# Under constant challenges

## Tobacco control in Finland

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Finland was an early pioneer of tobacco control. We implemented a comprehensive strategy to reduce tobacco consumption. The low rate of smoking today stems directly from the comprehensive approach to tobacco control developed some 30 years ago. Our policy has been successful in general but now Finland is facing new challenges and international development paves the way for a more advanced course.

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In Finland, cigarette consumption was among the highest in the world in the 1920s, much higher than in any of the other Nordic countries. In the late 1940s, some 76 % of Finnish men smoked, but smoking among women was far lower, at about 13 percent. The death rate for coronary heart disease was the highest in Europe, and the lung cancer rate the second-highest.

Although the social and environmental development that has taken place in Finland since World War II has most probably had an impact on public health, the causal relations and the effects of the changes are not clear.

In the early 1970s, Finland had the world's lowest infant mortality and morbidity, but a very bad health situation among adult men. The available information indicated that more than half of the men were smokers. Smoking was obviously the main factor behind the poor health of the adult male population.

It was clear that preventive policies had to be developed. The Finnish medical organisations, doctors in particular, began to call for smoking reduction measures. The medical community's concern evoked a response among non-governmental organisations (NGOs).

Faced with this massive health problem, many preventive measures and policies have been set up and developed since. In the beginning of the 1970s, the Primary Health Care Act emphasised the role of prevention, and created an infrastructure for nation wide disease con-

trol efforts. At the same time, the North Karelia Project targeted the high rates of cardiovascular morbidity in Finland's worst affected province. The project highlighted smoking as one of the main risk factors.

Active cooperation between government organisations and NGOs has laid a firm basis for legislative actions. The momentum for change resulted in the 1977 Tobacco Act. This was a groundbreaker. It introduced compulsory health warnings on tobacco packages, prohibited all forms of tobacco advertising, banned selling tobacco products to minors, set upper limits on harmful substances in tobacco, and prohibited smoking at schools, on public transport, and in most indoor public venues.

## Comprehensive policy

The Finnish strategy for reducing tobacco consumption is based on comprehensive measures and active cooperation. The Finnish health promotion policy covers governmental institutes, universities, NGOs, and the education and health care systems, professional bodies, and institutions. The popular media and the media visibility of health issues also play an important role in smoking prevention and health promotion.

Doctors and NGOs are the pioneers of health promotion in Finland. NGOs not only supplement public health programmes, but also cooperatively serve the same objectives as public authorities.

The tools of the comprehensive policy are legislation, health promotion, price policy, and monitoring and research. The Finnish experience shows that, to reduce smoking effectively among the population, many parallel, simultaneous, and synergic measures are needed. However, the basis for smoking prevention and reduction is tobacco legislation.

## Gradual legislation on ETS

Moves to tackle the problem of environmental tobacco smoke (ETS) have taken place incrementally since the 1970s. The first efforts to cut exposure to ETS were made by the 1977 Tobacco Control Act. This restricted smoking in public buildings and on public transport.

The problem of smoking in workplaces was addressed in the beginning of the 1990s. At the same time, the buying age of tobacco products was raised from 16 to 18 years, sales of smokeless tobacco was banned, and modern forms of sales promotion of tobacco products were prohibited. The law also banned smoking in the outdoor areas of day care centres and schools primarily intended for persons under the age of 18 years.

After intensive and sometimes heated public debate in 1995, the tobacco law was amended to prevent exposure to tobacco smoke at work by making practically all workplaces smoke free. Specially ventilated rooms were to be set aside for smokers, but otherwise smoking was prohibited in the workplace – a move that massively cut ETS. After their adoption, the regulations on smoke free workplaces were overwhelmingly accepted, also by smokers. In national surveys, over 90 per cent of respondents have been satisfied with smoking arrangements in their workplaces.

Despite success in smoke free workplaces, the atmosphere did not support totally smoke free restaurants. In 2000,

new regulations to minimise exposure to ETS restricted smoking to limited areas in restaurants, and prohibited smoking at the bar counter. The size of the non-smoking area in restaurants of over 50 m² gradually had to be raised to 50% of the serving area. Restaurant and bar owners were granted a three-year lead-in time to carry out the changes. The transition period ended in July 2003.

The move has had a positive impact, but the success has been variable – as non smoking areas tend to open onto smoking areas, they are only nominally smoke free. The next step in developing smoke free public areas would be to ban smoking in all pubs and restaurants, as has been done in Ireland, Norway, Sweden, New Zealand, and parts of the US. The idea has generated a lively public discussion, debating the pros and cons of the issue. Restaurant owners express their fear of losing customers, and some customers see the ban as limiting their rights and social life in the restaurants and nightclubs. It is obvious that active public debate is the basis of progress, and contributing the change.

Although large scale legislative measures were not possible to protect restaurant workers, health authorities and NGOs considered other means to minimise the harm from exposure to ETS in restaurants. This paved the way for the most substantial amendment of the Tobacco Act in 2000: environmental tobacco smoke was classified as a carcinogenic substance by law. Finland was the first country to frame the issue of ETS in such clear terms.

The primary aim of the provision was to protect restaurant workers, and protection from carcinogens made the vital link with occupational health and safety legislation. Pregnant women are able to be off work and receive compensation in the form of special maternity leave and allowance from the Finnish Insurance Institution, if the employer is unable to provide a smoke free environment. This has also led to improved and more equalised rights for restaurant and pub workers.

## Health services and health promotion

Avoiding tobacco smoke and stopping the smoking habit have increasingly featured in primary and occupation health care. Preventive measures have gradually been implemented in various health service sectors. In 2002, an expert committee drew up *Evidence based Guidelines* on smoking, nicotine dependence and cessation methods. The recommendations aim to improve practical activities on smoking cessation conducted by the health care system and health professionals. The *Guidelines* represent the most authoritative overview of approaches to cessation, which, though addressed primarily to physicians, is understandable to anyone interested in finding out more about quitting smoking. The *Guidelines* provide a comprehensive description of factors that explain smoking, the diseases smoking causes, and the processes of quitting.

Primary health care, occupational health care, general practitioners, and public health nurses are in a central position in implementing the guidelines. The Guidelines are now at a practical stage: the Finnish Lung Health Associa-

tion organises training for local health care personnel all over the country.

There has been a vast amount of health education work to cut smoking. Much has been coordinated and funded by the Ministry of Social Affairs and Health. These activities have largely relied on funds made available by legislation stipulating that a proportion of tobacco tax revenue must be reserved by the state for tobacco control. It is estimated that 0,87% of tobacco tax revenue in 2005 will be spent on health promotion, including smoking cessation and prevention.

The NGO presence in tobacco control is also well established. The Cancer Society, the Pulmonary Association Heli, the Finnish Heart Association, and the Finnish Lung Health Association, among others, carry out major programmes on tobacco control. In addition, Finland's ASH has advocated for health oriented tobacco policy, distributed information and closely monitored the national and international developments and trends.

Quit & Win campaigns have been organised nationally since 1986. The campaigns are an effective way to reach large numbers of smokers and encourage them to stop. The national campaign developed into an International Quit and Win, coordinated by the National Public Health Institute (KTL) and the World Health Organisation.

Several NGOs have also been active in promoting smoke free environments in workplaces, restaurants and hotels, and other public facilities. People's efforts to stop smoking are supported by a telephone quit line and a virtual programme, both maintained by the Pulmonary Association Heli and funded by the Ministry of Social Affairs and Health and Finland's Slot Machine Association, RAY. The tobacco network web site (www.tobacco.org) is a public information bank on tobacco and smoking. The site is maintained by Finnish public health organisations, and financially supported by the Ministry of Social Affairs and Health.

In 1996, a government plan on smoking prevention among young people was developed. The plan was revised in 2000. At this moment, the strategy is being updated again. The aim of the strategy is to promote health and smoke-free lifestyles among young people. For instance, the measures include a long term, comprehensive, and pretested media campaign tailored to different subgroups among adolescents.

Schools have been involved in smoking prevention, with varying degrees of success. Health subjects have been adopted in the syllabus, a national 'healthy school' programme is conducted each year, and the 'smoke free class' competition is an annual event at comprehensive schools.

The European Network on Young People and Tobacco (ENYPAT) has been administered since 1998 by the National Public Health Institute (KTL) with the support of the European Commission. ENYPAT is a network for specialists working in the area of tobacco control among youth, and it aims at preventing tobacco use by young people through European wide collaboration, information exchange and programme building. ENYPAT's Advisory Board is comprised of representatives from all EU Member States, Norway, and Iceland.

## Monitoring system

A comprehensive national information system is in place in Finland to monitor smoking, its determinants, and consequences. Long term statistical data is crucial for the development of tobacco policy. A national health behaviour study among the adult population is the main system for monitoring smoking and its determinants. Since 1978, the National Institute of Public Health has conducted an annual postal survey of people aged between 15 and 64, and a biannual survey of people aged between 65 and 84.

The nation wide biannual Adolescent Health and Lifestyle Survey, among people aged 12–18, has proven valuable in monitoring youth smoking trends over time. The survey, first carried out in 1977, is conducted by Tampere University's School of Public Health.

Statistics Finland also monitors tobacco sales trends. The National Cancer Registry and Hospital Discharge Registry provide information about smoking related diseases and mortality statistics.

## Declining prevalence and alarming trends

The consumption of cigarettes was at its highest in 1975, 2,215 pieces for persons aged 15 or over. By 1977, tobacco consumption had decreased by about 10%, and over the next 15 years by one percent annually. In 2001, the annual consumption of tobacco products was about one kilo for every person aged 15 or over, 30% less than in 1990.

The proportion of smokers in the adult population was 26% among men and 19% among women in 2003. The drop in adult smoking over the years is mainly due to people quitting at middle age. In the younger age group of 15-24, 5% of the men and 7% of the women have stopped smoking. The respective figures for the age group 45-64 are 36% and 19%.

Some 6% of the overall population are occasional smokers. The age group 15-24 has 25% daily and 10% occasional smokers among men, and 24% and 11% respectively among women. In the elderly population, some 12% of men and 5% of women are smokers. Use of snuff (or snus) is very rare in Finland.

The Tobacco Control Act of 1995, which restricted smoking in the workplace, led to a drop in the prevalence of smoking among the working population. It also cut the level of tobacco chemicals present in both individuals and the population in general. The decrease in adult smoking in mainly due to middle aged smokers quitting. According to the study by the National Public Health Institute in the age group 45 to 64 years 36% of men and 19% of women have quitted smoking. Seven out of ten smokers report that they are willing to do so.

Smoking trends among young people present a discouraging picture: overall youth smoking is higher in Finland than the European average. In 2003, among 14-18 year olds, 25% of girls and 23% of boys smoked daily. While the daily use of tobacco products among 18 year old boys has been stable since 1977, smoking has increased among girls in the same age group since the late 1980s. In 2003, 36% of 18 year old girls smoked daily. This figure is the highest it has been in 26 years. Thus, the situation among young people, girls in particular, remains a persistent concern.

Fortunately, the problem is recognised in the government public health programme. One of the main targets of the public health programme is to bring youth smoking under 15% by 2015. It indicates that Finnish society understands the dilemma related to smoking among adolescents, and is ready to take serious steps to lower the figures.

The positive sign of a brighter future in youth smoking is that fewer young people under 18 are taking up smoking than in the 1980s and most of the 1990s.

## Future challenges

Finland has achieved remarkable progress in cutting smoking in the last 30 years. Overall smoking levels are among the lowest in Europe. Quitting rates are persistent and, crucially, less young people are starting smoking at an early age than in the past.

Nevertheless, progress is hampered by stubborn challenges: smoking among women, once low, has risen while the high levels of smoking declined among men. Smoking remains a class problem, with higher levels of tobacco use among the poorest and less educated sections of the population. Youth smoking, overall, is not in decline and is higher among girls than boys.

In Finland each year, about 5,000 people die from tobacco related diseases, 1.2 million work days are lost to sick leave, and smokers make 600,000 visits to medical professionals. Though much progress has been made in Finland, tobacco is still an epidemic. High CVD and CHD rates among men have dropped, as less Finnish men smoke. The increase of smoking among women over the last 30 years is clearly reflected in the increasing incidence of lung cancer.

It is likely that the impact of the smoking epidemic among women will become increasingly obvious and underline the gap between those who are better-educated and those who are not. Each year, some 800 women die from smoking. Smoking rates among the least-educated women have risen by two thirds during the last 20 years (18% to 30%). By contrast, only 13% of the highly educated women smoke, and only 19% in the middle group.

The differences in educational levels among women who are smokers can also be seen in figures for smoking during pregnancy. About 15% of pregnant women smoke in Finland. The problem occurs mainly among expectant mothers under 19, some 37% of whom smoke. Among 20 to 24 year old pregnant women, the smoking rate was lower, 23%. A quarter of the group of least educated women smoked during pregnancy. Research shows that socio-economic factors, such as the level of education, explain over 80% of cases of smoking during pregnancy.

The figures on adolescent tobacco use over the 26 years from 1977–2003 are out of step with the aims of the tobacco control legislation and policy carried out over that period. The use of tobacco has not decreased as expected, and is higher among girls.

Positive trends are that adolescents no longer experiment with smoking at such an early age, and that smoking among the younger age groups of adolescents is declining. Because the vulnerable age to start smoking and become hooked is bet-

ween 12 and 16, we can draw some hope from these trends. It remains to be seen what effects further tobacco control and new information on smoking and health will have on youth smoking.

In Finland, the legal ban on the sale of tobacco products to children was introduced as early as 1977 as a part of comprehensive tobacco legislation. Between 1977 and 1995, it was forbidden to sell tobacco to minors 'apparently under the age of 16'. In 1995 the age limit was raised to 18. The amendment was based on experiences from the previous provisions, which did not work. Now the word 'apparently' has been omitted from the text.

The ban on the sale of tobacco has a measurable impact on tobacco purchases by under age children in Finland. The provision raising the age limit to 18 clearly cut sales of tobacco to younger age groups. In 2001, however, 78 percent of people aged 14 to 16 reported that they had bought tobacco during the preceding 30 days.

A more effective implementation of the ban is needed, as well as tightening and developing control mechanisms in legislation. These measures should include licensing of the sale of tobacco products. We should also consider banning the possession of tobacco products among the under aged, and prohibit the purchase tobacco products for those under 18. There should also be actual sanctions for violating the law.

In the near future, we need to consider and take actions for a total ban of smoking in restaurants and bars. The current situation is untenable in a society where health policy is based on equality and on securing safe working conditions by law.

The success of efforts to decrease smoking among men gives us leverage for tackling the problems that remain. It also underlines the need that tobacco control must be taken into account in all spheres of society.

Legislation has had a tremendous impact on popular attitudes towards smoking. It has laid the ground for public debate, and has been the starting point for progress. The pro-health atmosphere is the basis of Finnish smoking prevention policy.

However, the emerging trend of popular support for public tobacco policy is by no means self-evident. We need a watchdog organisation and/or people to monitor national and international developments and trends. Health advocates must constantly observe the social and political climate and fashionable trends in them. Those observing developments have to be prepared to respond to the challenges raised by these needs.

It is also crucial to monitor and evaluate the development of the media climate and its structure. Without accurate information, it is impossible to send out messages which support a health related tobacco policy.

**Key words**

Comprehesive tobacco policy, tobacco legislation, environmental tobacco smoke, prevention, monitoring, cessation.