the past 12 years, this year one million children are invited to participate in the competition. The competition, which starts in February and ends in May, involves one million students aged 11-20. The competition is integrated into the curriculum and is seen as one way for the students to learn more about the attitudes and effects of using tobacco.

The task differs between the school years. The students in the intermediate and senior levels of compulsory school have to conduct a thorough

smoke-study on their school. The task involves checking how many people use or do not use tobacco in their school (headmaster included). Additionally, they have to identify the reasons why they do or don't smoke or take snuff. At senior levels, it involves making a no-smoking campaign for their schools. The classes can present their study in any way they wish. e.g. on Internet, an article for a magazine, or as a play.

For youth between 17-20 years of age, the task is to write an article for debate on the subject of tobacco. The winning articles will be published in one of the biggest newspapers in Sweden. Among other prizes, the win-

ners are awarded trips to England and the United States.

A Non Smoking Generation is able to run this yearly event thanks to support from the Swedish Health Department, a large number of municipals, advertising agencies, travel agencies, newspapers and others.

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United Kingdom

Put Smoking Out of Fashion Competition

Put Smoking Out of Fashion (PSOOF) was launched in December 1994 by the National Smoking Education Campaign (Health Education Authority). The campaign aimed to reach people within the industry to discourage them from using cigarettes as props in fashion photography. By doing this the initiative hoped to:

1) encourage the fashion industry to recognise the influence it has over

teenagers when using smoking images and taking responsibility for it

2) raise debate within the media on the issue.

A competition was organised for local fashion, design and photography colleges. Fashion students were required to design "clubbing outfits", postcards, tee-shirts etc.

On March 20, 1997, winners from the local competitions will present their work at the final in London's Fashion Cafe.

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Spain

PAJEpS Programme

Among Spanish young people, 52.8% consider themselves tobacco smokers. The average number of cigarettes consumed per day is 14.7 (Comas, 1994). Until the age of 20, women smoke more than men. Women start smoking at a mean age of 16, and men at a mean age of 20. These data are in sharp contrast with studies that reveal that the habit of smoking is valued very negatively (Elzo et al, 1992) (Gil, 1992).

During 1995-1996, the Health Education Association (ADEPS) developed the Juvenile Health Education Agents Programme (PAJEpS 1995-96), a programme of information and increasing awareness of health education aimed at the young, in five autono-

mous communities (Andalucía, Castille-Leon, Extremadura, Galicia and Madrid).

The programme trained 75 juvenile agents. When they entered the programme, tobacco smoking and excessive alcohol consumption prevention was the issue creating the most interest (75%). They carried out a total of 67 interventions addressing health education and young people's lifestyles, with the emphasis on tobacco. The health education talks were attended by 2366 people.

During 1996-97, the Labour and Social Affairs Ministry continued the PAJEpS programme, for a total of seven autonomous communities.

Considering the high number of smokers among Spanish young people and the great interest shown in its prevention, the programme makes this issue a priority and requires an evaluation of young people's ideas and knowledge before and after training so that they become good health agents in their interventions as volunteers for PAJEpS.

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United Kingdom

Teenage Smoking in Wales

Since 1986 the prevalence of regular smoking by 15-16 year-olds has increased in Wales from 16% for boys and 20% for girls to 23% and 29%, respectively, in 1996. In the light of this trend the effectiveness of different prevention strategies were reviewed in "Developing options for a programme on adolescent smoking in Wales" (Health Promotion Wales Technical Report No. 16). This campaign "Teenage Smoking Programme," which is initially taking place in Gwynedd and

Swansea, has five components: classroom education on the marketing of tobacco, publicity about tobacco marketing, publicity to combat perceptions of smoking as an adolescent norm, development of school no-smoking policies, and enforcement of existing legislation banning under-age sales. The campaign is being launched in February with the publication of a guide on how to complain about breaches of tobacco advertising regulations.

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