

Report to Council

Agenda item 7.1

Post travel report by Councillor Richard Foster: Smoke-Free Cities Alliance Summit, Copenhagen, 23 and 24 June 2014

Council

Presenter: Councillor Richard Foster

30 September 2014

Purpose and background

1. The purpose of this report is to inform Council on the outcome of the Smoke-Free Cities Alliance Summit which was attended by Councillor Richard Foster in Copenhagen on 23 and 24 June 2014. Councillor Foster's attendance at the Summit was approved by the Future Melbourne Committee on 13 May 2014.

Key issues

2. The Smoke-Free Cities Alliance Summit was attended by representatives from a number of countries including the Philippines, Russia, Denmark, Norway, Slovenia, Albania, Ireland, Finland, Ukraine, United Kingdom, Bulgaria, Argentina and Australia. Representatives from the World Health Organisation, Denmark AIDS Foundation and Tobacco Free Futures were also in attendance.
3. Councillor Foster presented as part of a discussion on politicians engaging civil society in solving complex public health challenges. The panel also included the Minister of Health from Buenos Aires, a Member of European Parliament and several Mayors.
4. An informal agreement of alliance was established as a result of the Summit with the purpose of sharing knowledge and best practice initiatives. The potential to continue meeting annually as a network with the possibility of further expansion into other cities was also discussed. The City of Aalborg, Denmark will be chairing the Alliance in 2015.
5. Included in Attachment 2 is an overview of key observations from the Summit. It identifies areas in which there may be potential opportunities to further the work already being undertaken by the City of Melbourne. The opportunities for consideration include engaging with our sister cities on smoke-free initiatives and establishing a City of Melbourne Smoke-Free Advisory Committee.
6. Included in Attachment 3 are the Global Cases that were prepared by each of the participating cities and presented at the Alliance. Each case included the types of smoke-free initiatives undertaken, the target group and the effect that each initiative had on their respective city. A copy of the presentation delivered by the Warwickshire County Council (United Kingdom) on its program is included as Attachment 4.
7. Summit participants were broken into four groups and tasked with working on how the Alliance could benefit target groups of smokers in each of the cities.
8. The City of Melbourne's participation in the Summit was well received and provided an opportunity to connect with international cities on an area which sees common global objectives around the need to protect and improve the well-being of local citizens.
9. The cost associated with travel by Councillor Foster was \$12,270.04.

Recommendation

10. That Council:
 - 10.1. Notes the report by Councillor Richard Foster on the outcomes of the Smoke-Free Cities Alliance Summit in Copenhagen between 23 and 24 June 2014.
 - 10.2. Requests that management consider the potential opportunities outlined in Attachment 2 and provide a briefing paper to Councillors in due course with particular reference to opportunities to engage Melbourne's sister cities on smoke-free initiatives, establishing a City of Melbourne Smoke-Free Advisory Committee and participation in the 2015 Alliance which will be hosted by the City of Aalborg.

Attachments:

1. Supporting Attachment
2. Key Observations and potential opportunities: Smoke Free Alliance Summit 23-24 June 2014
3. Smoke Preventive Initiatives that Work: Global Cases
4. Warwickshire County Council presentation

Supporting Attachment

Finance

1. The cost associated with Councillor Foster's participation in the Smoke-Free Cities Alliance Summit in Copenhagen was \$12,270.04. This included airfare (\$10,128.72), accommodation (\$1,871.68) and incidentals (\$269.64).

Conflict of interest

2. No member of Council staff, or other person engaged under a contract, involved in advising on or preparing this report has declared a direct or indirect interest in relation to the matter of the report.

Relation to Council policy

3. The Manager Governance Services has confirmed that the travel undertaken accords with the requirements of the travel guidelines outlined in the Councillor Expenses and Resources Guidelines.

Environmental sustainability

4. The carbon emissions resulting from air travel were offset with the purchase of credits.

SMOKE-FREE ALLIANCE SUMMIT 23-24 JUNE 2014

Key observations

1. Purpose of the Alliance: information sharing, support, free of charge, aspirational, share best practice. The Alliance remains a *network* and not a formal organization.
2. Smoke-free must be progressed from 'the bottom up' - lower levels of government to the top. Doing it the other way around is too hard and the resistance too strong.
3. One of the interesting discussion points at the Summit related to Danish councils having to pay an amount to Federal Government when one of its residents presents to hospital. This is a strong incentive for smoke-free environment.
4. Copenhagen has a 17% smoking rate with a target of 4% by 2025.
5. Smoking causes one in four deaths in Denmark.
6. "Smoking is a diagnosis, not a choice".
7. Non-smoking policies must be intuitive; easy to use.
8. Another theme discussed in detail was what constitutes a smoke-free city? Different cities have different responses; some say a smoke-free city is a city with smoke-free workplaces; whereas some say a smoke-free city is a city with smoke-free restaurants.
9. Davao in Philippines is a smoke free city - The Davao City Ordinance bans smoking in all public places and enclosed places but has an option for designating smoke-free zones provided establishments pass through a series of rigid inspections by the Anti-Smoking Task Force.
10. To fine or not to fine doesn't have to be mutually exclusive.

Potential opportunities

11. Important to develop different strategies for different target groups: youth/children, minorities and the under-privileged.
12. Potential opportunity to engage with the City of Melbourne sister cities on smoke-free initiatives.
13. Potential opportunity for a City of Melbourne Advisory Committee that could look at developing some of these initiatives further and providing advice to Council on possible smoke-free areas.
14. Investigate 'Action on Smoking and Health UK' and their "CLear Thinking" initiative which includes self-assessment tools and evaluates current performance including optional peer evaluation.

Communications strategy considerations and opportunities

15. Development of a clear communications strategy that builds momentum, has strong messaging (i.e. you want to do this; clean, fresh, new; freedom).
16. Cross demographic boundaries.
17. "I don't have the power, I don't have the mandate" - create it!
18. Needs to consider the economic benefit of smoke-free; productivity, attraction to retail and other businesses.
19. Message: "A Smoke-Free City for Me!"
20. Twitter #responsiblesmoking - is there anything responsible about smoking!?

SMOKE-FREE ALLIANCE SUMMIT

23-24 JUNE 2014

WORKING GROUPS

Sharing insights on how the Smoke-Free Alliance can benefit target groups in cities.





SMOKE PREVENTIVE INITIATIVES THAT WORK: GLOBAL CASES



**SMOKE FREE
CITIES ALLIANCE**

TARGET GROUPS

CHILDREN AND YOUTH

A smoke preventive initiative that has worked in Oslo Municipality	3
A smoke preventive initiative that has worked in Randers	4
A smoke preventive initiative that has worked in the City of Helsinki	5
A smoke preventive initiative that has worked in the City of Ljubljana	6
A smoke preventive initiative that has worked in Nottingham City	8
A smoke preventive initiative that has worked in Aarhus	9

VULNERABLE GROUPS

A smoke preventive initiative that has worked in the Danish Aids Foundation	10
A smoke preventive initiative that has worked in the Municipality of Aalborg	11

BROADER PUBLIC

A smoke preventive initiative that has worked in Denmark	11
A smoke preventive initiative that has worked in Tromsø	13
A smoke preventive initiative that has worked in the City of Melbourne	14
A smoke preventive initiative that has worked in England	16
A smoke preventive initiative that has worked in Kiev	17
A smoke preventive initiative that has worked in Southeast Asia	18
A smoke preventive initiative that has worked in Davao City, Philippines	19
A smoke preventive initiative that has worked in Russia, the Northwest federal district, cities – Arkhangelsk, Murmansk and Pskov	20
A smoke preventive initiative that has worked in Northwest of England	21
A smoke preventive initiative that has worked in the City of Copenhagen	22

PUBLIC SPACE

A smoke preventive initiative that has worked in Finland	24
A smoke preventive initiative that has worked in Ireland	25
A smoke preventive initiative that has worked in Buenos Aires	26

CHILDREN AND YOUTH

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN OSLO MUNICIPALITY

TITLE

FRI ("FREE")

DATE AND LENGTH OF INITIATIVE

FRI is the largest tobacco prevention program for youth that have been initiated in Norway. FRI is a revised version of "Vær røykfri" which began in 1997. The programme is published by the Norwegian Directorate of Health and the Norwegian Directorate for Education and Training.

TARGET GROUP AND NUMBER REACHED

Pupils aged 13-16 years. In Oslo 70 schools with a total of 1760 students participated during 2013-2014.

TYPE OF INITIATIVE

A school-based education programme

COST

Participation is free of charge

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

School health services, student councils, school management and the County Governor of Oslo and Akershus were resources that contributed to anchoring and recruitment. The Norwegian Directorate of Health was responsible for course materials that teachers and students used.

HOW WAS IT COMMUNICATED?

All school classes were invited to participate by the Norwegian Directorate of Health. Teachers were responsible for registration and the pupils chose whether they wished to participate. Registered classes received course materials. Parents were informed and involved in the students' participation.

EFFECT

FRI is mainly about preventing tobacco use, but also about strengthening young people's ability to make independent decisions in other lifestyle areas.

The implementation of FRI has been shown to have a unifying effect on the pupils and to have a positive impact on students well being including school environment. 2-3 more pupils in classes who participate in FRI are non-smokers compared to pupils in classes that don't participate.

ABOUT THE PARTICIPANTS

Kari Elisabeth Sletnes, MD, PhD, MHA, Director, the Agency of Health, the City of Oslo.

Education: University of Bergen (MD), University of Oslo (Phd, MHA, First law degree), and Norwegian Business School (corporate economist).

Previous work: Chief Medical Officer, The City of Oslo; Managing Director, Aker University Hospital; Director of department/Project leader, Department of Analysis and Reporting, the Eastern Regional Health Authority; Director of division and Quality Manager, Ullevaal University Hospital. Medical specialties: Internal Medicine, Haematology.

Åse L. Snåre

Assistant Director General, Department of Health and Social Services, the City of Oslo with present responsibility: Public Health, Primary Health Services and Co-ordination Reform in Oslo.

Education: SRN, Aker College of Nursing, Oslo 1982; Specialist in Geriatric Nursing, Diakonhjemmet College 1991; Corporate Economics, BI Business School 1998; Part-time student MHA, University of Oslo 2012 – 2014.

Previous work: Chief Adviser in the same department and various other posts in nursing and health service management. Assistant Director General from 2002.

Assistant Director General, Department of Health and Social Services, the City of Oslo with present responsibility: Public Health, Primary Health Services and Co-ordination Reform in Oslo.

CHILDREN AND YOUTH
A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN RANDERS

TITLE

School dental clinics as an active player in screening children/youth for smoking

DATE AND LENGTH OF INITIATIVE

On-going

TARGET GROUP AND NUMBER REACHED

Children and youth in primary and secondary school

TYPE OF INITIATIVE

Screenings program.

Screening for smoking among students in school dental clinics. Staff in dental clinics is trained to trace smokers visiting the dental clinics and trained to initiate a very brief talk about the consequences of smoking in relation to dental health/periodontitis. The staff offers smokers to be contacted by a Quit Coach for motivational interviewing.

COST

None

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

Easy referral system between Staff in dental clinics and local Quit Coaches.

HOW WAS IT COMMUNICATED?

Common staff meetings amongst dental staff.

EFFECT

Attentiveness on screening and tackling youth smoking and initiating reflection and second thoughts for those who have just taken up smoking.

ABOUT THE PARTICIPANT

Jannie Martensen MA in Medical Anthropology, Health Promotion Coordinator in Randers

I've been planning, designing and implementing health intervention programs for about 5 years, of which the last 2 years have been with special focus and tobacco prevention and promotion of quit smoking.

CHILDREN AND YOUTH**A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN THE CITY OF HELSINKI,**

TITLE

Smoke-Free Helsinki: Programme for the prevention and reduction of smoking 2007- 2015

DATE AND LENGTH OF INITIATIVE

2007-2015

TARGET GROUP AND NUMBER REACHED

Main target group are children and young people but it is also targeting inhabitants of Helsinki as well as City of Helsinki employees (40 000).

TYPE OF INITIATIVE

Permanent structural solutions to support non-smoking lifestyle, especially at health care and at schools, also at city youth department. A process description of smoking intervention in maternity and child health clinics, in outpatient care and dental care. Systematic work has been done by developing structures in the schools, focusing on both the pupils and personnel. Smoking is forbidden in the indoor and outdoor facilities managed by the city.

COST

Mainly part of the everyday work.

The City has founded a tobacco addiction clinic at 2007. Its costs per year are 100 000 euros.

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

Department of social services and health care is the responsible department, co-operation with other municipal departments and NGO's. The programme has a Steering Group that follows and coordinates the municipal departments' activities with systematic indicators and reports to the political decision-makers. The programme is managed as part of the normal operations of the departments. It was confirmed by the Board of Health Services, City Government and City Council. There was collaboration with the Smoke-Free Helsinki Metropolitan Area project

HOW WAS IT COMMUNICATED?

To get support for the programme it is important to communicate effectively towards the political decision makers. In the beginning of the programme there was lots of interest and media visibility. To the general public the message is communicated at schools at GP consultations, by health visitors and websites for self-care and posters in public places. Presentations and consultations about programme.

EFFECT

Daily smoking among pregnant women	2008	9.5 %	2013	7.6 %
New mothers who smoke daily one year after the birth of the child	2008	8.9 %	2013	6.0 %
New fathers who smoke daily one year after the birth of the child	2008	13.7 %	2013	11.4 %

Smoking among young people:

Upper secondary school, 1. grade students	2008	12 %	2010	13 %	2013	8 %
Vocational institutes 1. grade students.	2008	36 %	2010	39 %	2013	34 %
Daily smoking among adults in Helsinki:	2008	20 %	2011	12 %		
Daily smoking among City of Helsinki employees	2007	18 %	2012	13 %		

WHICH INTERNATIONAL CAMPAIGNS/ADVERTS/FILMS MIGHT INSPIRE THE WORK IN SMOKE FREE CITIES ALLIANCE?

www.youtube.com/watch?v=Ofmp4__bMNc

Tobacco-Free Finland 2040 network's animated video about the development of the tobacco

ABOUT THE PARTICIPANT

Tarja Saarinen, Health and Wellbeing Coordinator, M.Sc. (health care)

City of Helsinki, Department of Social Services and Health Care

First I was trained as a health visitor. Then I wanted to study more about health promotion and qualified as a Master of Science in health. My present work consists of coordinating health promotion programs and networking with other experts in this area.

CHILDREN AND YOUTH

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN THE CITY OF LJUBLJANA

In 2007 the Slovenian Parliament adopted the Law on Restriction of the use of tobacco products that prohibits the use of tobacco products in all public spaces. Public spaces under this Law are spaces dedicated to the activities in the field of health care, child care, education, social welfare, public transport, trade, tourism, sport and recreation and culture. More exactly public spaces in the previous paragraph, are, the lobby's or waiting rooms, meeting rooms, cinemas, theatres, health care, social welfare and educational institutions, restaurants and shops, sports facilities, public transport, public toilets and other facilities, where non-smokers could be involuntarily exposed to cigarette smoke.

The Law also prohibits the purchase and sale of tobacco products to persons under the age of 18 years. On all packages of tobacco products it is necessary to have a phone number where you can find information to help you stop smoking. All packages are also equipped with warning signs about the negative effects of smoking. There are different services available, from individual counselling to group work on stop smoking, which are free of charge. The Law also prohibits any advertising of tobacco products.

As described, in Slovenia the majority of responsibilities on this field are a matter of the state and The Ministry of Health also co-finances two preventative campaigns, implemented by the Youth Association - No Excuse.

In addition to that the City of Ljubljana is co-financing 3 preventative programs on the use of tobacco products that are implemented by NGO's (Institute BOB, and Youth Association - No Excuse which implements 2 programs). Also the Community Health Centre of Ljubljana implements a program called YES I AM QUITTING SMOKING, which offers free of charge individual and group counselling and support in stopping smoking.

TARGET GROUP AND NUMBER REACHED

While the Law includes the whole society the programmes primarily focuses on children and youth and reaches out to app. 1500 people on a yearly basis. The programme of the Community Health Centre is mostly targeting adult population in last year they organized 5 workshops, attended by 83 individuals.

TYPE OF INITIATIVE

The programmes implemented by the NGO's works as a field work campaign with the aim to get as close as possible to the youngsters. Teams of workers of Institute BOB and No Excuse are working with them on the spot where young people are hanging out. No Excuse also implements workshops on educating young people about the negative effects of smoking. While, the Community Health Centre is implementing both individual and group preventative workshops.

COST

We are not aware of how many funds are dedicated for the programmes implementation by the Ministry of Health. In 2013 the City of Ljubljana is co-financing 3 programmes in the amount of 10.000 EUR. The costs of programme of the Community Health Centre are covered from the health insurance funds.

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

The involved partners at the city level are the City of Ljubljana (Department for Health and Social Care and Office for Prevention of Addictions) as co-financers and Institute BOB and Youth Association - No Excuse, which are NGO organizations that implements and coordinates the programme and is also coordinating volunteers working in the programmes and the Community Health Centre.

HOW WAS IT COMMUNICATED?

At the level of the state the announcement of the Law was published in all major newspapers, on different websites (Ministry of Health, NGO's). At The level of the city, after NGO's successful application at the public call the cooperation between the involved partners the programme was published and presented at the web pages of Institute BOB, No Excuse. Information about co-financing the programme was also published at the web page of Ljubljana. Community Health Centre is also advertising their programme on their web pages and thru personal doctors that are informing their patients.

EFFECT

At the state level there is an on-going research, which monitors smoking habits of adolescents in Slovenia, called "behaviour in relation to health in the school environment" and is carried out in schools on 11, 13 and 15-year old pupils. It was first performed in 2002, then again in 2006. The effects when comparing survey data from 2002 and 2006 show a significant reduction of tobacco use with adolescents. The research also shows that there is less those that first try to smoke and significantly lower percentage of regular smokers in all three age groups, but also significantly higher average age at when the first cigarette is smoked.

The aim of the programmes at the level of the city is to raise awareness about the negative effects of tobacco products (the same applies for the Community Health Centre), to provide information on where to seek help for quit smoking, to promote healthy way of life and healthy partying and to promote active spending of leisure time. In addition to that there are also several organizations, clubs and centres that are providing help and support to those that want to quit smoking and they are operating independently from the state or city authorities.

WHICH INTERNATIONAL CAMPAIGNS/ADVERTS/FILMS MIGHT INSPIRE THE WORK IN SMOKE FREE CITIES ALLIANCE?

Ex-smokers are unstoppable

<http://www.exsmokers.eu/uk-en/about.html>

No Excuse - Youth Manifesto on Tobacco

http://ec.europa.eu/health/tobacco/events/manifesto_en.htm

ABOUT THE PARTICIPANT

Ms. Tilka Klankar, Secretary – Head of Department of Health and Social Care, City Municipality of Ljubljana
She graduated in Psychology at the University of Ljubljana. She successfully passed the exam in the field of health, social care and public administration and became a certified supervisor for commercial and non-commercial undertakings. Since 2003, employed in the City of Ljubljana as the Head of Health and Social Security, where she leads regulate matters of primary health care, health insurance, ensuring funds for extra cost in homes for the elderly and organize other activities and services for seniors and other vulnerable groups.

CHILDREN AND YOUTH

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN NOTTINGHAM CITY

TITLE

Extending smoke free outdoor areas - Smoke free playgrounds and school gates

DATE AND LENGTH OF INITIATIVE

Introduced in 2012 and is on-going

TARGET GROUP AND NUMBER REACHED

Children, young people and families across all areas of the city

TYPE OF INITIATIVE

Campaign

COST

Consultation event - £2000

Production and fitting of signs - £9000

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

- Consultation event involving citizens, young people, Councillors, health and community colleagues established support for smoke free playgrounds
- Multi- disciplinary working group established to oversee delivery of the campaign – ensure political support
- Involvement of Parks and Open Spaces and Schools colleagues to support implementation

HOW WAS IT COMMUNICATED?

Local children designed the signs displayed at entrances to all Council run playgrounds and entrances to school gates – this scheme is not enforceable by law so completely dependent on clear and effective signage and the good will of citizens. We ensured all relevant colleagues were fully informed about the scheme. We ensured our Communications colleagues gave the right messages to the media

EFFECT:

We recently evaluated the scheme and feedback from citizens shows there is on-going support for keeping playgrounds and school gates smoke free. Although Nottingham's smoking prevalence is still well above the national average it is clear attitudes are beginning to change in relation to children's exposure to smoking. We are now considering our next steps in extending smoke free outdoor areas across the city.

WHICH INTERNATIONAL CAMPAIGNS/ADVERTS/FILMS CAN YOU THINK OF THAT MIGHT INSPIRE THE WORK IN SMOKE FREE CITIES ALLIANCE?

<http://www.bbc.co.uk/news/uk-england-nottinghamshire-15623467> - example of media coverage for Nottingham smokefree playgrounds

<http://thefilterwales.org/campaigns/smokefree-playgrounds/> - ASH Wales

<http://www.tobaccofreekids.org/research/factsheets/pdf/0332.pdf> - Tobacco Free Kids – USA

<http://www.smokefreeaction.org.uk/declaration/> - Local Government Declaration on Tobacco Control

ABOUT THE PARTICIPANT

Kate Thompson is the Smokefree Alliance Coordinator for Nottingham City Council. In this role she leads collective action to reduce smoking prevalence and reduce the uptake of smoking, building on partnership working to ensure effective implementation of national tobacco control strategy at a local level. Her career to date has spanned 3 decades of working in the voluntary and public sectors during which time she has gained a wide variety of experience across many areas including community, development, public engagement and health policy. Kate began working on the tobacco control agenda in 2005 and during that time she has been instrumental in developing a broad range of tobacco control interventions and awareness raising campaigns that contribute to the achievement of the vision for a smoke free Nottingham.

CHILDREN AND YOUTH A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN AARHUS

TITLE

Tobacco Prevention for young people in Aarhus

DATE AND LENGTH OF INITIATIVE

Continuous initiative beginning in 2012

TARGET GROUP AND NUMBER REACHED

Young people (15-25 years) who smoke or are at risk for taking up smoking as well as other stakeholders that have an impact on young people's smoking (school management, staff, parents, etc).

TYPE OF INITIATIVE

Young people who smoke or are at risk for taking up smoking as well as other stakeholders that have an impact on young people's smoking (school management, staff, parents, etc.)

All secondary schools, production schools, employees enrolled etc. is contacted by Public Health Aarhus with offers of tobacco prevention and cessation in the form of events, presentation / dialogue, cooperation with site management on smoking policy and smoking cessation programme. Network group of educated quit coaches (smoking cessation Advisor for young people) in Aarhus. Quit Smoking Offers (individually by telephone, individually attendance, attendance in the group)

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

Health Consultants from Public Health in Aarhus coordinates the initiative, while volunteers from the Danish Cancer Society, Aarhus, participating in smoking cessation events in selected secondary schools and possibly other tobacco interventions in secondary schools by appointment.

HOW WAS IT COMMUNICATED?

Health Consultants is sending mails to the schools, followed by phone calls. Schools have the responsibility to communicate to students about events etc.

EFFECT

Raising awareness of Public Health Aarhus and vice versa. We have a tobacco initiative of more than 80% of the schools. There are between 1-20 students for each event registers for a telephone smoking cessation and between 10-60 who have measured the carbon monoxide with subsequent talk about smoking. In schools where health consultants have attendance courses, there is positive focus on smoking cessation. The tobacco prevention initiatives are integrated into school policies and are incorporated into existing or new health promotion initiatives. 25% of the students participating in the smoking cessation process stop smoking after 6 months.

ABOUT THE PARTICIPANT

Gitte Vils, Health Consultant, Public Health, Health Promotion and Health Care department.

Smoking Cessation Advisor since 2006. Worked in Public Health department in Aarhus since 2008 with health promotion initiatives, mostly among young people.

VULNERABLE GROUPS

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN THE DANISH AIDS FOUNDATION

TITLE

Smoke Free Copenhagen 2025 for Lesbians, Gay Men, Bisexual and Transgender People, and People living with HIV

DATE AND LENGTH OF INITIATIVE

The project was initiated in February 2014 and is still in the outreach and design phase

TARGET GROUP AND NUMBER REACHED

LGBT* and PLH During the first three months of community outreach and research we have interviewed or had conversations with more than 40 persons including bar personnel, clinical staff, bar owners.

TYPE OF INITIATIVE

Designing recruitment campaigns for smoke stop courses for LGBT and PLH. Needs assessment and design of targeted interventions. Community awareness and community interventions (Smoke-free Bar initiatives)

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

The project originated in Røgfrit København 2025 and The Danish AIDS Foundation has been involved as a strategic partner.

HOW WAS IT COMMUNICATED?

A Campaign has been designed for the Copenhagen Pride and the campaign has already been mentioned in Danish Gay media in print and online

ABOUT THE PARTICIPANTS

Anthropologist Ole Møller Markussen, Head of LGBT Campaigns at The Danish AIDS Foundation

As an anthropologist Ole has investigated rationalities behind safer and unsafe sex among gay men in New York City, he has also conducted evaluation work in group interventions for alcoholics in Copenhagen. For the last six years he has developed and produced HIV-prevention campaigns targeted at gay men for The Danish AIDS Foundation

Heidi Hansen, Project Coordinator

For seven years Heidi has worked with general health, sexual health and community involvement in Newcastle among ethnic minorities, sex workers, PLH and LGBT – In February she returned to Denmark to coordinate the Smoke free Copenhagen LGBT and HIV+ initiative.

VULNERABLE GROUPS

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN THE MUNICIPALITY OF AALBORG

TITLE

Quit-smoking programmes for vulnerable groups

TARGET GROUP AND NUMBER REACHED

The target group is people who live in the local area "Aalborg East". The group is composed of socially exposed people with a high rate of unemployment, low income and a low level of education. 160 persons have participated in our quit-smoking programme in 2013. The participants are heavy smokers.

DATE AND LENGTH OF INITIATIVE

3 years

TYPE OF INITIATIVE

Quit-smoking programmes in local areas with a high rate of people with different ethnic backgrounds, unemployed people, single parents and people with low income and low level of education.

- Proactive recruitment
- Phone calls
- Programme adjusted to the target groups
- Accessibility
- Flexibility (content/length)
- Follow ups within 3 days
- Free substitution up to 8 weeks

COST

Quit-smoking instructor (25 hours per week)

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

The programme is carried out in local areas close to the residence of the concerned group. Cooperation with the local pharmacies, the local gym, doctors etc.

HOW WAS IT COMMUNICATED?

It is communicated in local newspapers, in community laundries, on Facebook etc.

The participants were asked to bring neighbours, family members or friends to join the programme.

EFFECT

In 2013:

92 % succeeded

51% have remained smoke free after the programme ended

49% are smoke free after ½ year.

ABOUT THE PARTICIPANT

Bente Graversen, Director, Department of Health & Culture

Mads Duedahl, Alderman, Department of Health & Culture

Bettina Bisp Jensen, consultant, Municipality of Aalborg, Denmark

Project leader: Mads Borgstroem-Hansen

BROADER PUBLIC

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN DENMARK

The Danish Health Promotion Packages and Center for Health Promotion and Disease Prevention in practise (implementation centre)

TITLE

The Health Promotion Packages and implementation: Recommendations and support to the 98 municipalities in Denmark

DATE AND LENGTH OF INITIATIVE

The implementation centre is supporting the municipalities during a period of three years (2013-2015). The aim is to inspire municipalities to formulate, qualify and monitor visible targets for public health and smoking prevention and support implementation of the health packages.

TARGET GROUPS

Children/youth, the workplace, vulnerable groups and broader public: The focus areas in the health package of smoke prevention are based on three elements of tobacco prevention: promoting smoking cessation, promoting smoke-free environments and preventing smoking initiation.

TYPE OF INITIATIVE

The health promotion package (smoke prevention) comprises an evidence-informed tool to assist municipal decision makers and health planners in setting priorities, planning and organizing local health promotion and disease prevention initiatives.

COST

The centre for Health Promotion and Disease Prevention in practise (the implementation center) has employed four consultants with experience in capacity building.

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

The Danish Health and Medicines Authority developed the health promotion packages in cooperation with scientific experts, including experts from Denmark's municipalities. The Center for Public Health and Disease Prevention in practise is established in the Local Government Denmark (LGDK), which is the interest group and member authority of Danish municipalities.

HOW WAS IT COMMUNICATED?

The health promotion packages were presented widely for public consultation, and the health promotion packages have generally been well received.

Many municipalities have chosen to benchmark their activities with the recommendations of the health promotion packages and thereby finding gaps and priority areas for the future interventions.

EFFECT

The municipalities are already taking advantage of their proximity to their citizens and the opportunities to work across administration sectors and to integrate health promotion into municipal policies and strategies. The implementation centre support the municipalities to contribute further to these efforts, which also promote the goal of greater equality in health – through local smoking prevention.

ABOUT THE PARTICIPANT

Lisbeth Holm Olsen, cand.comm., Advisor, Center for Forebyggelse i Praksis, KL (2013-)

Advisor, Center for Forebyggelse i Praksis, KL (2013-)

Head of Health Promotion, Køge Kommune (2007-2013)

Member of Healthy City Network, Denmark (2007 – 2013)

Project leader, Roskilde Amt (2004-2006)

Consultant, København Kommune (2003-2004)

Project leader, Roskilde Kommune (2001-2002)

I work with Public Health planning and development through a process of political commitment, capacity building, fundraising and innovative projects. The work covers many aspects of public health and living conditions: Health care policy and planning, Children and young people, community participation, equity and health, physical activity, smoking, mental health, sexual health, determinants of health, transport and health and urban planning and health.

BROADER PUBLIC

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN TROMSØ

An initiative instigated by the Norwegian Cancer Society. Stunt on World No Tobacco Day: Non-Smoking environment on three restaurant patios in Tromsø, the largest city in Northern Norway.

TITLE

Smoke free Environment, Restaurant Patios in Tromsø

DATE AND LENGTH OF INITIATIVE

May 31, World No Tobacco Day.

TARGET GROUP AND NUMBER REACHED:

Public. Several articles were published in Nordlys. (Northern Norway's largest newspaper). NRK Troms. (Norway National Broadcasting) and Radio Tromsø. Spinoffs in the Norwegian media, due to the fact that the stunt initiated by the cancer society, led to 3 permanent smoke-free restaurant patios. First in Norwegian history. The debate on Facebook took on its own life. Mostly positive.

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

The partners were given Non-smoking environment signs, information leaflets, a poster and a questionnaire for the guest how the guests felt about the stunt.

Kaffebønna. <http://www.kaffebonna.no/>

Bardus <http://www.bardus.no/>

Egon Tromsø <http://egon.no/restaurant/egon+tromso>

HOW WAS IT COMMUNICATED?

Media. Facebook

EFFECT

As a direct result from the stunt, Kaffebønna was the first restaurant chain in Norway, to implement a non-smoking outdoor- patio policy permanently. The first in Norwegian history.

Egon Tromsø followed, and will try out the new arrangement this summer.

Bardus has a small corner for smokers, on their patio.

ABOUT THE PARTICIPANT

Norwegian Cancer Society, Advisor Christel Sundfær Johansen

The Norwegian Cancer Society contributes to targeted efforts in cancer information, prevention, advocacy, research, care, and international cooperation. Funding research is our main priority. Research implies hope for a cure for cancer in the future. It also implies optimal and quality cancer treatment for patients through excellent cancer research in Norway. The NCS provides approximately 25 per cent of all direct funding for cancer research in Norway, thus contributing to promoting a research environment of top international standard in the country.

Christel Sundfær Johansen is working as an advisor in Norwegian Cancer Society (NCS) in Northern Norway. The office is located in Tromsø, the biggest city of Northern Norway, and the area the office covers is big, but very densely populated. Christel therefore works mainly with recruiting and teaching volunteers so that NCS can be operative, visible and present where people live. (It is a lot of good prevention in that as well). Furthermore Christel work with cancer prevention locally by organizing and initiate happenings and projects to increase the awareness about the link between risk of cancer and the four main lifestyle-factors sun exposure, tobacco use, diet and physical activity. Christel has a background as a nurse in the university-hospital of Tromsø, but her growing interest in health promotion- and prevention, led her into a Master degree in Public Health and a study on the connection between smokeless tobacco use (snus)- which has taken over more and more for smoking among youths in Norway, and cancer risk.

BROADER PUBLIC

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN THE CITY OF MELBOURNE

TITLE

Titel: 'Breathe Easy' Smoke Free Pilot – The Causeway

DATE AND LENGTH OF INITIATIVE

Date and length of initiative: 1 October 2013 – 31 March 2014

TARGET GROUP AND NUMBER REACHED:

Target group and number reached: The initiative had implications for the wider community, although focused on the identified target groups of users of the Laneway, such as hospitality business owners and workers; patrons; pedestrians, residents; and occupants. A total of 200 members of the public were interviewed, in addition to a smaller number of businesses, residents and occupants.

TYPE OF INITIATIVE:

'Breathe Easy' was a pilot intervention initiative.

COST:

\$30,000, excluding labour

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

The smoking ban in The Causeway was achieved under the City of Melbourne's Local Law which made it an offence for a person to smoke in the laneway during the period of the trial.

The need for business engagement and commitment to the trial was identified as being critical to the success of the initiative. Significant consultation and engagement with the businesses (particularly the hospitality businesses who were most likely to be impacted) was therefore undertaken during the early stages of the initiative to establish and maintain an effective working relationship. A working group of internal stakeholders was also established within Council, which included representatives from:

- Legal Services
- Engineering Services (infrastructure improvements and enhancements, including additional maintenance and cleaning programs within the laneway and the installation of additional butt bins)
- Park Services – installation and maintenance of planter boxes in the laneway
- Community Engagement, Communications and Marketing

HOW WAS IT COMMUNICATED?

A detailed communications plan was established which included:

- The design and installation of 'No Smoking' signage.
- Promotional signage featuring the tag line 'Breathe Easy, The Causeway is now smoke free' and a QR code link to the Participate Melbourne website (City of Melbourne's online community engagement platform).

Signage in the laneway was installed in various locations including walls, illuminated signage, floor decals and table talkers. The initiative was also promoted through various media channels (including social media).

EFFECT:

A comprehensive evaluation exercise was undertaken during the trial which analysed the impact on residents and businesses in the laneway and general support for the initiative. Key findings included:

- 80% of patrons and passers-by supported the ban
- 41% of patrons and passers-by indicated that they would be more likely to choose The Causeway because of the ban
- 82% of patrons and passers-by support general smoking bans within the municipality.
- All except one resident/occupier believed that it was either 'great' or 'good' that the Causeway was smoke free.
- Business believed that the ban was adhered to during the trial, which was reflected in the high compliance rate during the observations.
- With the exception of one business, all cafe businesses expressed support for the ban and its continuance. Some businesses also expressed the view that the bans should be wider reaching, including all Melbourne food outlets.

In addition to this, a total of 41 comments were received on Participate Melbourne website, only two of which were not in support of the ban.

Due to the overwhelming support of the ban Council resolved to prescribe The Causeway as a smoke free area under the local law permanently. This decision by Council was informed by the finding of the evaluation report and comments received via the Participate Melbourne website.

In addition to this, it has been subsequently proposed that up to six more smoke free areas will be prescribed during 2014/15 with a focus on areas that feature outdoor dining. A budget of approximately \$340,000 has been included in the 2014/15 budget with respect to this.

WHICH INTERNATIONAL CAMPAIGNS/ADVERTS/FILMS CAN YOU THINK OF THAT MIGHT INSPIRE THE WORK IN SMOKE FREE CITIES ALLIANCE?

<http://www.quitnow.gov.au/>

https://www.youtube.com/watch?v=YI_-vGQf3Zk <http://www.youtube.com/watch?v=SfAxUpeVhCg>

<http://www.3aw.com.au/blogs/3aw-breakfast-blog/cbd-smoking-ban-inevitable/20140515-38arl.html>

<http://www.abc.net.au/news/2014-05-15/ban-city-smoking-melbourne-councillor/5456138>

<http://www.theguardian.com/world/2014/may/15/melbourne-cbd-set-to-be-smoke-free-within-two-years>

<http://news.yahoo.com/melbourne-city-centre-aims-smoke-free-2016-015605936.html>

ABOUT THE PARTICIPANT:

Richard Foster, Councillor, City of Melbourne

Cr Richard Foster was elected as a Councillor at the City of Melbourne in 2012. He has a legal background and has worked for some of Australia's largest financial institutions, an Ombudsman and a large welfare organisation. In 2008 he was appointed as the CEO of the Financial and Consumer Rights Council and he is now an Industry Fellow of the Faculty of Business and Economics at Monash University, where he oversees clinical placement programs in community legal centres. A regular media commentator, Richard has a strong interest in the rights of the disadvantaged, and is committed to ensuring that everyone in the city can share in all that Melbourne has to offer.

BROADER PUBLIC

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN ENGLAND

Experiences from England. Lessons learned from the past and present including:

Convincing politicians of the value of smoke free by using cost modelling; Alliances and partnerships development; Maintaining and growing support at local level; Advocacy

DATE AND LENGTH OF INITIATIVE

This on-going case looks at how to maintain interest in tobacco control in the current climate of competing issues and reduced funding.

TARGET GROUP AND NUMBER REACHED

Activities have directly targeted professionals; opinion formers with a view to enabling work to continue that impacts on the general public and specific target groups (e.g. pregnant women)

TYPE OF INITIATIVE

This case is a description of what has gone on to ensure tobacco control work continues activities include: agenda setting; opinion forming; capacity building and developing skills in a mixed workforce.

COST

Costs have been shared between organisations; Training has been funded by local participants. In many ways these initiatives are the 'hidden costs' of continuing success.

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

Cost models and other tools have been developed by various organisations including ASH, local organisations and pharmaceutical companies. Partners include all those involved in tobacco control at national, regional and local levels. Advocacy toolkit written by enthusiastic individuals and training developed from that.

HOW WAS IT COMMUNICATED?

Various methods including Seminars; Reports to politicians; web-based information; printed publications and direct face-to-face training. Supported by media campaigns (directed in part at the tobacco control community)

EFFECT

The introduction of the smoke free law in England in 2007 was a great success but many professionals and politicians disengaged from the topic at this time thinking the 'job was done'. In addition changes to public sector structures and reduced funding have put pressures on tobacco control. To combat this we have needed to re-make the case for action and rebuild capacity. This on-going work has been vital in protecting scarce resources and keeping tobacco control action going.

ABOUT THE PARTICIPANT

Mr Paul Hooper., Group Manager: Community Safety and Substance Misuse, Warwickshire County Council

Paul started his professional career as an Environmental Health Officer in Birmingham but moved into 'Tobacco Control' in 1985. He was responsible for introducing one of the first smoking policies in English local government and for launching 'Smoke Free Birmingham' (one of the original smoke free alliances in England) He has been instrumental in the set up and commissioning of specialist stop smoking services in both Birmingham and Warwickshire.

Paul was West Midlands Regional Tobacco Policy Manager for the Department of Health for several years (2002-2010) During this time he was heavily involved in the development and implementation of the English Smoke Free Law. In 2008 he received honorary membership of the Faculty of Public Health for his work on tobacco control.

Working with the Tobacco Control Collaborating Centre and others, Paul has provided training to professionals across the UK (including sessions based on the Tobacco Control Advocacy Toolkit he commissioned and co-wrote). He has extensive experience of debating smoking issues in the media and is on the 'hit list' of pro-tobacco groups. He is an adviser to ASH UK and has been an adviser to Cancer Research UK and NICE.

Paul has presented at many conferences including National, European and World 'Tobacco Or Health' conferences and has been involved in several EU-funded projects and other local initiatives in UK; Belgium; Poland, Slovenia and even Vejle County!

BROADER PUBLIC

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN KIEV

TITLE

On measures to streamline smoking in Kiev.

DATE AND LENGTH OF INITIATIVE

May 2008 - December 2012

TARGET GROUP AND NUMBER REACHED

Broader public in public place

TYPE OF INITIATIVE

Activity

COST

Without costs, only administration and political support

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

It was the adoption of two laws of Kyiv City Council. Our partners was NGO "Life" and City Administration

HOW WAS IT COMMUNICATED?

Through the media

EFFECT

Reduced the number of smokers and area of smoking in public place, namely in cafe, bars and restaurants

ABOUT THE PARTICIPANT

Otto Stoyka, Ph.D., chief doctor of City Health Center the Department of Health care in Kyiv

I was born in 1966, in Kiev, Ukraine. I completed the Kyiv Medical Institute in 1989 and acquired the profession therapeutic - general practitioner. Now I am dealing with mould of Health Promotion and Education in Kyiv and Ukraine. My graduate Ph.D. from 2007: The thesis is being submitted for a Master Degree of Science Medicine – Social Medicine and Public Health. Ukrainian National Medical Academy of Postgraduate Study, Kyiv. My field of research 'Elaboration means optimized medicine–social technology preventive of tobacco smoking and estimation their efficacy'. I am training doctors about advice to smoke cessation for patients in Kyiv. I'm member of The International Union against Tuberculosis and Lung diseases. I have scholarship with poster presentation the 14th World Conference on Tobacco or Health in Mumbai, India, 2009.

I'm member of workgroup Ministry of Health in Ukraine 'Improving the control of alcohol and tobacco use during pregnancy in Ukraine' (CPG/Protocol development, USAID).

Member of National coalition against tobacco.

BROADER PUBLIC

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN SOUTHEAST ASIA

SMOKE-FREE CITIES ASEAN NETWORK (SCAN)

An Initiative of the SouthEast Asia Tobacco Control Alliance)

TITLE

Smoke-free Cities ASEAN Network: Building an Alliance to Support Cities to become Smoke-free.

DATE AND LENGTH OF INITIATIVE

08 July 2013 – Launched during the Regional Workshop on “SMOKE-FREE LAWS: Strengthening its Enforcement Towards Building Model Smoke-free Cities in the ASEAN”

TARGET GROUP AND NUMBER REACHED

All Cities in the ASEAN

TYPE OF INITIATIVE

An invitation was sent to some Cities in the ASEAN to join the SCAN in order to support the “Towards a Smoke-free ASEAN” campaign. It is an Alliance of cities with smoke-free initiatives so SEATCA will be able to provide technical assistance and support to them.

COST

The budget is built in the Smoke-free Program of SEATCA but no exact amount dedicated to it.

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

Prior to the launching of the “Towards a Smoke-free ASEAN” Campaign during the 15th World Conference on Tobacco or Health in Singapore in 2012, SEATCA was already working on making cities smoke-free. Almost all of the 10 countries in the ASEAN have cities working on smoke-free at different levels so SCAN was organized in order to bring together all cities in the ASEAN working on making their cities smoke-free. This network was launched during a Regional Smoke-free Workshop on July 2013 in Davao City, Philippines. SEATCA provided technical assistance/support to the Cities together with WHO-WPRO. The Network will formalize the membership this year but it has already a core group of members of 30 cities in the ASEAN.

HOW WAS IT COMMUNICATED?

SEATCA has been working with the 10 countries of the ASEAN since 2001. We have at least 1 smoke-free focal person in each country. They recommended the City, which can already join the network. Cities have already heard about SCAN and voluntarily contacts us that they would like to become a member. Any city can join but initial assessment is done using the Smoke-free Meter with the acronym “S.T.O.P. S.M.O.K.I.N.G.” This will gauge the smoke-free level/category of the City, at the same time; it will guide them on how to make their city smoke-free. The acronym stands for the key elements in making a city smoke-free. See this link for the key elements: <http://seatca.org/dmdocuments/SF-DAVAO-booklet-CTP.pdf>

EFFECTS

SCAN is quite new so the effects cannot be documented yet but the purpose of this alliance is for the cities to share their activities and initiatives with other cities. There are a number of cities that are still developing their ordinances and strengthening their enforcement so they can assess again their Smoke-free Level.

ABOUT THE PARTICIPANT

Dr. Domilyn Villarreiz, FCTC Program Manager, SouthEast Asia Tobacco Control Alliance (SEATCA)

- Doctor of Medicine, Master in Community Health, Registered Medical Technologist
- Co-Chairperson of the Davao City Anti-Smoking Task Force (2002 – Present)
- FCTC Program Manager of the Southeast Asia Tobacco Control Alliance (SEATCA)
- Regional Coordinator, Western Pacific Regional Office, Framework Convention Alliance (FCA)
- Organized the Network of Smoke-free World Heritage Sites and Cities (2011)
- Organized the Smoke-free Cities ASEAN Network (SCAN) (2013)
- Initiated the Smoke-free Davao Campaign in 2002 until it became 100% smoke-free in 2012
- Publications:
 - Your Guide to A Smoke-free City: Lessons Learned from Davao City, Philippines
 - Smoke-free Policies and Enforcement in the ASEAN
 - 2010 and 2012 Asia Pacific Report Card: Compliance of Asia-Pacific Countries to the WHO FCTC
- Provided support to the ASEAN Secretariat in making their workplace smoke-free (2012)

BROADER PUBLIC

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN DAVAO CITY, PHILIPPINES

TITLE

Smoke-free Philippines: Strengthening Smoke-free Laws and its Enforcement

DATE AND LENGTH OF INITIATIVE:

May 31, 2002 up to the present (12 years of Smoke-free Davao)

TARGET GROUP AND NUMBER REACHED

General Public/ All the residents and visitors of Davao City

TYPE OF INITIATIVE

It started as an information/education campaign on the ill effects of smoking to the health while the local ordinance is being prepared. Several activities were done to increase the awareness of the public on the provisions of the Ordinance. Interventions were also done to stop the initiation of smoking as well as encourage smokers to quit smoking.

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

The Mayor was browsing through the sleeping ordinances of the City. The author organized activities that led to the launching of the Smoke-free Davao Campaign. Initially, the Davao City Anti-Smoking Task Force was only composed of local government offices namely, City Mayor as the Chairperson and the members are representatives of different departments: City Health, Business Bureau, Building Official, Tourism, Information and Police Office. Later, the task force expanded to include representatives coming from socio-civic organizations, religious groups, and community leaders.

HOW WAS IT COMMUNICATED?

The campaign had an intensified exposure through mass media (television, radio, print), posting of anti-smoking billboards in strategic areas of the City and removal of tobacco advertisements; anti-smoking posters were placed in schools, workplaces and communities. Business establishments and public transportation were required to place "No Smoking" signs. Orientation on the ill-effects of smoking were done in the different settings (restaurants, hotels, bars etc.)

EFFECTS:

1. All enclosed places and public places are 100% smoke-free.
2. All government offices are 100% smoke-free. Any form of tobacco industry interference in these is not allowed.
3. All schools and recreational facilities including its premises should be 100% smoke-free. Selling of cigarettes is not allowed 100 meters from the boundary of the school.
4. Smoking prevalence is 21%, which is 7% lower than the national prevalence rate.

WHICH INTERNATIONAL CAMPAIGNS/ADVERTS/FILMS MIGHT INSPIRE THE WORK IN SMOKE FREE CITIES ALLIANCE?

Smoke-free Angkor: <https://www.youtube.com/watch?v=xMXfQIJmkaU>

Smoke-free Hotels: https://www.youtube.com/watch?v=mKQcaT_5IQI

Smoke-free Davao: <http://seatca.org/dmdocuments/SF-DAVAO-booklet-CTP.pdf>

http://www.who.int/kobe_centre/publications/makingcities_smokefree.pdf

http://www.who.int/kobe_centre/interventions/smoke_free/en/

BROADER PUBLIC

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN RUSSIA, THE NORTHWEST FEDERAL DISTRICT, CITIES – ARKHANGELSK, MURMANSK AND PSKOV

Regional charity NGO “Arkhangelsk Centre of social technologies “Garant” – a coordinator of the North-west coalition on tobacco control

TITLE

Development of the strategic interregional coalition for improvement of the tobacco control legislation in Russia – Northwest coalition on tobacco control

DATE AND LENGTH OF INITIATIVE

December 2010 – on-going

TARGET GROUP AND NUMBER REACHED

Citizens of the Northwest regions of the Russian Federation – around 5 million people

TYPE OF INITIATIVE

Activities: preparation of the regional TC strategies and actions plans; creation of TC public councils, information seminars for businesses, governmental organisations, organisation of health care, culture, education, sport on introduction of smoking bans.

COST

Around 110 000 USD annually, supported by Union against tuberculosis and lung diseases (within The Bloomberg Initiative To Reduce Tobacco Use).

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

It is organised as a joint project of development of the coalition activities, coordinated by NGOs in 3 regions. The TC public councils in each region involve authorities, controlling organisations, NGOs, mass media, business and active citizens.

HOW WAS IT COMMUNICATED?

As a joint effort of different regional stakeholders aimed at improving regional TC policies and explaining to different groups of population about introduction of smoking ban and consequences of smoking
The web site of the coalition - www.net-tabak.ru

EFFECT

In the regional TC strategies were adopted, followed by adoption of the regional action plans.

ABOUT THE PARTICIPANT

Tatiana Burieva, deputy director of Arkhangelsk Centre of social technologies “Garant”.

Since 1999 I have been working as a manager and coordinator of different projects in community development, education, health care, tobacco control, youth initiatives, philanthropy, social partnership, international cooperation of NGOs on the regional, nation-wide and international levels. The main principle of my work on large-scaled projects is a partnership and cooperation with various stakeholders from the local community, Russia other countries: municipal and regional executive and legislative authorities, businesses, NGOs, and population.

At present I work as a deputy director of NGO “Arkhangelsk Centre of social technologies “Garant”, which operates in miscellaneous fields and is considered to be an expert in regional development and social partnership. In TC I have been working since 2009. Since tobacco smoking is currently considered to be one the most important issues which should be solved in the RF, which is on 1st place in the world according to prevalence of smoking, I initiated and elaborated 2 projects, launched in autumn of 2010: 1) together with Norwegian cancer society I elaborated the project on adaptation of Norwegian program for schoolchildren for prevention of smoking in Arkhangelsk region. 2) the project “Creation of strategic interregional coalition for improving of legislation in the field of tobacco control”, aimed at analysis of laws on federal and regional level in the sphere of tobacco control; carrying out a research survey to define if businesses, officials and population are ready and approve of 100% smoke free environment.

Currently I continue coordinating the Northwest coalition on tobacco control uniting 3 regions of the northwest of the Russian Federation (Murmansk, Arkhangelsk, Pskov). The goal of the Coalition activity is to coordinate efforts of the regions aimed at reduction of smoking among population.

BROADER PUBLIC

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN NORTH WEST OF ENGLAND - INCLUDING THE CITIES OF CARLISLE, CHESTER, LANCASTER, LIVERPOOL, MANCHESTER, PRESTON AND SALFORD

TITLE

Tobacco Free Futures (formerly Smokefree North West)

DATE AND LENGTH OF INITIATIVE:

2008-date

TARGET GROUP AND NUMBER REACHED

Whole population approach with a focus on reducing smoking related inequalities and a vision to make smoking history for children.

TYPE OF INITIATIVE

Regional comprehensive tobacco control programme, including initiatives to address secondhand smoke, illegal tobacco, smoking in pregnancy and support to stop people smoking. Our award winning public facing campaigns include Take 7 Steps Out (secondhand smoke), Chemical Soup (secondhand smoke) Keep it Out (illegal tobacco) and Smoke and Mirrors (youth prevention).

COST

Funding for the programme has varied from £700K to £1.8M per annum dependent on programmes of work delivered

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

Tobacco Free Futures works alongside Local Authorities and Health & Well-Being Boards in the North West and in other parts of the country, to support the importance of implementation of comprehensive local tobacco control programmes to achieve improvements in public health, which will ultimately save lives. Similar programmes are in place in the North East and South West. Our work is based on the six strands of the WHO International Framework on Tobacco Control. We also run successful, public facing campaigns, which are accessible to the public and target specific audiences with tailored messaging for both smokers and non-smokers alike. These include young people, parents and manual worker profiles.

HOW WAS IT COMMUNICATED?

Secondhand smoke communication example: A public facing campaign developed and delivered by Tobacco Free Futures is the multi award winning Take 7 Steps Out: A multi-channel approach that primarily targeted parents and when anyone smokes they take their smoking right outside – seven steps – from a building or car. Strong messaging and audience insight combined with a mix of effective regional TV and radio advertising; accessible literature for a range of audiences including GPs and parents; extensive positive PR coverage and a community road show created an accessible yet unique brand that changed the behaviour of thousands of smokers and non-smokers.

EFFECT

As a result of the Take 7 Steps Out campaign many thousands of people have made their home and cars smokefree. 19% of people who saw the campaign moved right outside to smoke, and 6% made a quit attempt, even though this was not specifically a quit smoking campaign. Research by the University of Bath demonstrated increased awareness of the health problems associated with secondhand smoke six months following the first phase of the campaign. The campaign encouraged behavioural changes amongst more than half of smokers, particularly females. The proportion of smoke-free homes also increased more where the campaign was live versus other regions - from 48% to 52% in the North West. The campaign also spawned an off-shoot - Chemical Soup - an highly innovative community programme that has provided a visual tool to help people, particularly those with lower literacy levels to understand the toxins that are in secondhand smoke.

ABOUT THE PARTICIPANT

Andrea Crossfield, Chief Executive Officer, Tobacco Free Futures

Andrea has led the organisation since it was formed as Smokefree North West in 2008 and was Regional Tobacco Policy Manager for the Department of Health from 2007-2010. Andrea is actively involved in the Smokefree Action Coalition and has a keen interest in public health advocacy. She believes we can Make Smoking History for Children in the North West of England, and ultimately across the globe, within a generation. This needs the engagement and support of a wide range of groups and individuals – including communities, opinion formers and leaders, healthcare professionals and regulators. Turning off the tap of new young smokers and normalising quitting for good across the adult population are ambitions which are achievable and worth fighting for. Take a look at our Youtube channel or Blog to read more.

<http://tobaccofreefutures.org/category/andreas-blog/>

<https://www.youtube.com/user/smokefreeNW>

BROADER PUBLIC

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN THE CITY OF COPENHAGEN

TITLE

Smoke-free Copenhagen 2025

DATE AND LENGTH OF INITIATIVE:

2013-2025

TARGET GROUP AND NUMBER REACHED

Smoke-free Copenhagen is a wide-ranging initiative, aiming at children/youth, workplaces and vulnerable groups as well as the broader public. It embraces a wide range of audiences through manifold arenas and instruments, and engages civil society by including partners such as organisations, NGO's, local politicians and private businesses.

TYPE OF INITIATIVE

Smoke-free Copenhagen is a value-based initiative, under which a wide range of projects and activities are initiated in order to realise the vision that the City of Copenhagen is smoke-free (i.e. 4 % or less daily smokers in the population) in 2025.

COST

DKK 10.000.000 pr. year

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

Smoke-free Copenhagen was launched by City Council of Copenhagen and includes 31 partners. Among them schools, care taking facilities, unions, NGOs and private companies. The partners are: 3F (union), the Danish AIDS-foundation, Bispebjerg Hospital, Boligforeningen 3B (housing), CBS – Copenhagen Business School, Christianshavns Døttreskole (School), CPH West (vocational school), the Danish Lung Association, FOA (union), GlaxoSmithKline, Grøndal Multicenter (activity center), Hjemmeplejen Bispebjerg Nørrebro (eldercare), Hjerteforeningen (the Danish Heart Foundation), Hotel- og restaurantskolen (vocational school), Hvidovre Hospital, Idrætshuset (activity center for vulnerable groups), KAB (housing), Kirsebærhavens Plejehjem (retirement home), Komiteen for Sundhedsoplysning (the Committee for Health Information), the Danish Cancer Society, Metroselskabet (transportation), Nestlé, Nørrebro Lokaludvalg (local committee for the Nørrebro district), Områdefornyelsen Fuglekvarteret, Områdekantor Vanløse, Brønshøj, Husum (management of eldercare and health promotion), Pfizer, PLO København (general practitioners Copenhagen), Post Danmark (Danish postal service), Professionshøjskolen Metropol (health education), The Health and Care Administration and Tandlægeforeningen (the Dentists' union)

HOW WAS IT COMMUNICATED?

Smoke-free Copenhagen is communicated to the general public via website www.rogfritkbh.kk.dk and Facebook, and via events such as the annual Culture Night in Copenhagen. Politicians and stakeholders are involved in the development of the initiative's activities, and are continuously informed on the progress.

The activities range from citywide campaigns to implementing smoke-free worktime at a care center, and are each communicated in the relevant manner. The values of Smoke-free Copenhagen brings about a form of communication, which is focused on the positive effects of becoming smoke-free or leading a smoke-life instead of prohibition and intimidation. An example of this is the joint campaign "a smoke-free pat on the back".

EFFECT

Achievements within the first year

- 1500 Copenhagen citizens signed up for cessations courses
- Approximately 1000 Copenhagen citizens called the Quit-line – almost twice as many as in 2012
- 50 events, cessation courses and other activities held at schools and high schools, focusing on adolescents
- 31 organizations, institutions and cooperations joined Smoke-free Copenhagen as partners.
- The 125 playgrounds in Copenhagen became smoke-free zones
- The infrastructure around cessations courses has been fine tuned, courses have been up scaled and health professionals up qualified
- Numerous projects with partners initiated

WHICH INTERNATIONAL CAMPAIGNS/ADVERTS/FILMS CAN YOU THINK OF THAT MIGHT INSPIRE THE WORK IN SMOKE FREE CITIES ALLIANCE?

Watch smokefree copenhagen: <http://vimeo.com/96694146>

ABOUT THE PARTICIPANT

Helle Stuart, Head of the Smoke-free Copenhagen 2025 Secretariat, the Health and Care Administration of the City of Copenhagen

Helle Stuart is Head of the Smoke-free Copenhagen Secretariat. She has led the national project “Freedom from Smoking for Everybody”, which focused on prevention of smoking among vulnerable groups – for instance, by influencing the personell’s attitudes towards vulnerable peoples’ smoking. The initiative included the survey “Smoking is the least of their problems” which was published in 2010. Helle Stuart is also co-writer of the publication “Promoting abstinence at shelters and alike.”

PUBLIC SPACE

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN FINLAND

TITLE

Tobacco-free municipalities project

TARGET GROUP AND NUMBER REACHED

All municipalities in Finland, 320. Both public and private sector as well as NGO's in the municipalities are targeted

TYPE OF INITIATIVE

All of the above

COST

835 000EUR (2012-2015)

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

NGO collaboration coordinated by Savo regional Heart Association. 5 local NGO coordinators nationwide + Tobacco Control Specialist. Close collaboration with National Institute for Health and Welfare, MoH, MoL and Association of Finnish Local and Regional Authorities. Nationwide initiatives, local initiatives and personal contact through the coordinators as well as citizens initiatives to the City council where needed.

HOW WAS IT COMMUNICATED?

Aim: To help municipalities make decisions to become tobacco-free and assist in implementation of the decision. The minimum criterion for a tobacco-free municipality is usually tobacco-free work-time. Practical tools were developed: criteria for a tobacco-free municipality, -workplace and -vocational school, recommendation on Tobacco-free working time, process guideline how to implement tobacco-free working time, new tobacco dependence treatment methods.

EFFECT

The minimum criterion for a tobacco-free municipality is usually that the work-time of the employees is tobacco-free. According to this criterion at the moment more than 70 % of municipalities in Finland have officially declared themselves tobacco-free. More than 75 % of Finns live in these municipalities.

WHICH INTERNATIONAL CAMPAIGNS/ADVERTS/FILMS MIGHT INSPIRE THE WORK IN SMOKE FREE CITIES ALLIANCE?

There are many good examples. I think the most important thing is that we communicate at meetings like this in order to get new ideas on how to tailor tobacco-free regulation in our own countries and cities.

ABOUT THE PARTICIPANT

Patrick Sandstrom, Senior Tobacco Control Specialist

Finnish Lung Health Association and Tobacco Free Municipalities Project

I have worked with tobacco control issues for 15 years both at Government and NGO level including more than 10 years as a Tobacco Dependence Treatment Specialist at the National Institute for Health and Welfare (THL) in Finland and now 4 years as Tobacco Control Specialist at Finnish Lung Health Association.

Current work includes:

In Finland: Tobacco Dependence treatment training for health professionals as well as lay persons, Tobacco-free Military project, Tobacco-free Municipalities project, Mental health and tobacco cessation initiative

International: Tobacco control legislation, -prevention and -cessation specialist in projects in Central Asia (Kyrgyzstan, Tajikistan).

PUBLIC SPACE

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN IRELAND

TITLE

Tobacco Free Ireland

DATE AND LENGTH OF INITIATIVE

March 2004: the Republic is the first country to ban smoking in all workplaces

TARGET GROUP AND NUMBER REACHED

All work place settings so whole of population approach for 4.6m

TYPE OF INITIATIVE:

Legislation and enforcement

Campaigns

Intervention with smoking cessation support

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

Whole of government approach including health services NGOs

90% of the public supported the ban

HOW WAS IT COMMUNICATED?

Media coverage

Campaign

EFFECT

In 10 years over 3,700 deaths have been prevented

WHICH INTERNATIONAL CAMPAIGNS/ADVERTS/FILMS CAN YOU THINK OF THAT MIGHT INSPIRE THE WORK IN SMOKE FREE CITIES ALLIANCE?

www.quit.ie

The QUIT campaign cost is 2011- €1million: 2012 - €800k: 2013- €840k: 2014- €1.5million

Campaign grounded in research on effectiveness; Reflects lessons learned internationally; Combines “ why to quit” with “how to quit”; Personal messages of loss from real Irish families. A review published in 2008 found that tobacco control programmes that include a mass media campaign can help to reduce levels of smoking among adults (Bala M, Strzeszynski L, Cahill K. Mass media interventions for smoking cessation in adults. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD004704. DOI: 10.1002/14651858.CD004704.pub2).

A further report, published by the National Cancer Institute in the US in 2008, which looked at the role of the media in promoting and reducing tobacco use, also found evidence of the effectiveness of such campaigns, however, they advised that the need to be properly developed and funded if they are to have an impact (National Cancer Institute, The Role of the Media in Promoting and Reducing Tobacco Use. Monograph 19, Bethesda MD US DHSS, NCI, 2008).

<https://www.youtube.com/watch?v=clbhCV0bliM>.

ABOUT THE PARTICIPANT

Dr. Cate Hartigan, Assistant National Director,

Health Promotion and Improvement, Health & Wellbeing Division, Health Service Executive, Ireland

Doctorate in Governance; BSc (Hons) Health Studies; RGN

Assistant National Director Health Promotion & Improvement

Cate trained as a nurse in the UK and returned to Ireland in 1999. Cate has undertaken a number of national roles in the Irish Health Service and was appointed to her current role in September 2014.

PUBLIC SPACE

A SMOKE PREVENTIVE INITIATIVE THAT HAS WORKED IN BUENOS AIRES

TITLE

BUENOS AIRES 100% SMOKE FREE

DATE AND LENGTH OF INITIATIVE

2008 to the present

TARGET GROUP AND NUMBER REACHED

General public: All resident and visitors of Buenos Aires City.

TYPE OF INITIATIVE

We started a campaign that keeps going. The objective is the implementation of the law 1799 and its modification.

COST

The Government of Buenos Aires City spends 100.000 USD, including the cost of modification that is covered in 100%

HOW WAS IT ORGANISED? WHO WERE THE PARTNERS INVOLVED?

The Ministry of Health has a control programme of smoke that works articulated with other Government areas and with organisations of the civil society that works in this concept.

HOW WAS IT COMMUNICATED?

The initiative has different aspects: we worked with the legislator of the City of Buenos Aires in order to achieve the 100% smoke free law.

We did different actions:

Activities with the community:

- Activities outdoors: carbon monoxide measured up in exhaled air: world day without tobacco, bicycle ride, distribution of pamphlet, etc.
- Measurement of monoxide in air exhaled at hospitals, and different workshops to stop smoking.
- Informative material was designed over of the modifications of the Law 1799 of Free smoke and it explained to the clients of bars and restaurants
- On May 31 and November 15: multiple activities, and also along all the year
- Activities at school: Workshops at primary and secondary school

**Activities related to the in force Legislation*

- 1.000 bars and restaurants were visited delivering informative material for the workers
- Contacts were realized with the Department of Modernization to work with Public free building of Smoke
- Work to discarded cards of stubs, on the part of the Department of Modernization of ashtrays for the public buildings
- Start the Certification of Free Building of Smoke

* Presentation of the guide "Evaluación del cumplimiento de las leyes para espacios libres de humo de tabaco": We did a Press Conference to communicate the Guide to the society. There was mass media. Then, the information was published on our facebook and twitter. Also, we have posters in different strategic areas of the city, where the people can take information about the guide and measure carbon monoxide.

EFFECT:

We evaluate our actions:

1. The law 1799 that allowed spaces for smokers was transformed and now those spaces are 100% smoke free.
2. We achieve 98% awareness of the law in the population.
3. In 2013, we decrease from 67% to 40% the exposition to snuff of smoke in closed public spaces.
4. In two years we treated 9000 patients.
5. The prevalence of smoking decreased from 28,7 to 23,5, from 2010 to 2013.
6. We introduced a project of Law to prohibit smoking while someone is driving.
7. We included the complaint about the breach of the law, in the complaint service of the Government.
8. We included tabaquism in the check list of night club inspectors, where we check the largest numbers of the violations of this law.

WHICH INTERNATIONAL CAMPAIGNS/ADVERTS/FILMS CAN YOU THINK OF THAT MIGHT INSPIRE THE WORK IN SMOKE FREE CITIES ALLIANCE?

<http://www.lalcec.org.ar/> // [http://www.lalcec.org.ar/#!/pulmon/c lgyd](http://www.lalcec.org.ar/#!/pulmon/c%20lgvd)

<http://www.theunion.org/>

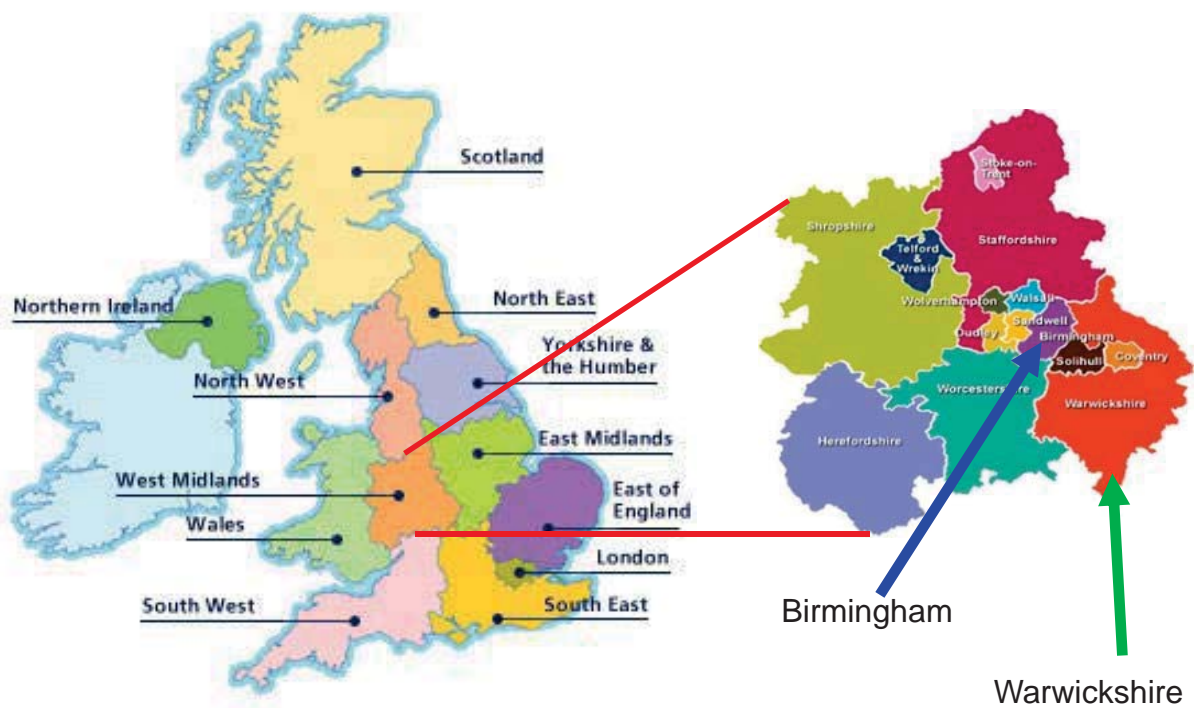
ABOUT THE PARTICIPANT

Dr. Graciela Reybaud is a Minister of Health of Buenos Aires City Government. She was Director of Santa Lucia Hospital, Buenos Aires, since 2001 to 2011. She is medical specialist in ophthalmology and part of the team "chronic non-communicable diseases".



'INSPIRATION'

Paul Hooper
Warwickshire County Council



Ancient History



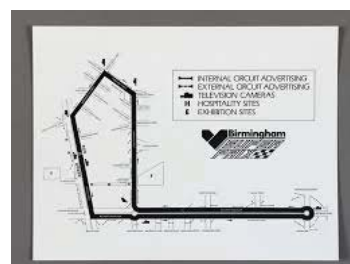
The Big Kill

1985

Smoking and Health

- Smoking policy for staff
- Help to quit sessions
- Work with NHS
- No tobacco adverts on City Council billboards
- End civic hospitality
- Consider using Health and Safety at Work Act to protect others

A first challenge

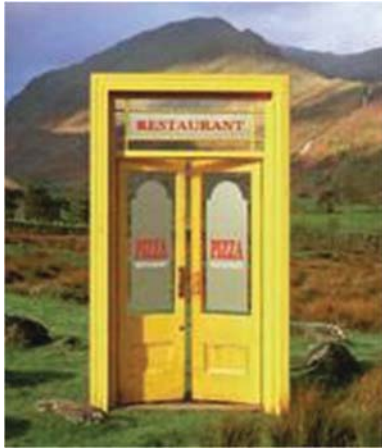


Progress

Alliances



The Smoke Free Law

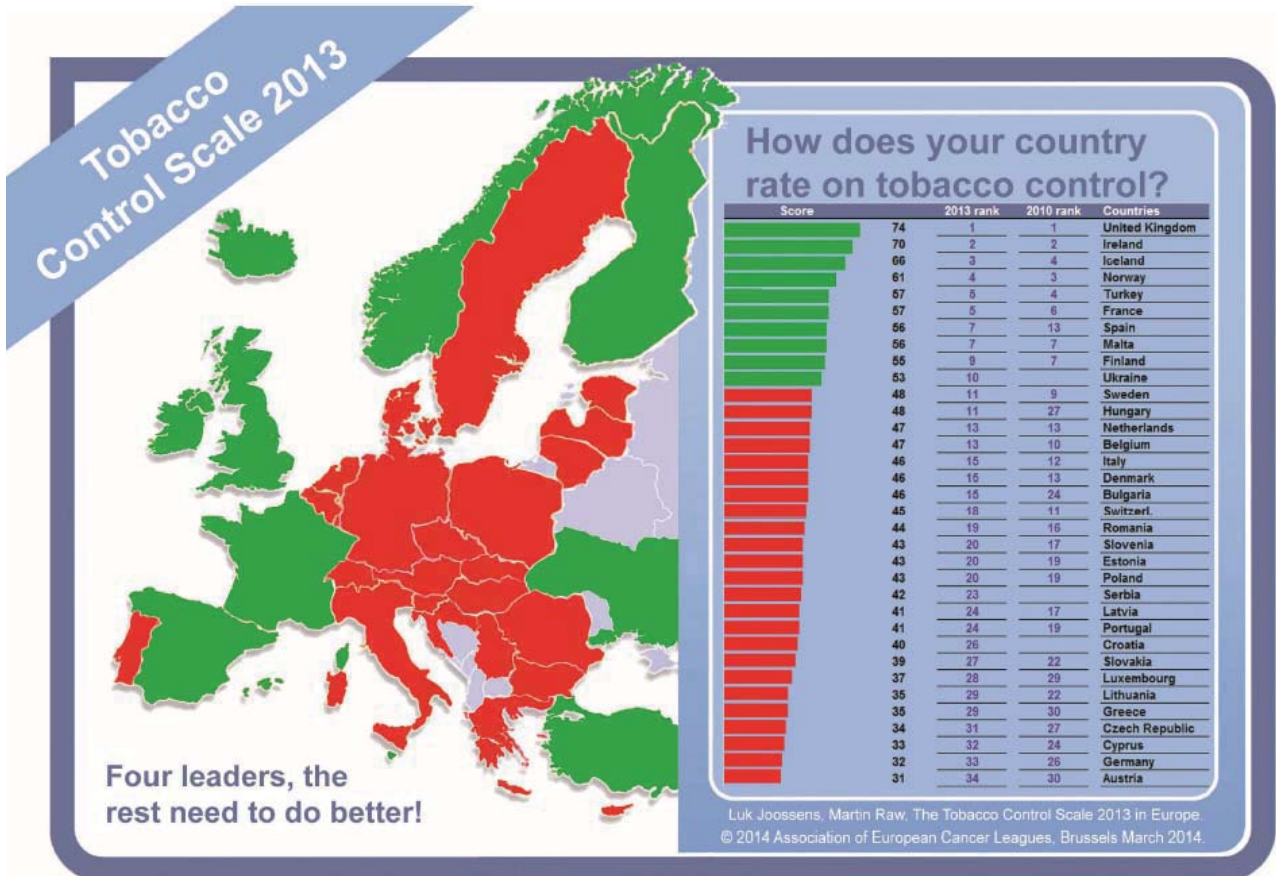


'The single biggest improvement in public health for a generation'



1mg TAR, 0.7mg NICOTINE. SMOKING KILLS. Health Department of Great Britain © 2005.





Current challenges

Healthy Lives, Healthy People:

Our strategy for public health in England (2010)





What has smoking got to do with the council?



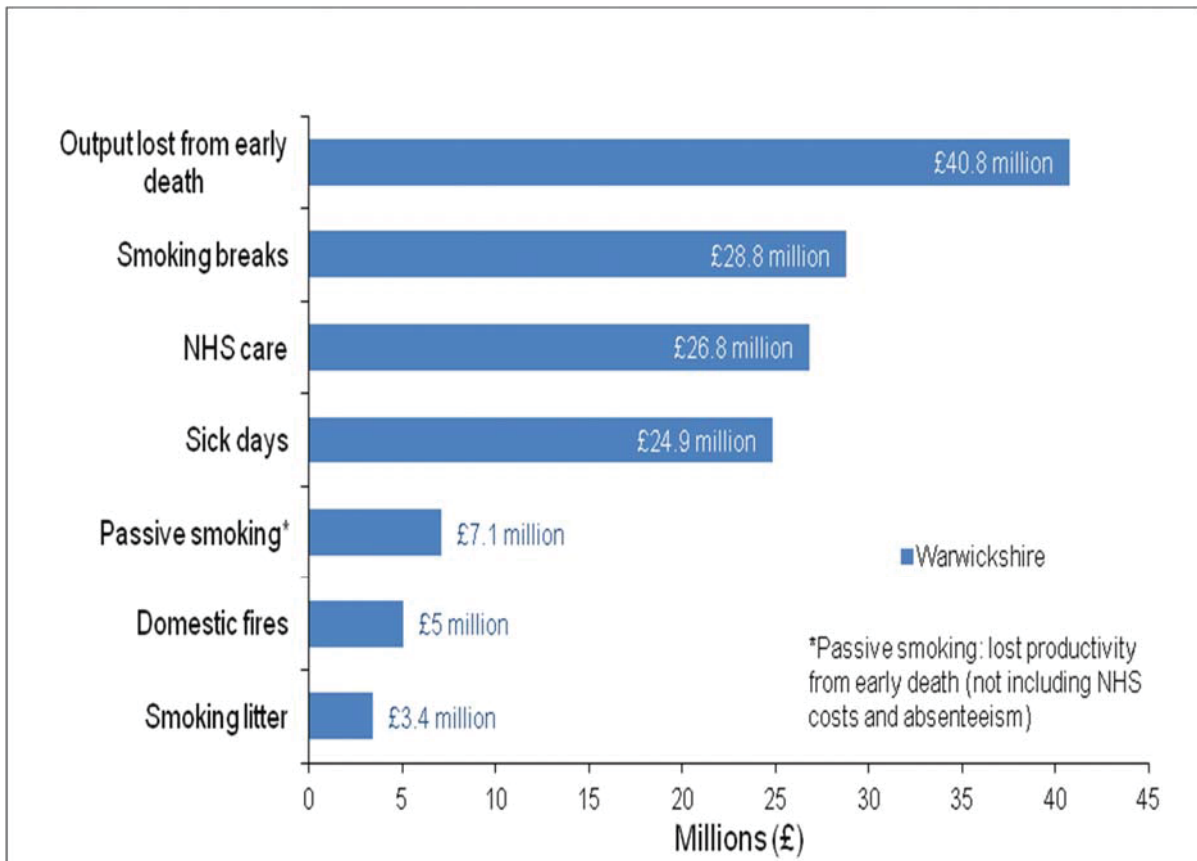
NICE National Institute for Health and Care Excellence

Why take action?

- Creation of jobs
- Productivity
 - Cost to businesses
 - Cost to any employer
- Inequalities
- Protection of vulnerable children
- Social care
- Litter and fires
- **Health**

<http://ash.org.uk/localtoolkit/R5-WM.html>

Strength in Numbers



Strength in Numbers



Local Government Declaration on Tobacco Control

We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

As local leaders in public health we welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization's framework convention on Tobacco control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- Endorsement of this declaration by Department of Health, Public Health England and professional bodies.

We commit our Council from this dateto:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reducing the harm caused by tobacco.

Declaration commits authorities to

- Reduce smoking prevalence and health inequalities
- Develop plans with partners and local communities
- Participate in local and regional networks
- Support Government action at national level
- Protect tobacco control work from the commercial and vested interests of the tobacco industry
- Monitor the progress of plans
- Join the Smokefree Action Coalition



Self assessment and mutual support

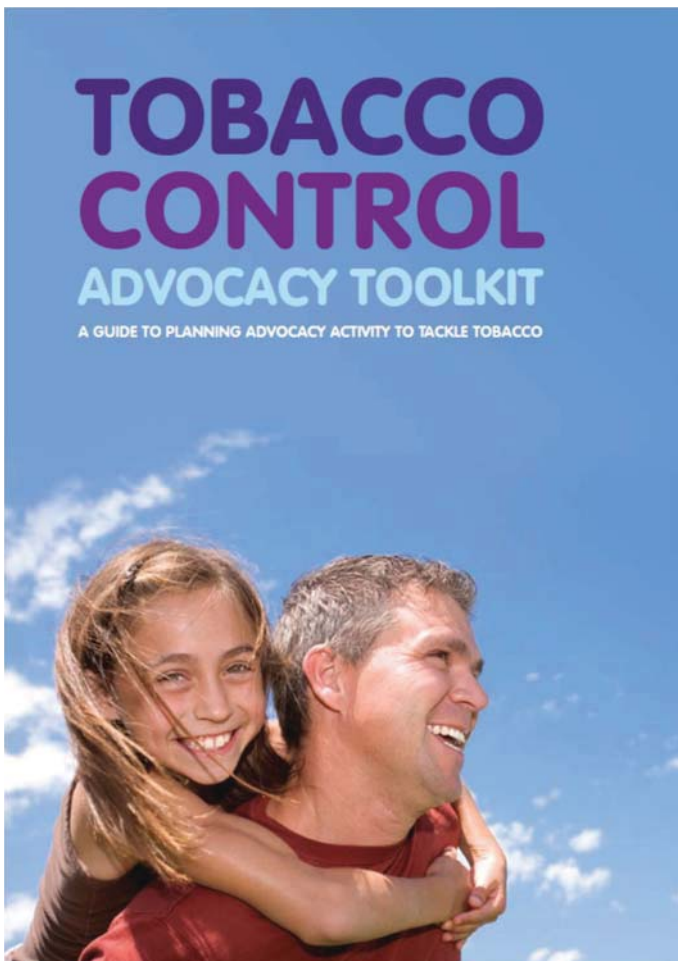


Excellence in
local tobacco
control

Challenge, **Leadership** and **Results**.

CLearR is

- A free to access self-assessment tool
- Evaluate current performance
- Optional peer reviews
- Joining with others in the



Tobacco Control Advocacy Training

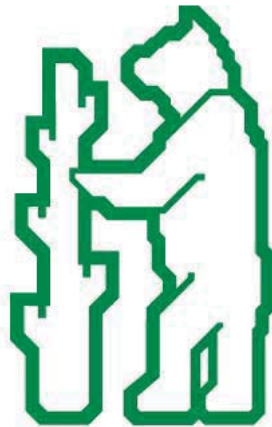


Development of an
Advocacy Strategy
Jim Shultz,
Democracy Center, USA

Emerging issues



paulhooper@warwickshire.gov.uk



Warwickshire
County Council