Health promotion package

Tobacco

DANISH HEALTH AUTHORITY

Health for all

Contents

Facts

The purpose of the tobacco health promotion package is to support the municipality's work to prevent smoking and other use of tobacco and nicotine-containing products[A], to promote smoke-free environments and to support citizens who already smoke in their efforts to give up smoking.

The recommendations in this package also apply to e-cigarettes and smoke-free tobacco, including chewing tobacco and snuff.

The WHO Framework Convention on Tobacco Control (FCTC) (Executive Order no. 43 of 02/12/2005) is an evidence-based framework convention on tobacco control that was ratified by Denmark in 2004 and with which it is therefore obliged to comply[1,2]. The WHO has translated the framework convention into the action-orientated tool "MPOWER"[3]:

Monitor	Monitor tobacco use and prevention policies
Protect	Protect people from tobacco smoke
Offer Help	Offer help to quit tobacco use
Warn	Warn about the dangers of tobacco
Enforce	Enforce bans on tobacco advertising, promotion and sponsorship
Raise taxes	Raise taxes on tobacco.

The framework convention and MPOWER are the starting point for the Danish Health Authority's work with and recommendations in the area of tobacco control and prevention.

[A] With the exception of nicotine products (NRT) that have been approved as smoking cessation medication by the Danish Medicines Agency..

Smoking and health

Smoking is the most significant preventable cause of loss of good years of life, because people who smoke have poorer health, are more often dependent on help in their final years of life, retire early more often and generally have poorer self-reported quality of life[4].

The risk of smoking-related illness and death increases with the amount smoked, early smoking debut, number of years of smoking, and the later the individual stops smoking. There are health benefits to be gained from smoking cessation, even if the smoker has been smoking for many years before he or she stops[5].

The risk of developing lung cancer in people who smoke or who have previously smoked for many years is up to 20 times greater than in people who have never smoked. This risk decreases when they quit smoking. Smoking is also the primary risk factor for laryngeal cancer (84%). In addition, 20-50% of all cases of cancer of the mouth, oesophagus, stomach, pancreas and bladder can be ascribed to smoking tobacco[6].

Smoking is the most significant risk factor for developing Chronic Obstructive Pulmonary Disease (COPD)[7].

Smoking increases the risk of cardiovascular disease, for example atherosclerosis, cerebral haemorrhage and blood clots, and is the cause of one in every four cardiovascular events. In addition, exposure to air contaminated with tobacco smoke results in a 20-30% increase in the risk of heart disease.

Smoking increases the risk of type 2 diabetes – even when adjusted for educational level, physical activity, alcohol consumption and diet. The risk of diabetes increases with increased tobacco consumption[7].

Smoking during pregnancy increases the risk of low birth weight, premature birth and stillbirth. At the same time, there is an increased risk of the child having asthma, more frequent respiratory tract infections and more frequent hospital admissions. The risk of developing type 2 diabetes, obesity, high blood pressure, psychiatric conditions, etc. later on in life is also increased[7].

Exposure to air contaminated with tobacco smoke increases the risk of developing several forms of cancer, cardiovascular disease, asthma and infections of the respiratory tract. Children are particularly vulnerable to smoke in their surroundings[8].

Citizens with certain chronic illnesses, children, young people and pregnant and breast-feeding women are particularly vulnerable to the health consequences of smoking[9].

National smoking cessation programmes

- The Quitline (www.stoplinien.dk, tel. +45 80 31 31 31 or send a text message with "Rygestop" [stop smoking] to 1231), which offers free telephone counselling to all citizens and counselling programmes for pregnant women and their partners. Municipalities can purchase telephone counselling programmes for their citizens from the Quitline.

- E-kvit (www.e-kvit.dk or as a mobile phone app) is a digital smoking cessation programme for adult smokers.

- XHALE (www.xhale.dk or as a mobile phone app) is a digital smoking cessation programme for young people.

The national smoking cessation programmes are a supplement to the municipal services for those citizens who do not want a personal counselling programme. E-kvit and XHALE can be used both on their own and as a supplement for citizens who are receiving other counselling.

Definitions

Smoker	Smokes every day, at least once a week or less often than every week
Daily smoker	Smokes cigarettes every day
Heavy smoker	Smokes 15 cigarettes or more a day – or the equivalent as some other form of tobacco
Light smoker	Smokes fewer than 15 cigarettes a day
Occasional smoker	Smokes at least once a week or less often than every week
Ex-smoker	Used to smoke every day or less often, but no longer smokes.

Other tobacco and nicotine products

In recent years, tobacco and nicotine products other than the traditional tobacco products have started to become more common – especially among younger target groups.

The World Health Organization, the WHO, states that all forms of tobacco use are harmful. Even in its natural form, tobacco is toxic and contains carcinogenic substances. All tobacco products should therefore be subject to the same political and legislative measures as cigarettes in accordance with the WHO's Framework Convention on Tobacco Regulation (WHO FCTC).

The Danish Health Authority recommends that e-cigarettes, smoke-free tobacco and other more recent forms of tobacco and nicotine products[6] should be treated on equal footing with smoking in the municipalities' preventive initiatives. It is recommended therefore that smoking regulations and initiatives should also apply to smoke-free tobacco, e-cigarettes etc.

E-cigarettes
There is considerable uncertainty about the potential health consequences of e-cigarettes, both with and without nicotine, especially in the long term. In addition, there is some indication that young people are at greater risk of taking up cigarette smoking if they smoke e-cigarettes[10]. Most recent knowledge indicates that e-cigarettes can be used to stop smoking, but that there is a greater likelihood of stopping permanently if approved smoking cessation medication is used[75]. The latest Monitoring on smoking habits in the Danish population also shows that most citizens who use e-cigarettes carry on smoking cigarettes alongside these[11]. They therefore have what is referred to as "dual use". It is not known how passive exposure to the emissions from e-cigarette smoking affects human health.

The WHO recommends that regulation of where it is permissible to smoke e-cigarettes should follow the regulations for tobacco smoking, as described in the Danish Act on Smoke-Free Environments. In Denmark, the use of e-cigarettes is subject to the same rules that apply to smoking with respect to schools, day-care institutions, etc. which primarily admit children and young people under the age of 18.

The Danish Health Authority does not recommend the use of e-cigarettes, and it is thought that the use of e-cigarettes should generally be avoided indoors and close to pregnant women and children.

[B] Only applies to products that have not been approved as smoking cessation medication by the Danish Medicines Agency.

Smoke-free tobacco

Smoke-free tobacco is highly addictive and it increases the risk of developing cardiovascular disease. Similarly, the risk of developing ulcers in the oral cavity also increases with the use of orally-taken, smoke-free tobacco products. It is not known with any certainty whether snuff is an effective means for stopping smoking. Swedish survey show that close to 60% of people who use snuff to help them stop smoking end up becoming addicted to snuff instead[12,13].

Shisha pipes

The smoke from shisha pipes contains the same toxins that are present in cigarettes, as well as toxins from the burning of charcoal[14]. The quantity of smoke inhaled in one drag on a shisha pipe is approximately equivalent to the amount of smoke from one cigarette[15], and the quantity of smoke inhaled by an individual in the course of a shisha session lasting approximately 1 hour[16] is therefore substantial. Shisha pipes are a potential gateway product to cigarette smoking, as nicotine is more readily available from cigarettes than from shisha pipe usage. Those who become addicted to nicotine using shisha pipes will therefore have a tendency to move on to cigarettes to make it easier to satisfy the craving for nicotine[16].

New tobacco products

The tobacco industry is constantly developing new tobacco products, and several of these are being promoted as less harmful than cigarettes, despite this not being documented in independent research. The Danish Health Authority recommends, in agreement with the WHO, that all new tobacco products are treated in the same way as all other tobacco products, both in terms of preventing the debut of smoking and with regard to smoking cessation programmes[17].

Prevalence

The extent of tobacco use in Denmark is regularly investigated by means of population surveys, in which a representative section of the population is asked about their smoking habits and other use of tobacco. Since different methods are used to calculate incidence, figures from both The National Health Profile 2017[18] and the study of Danes' smoking habits from 2017[11] are used in the following. Self-reported data generally underestimate the incidence of smoking, for which reason incidence estimated on the basis of self-reported data is assumed to be lower than the actual figures.

Smoking

- Approximately 16.9% of the population aged 16 years or over are daily smokers, and 5.5% smoke occasionally. In total, therefore, 22.4% of the adult population smokes, which corresponds to approximately 1.06 million people[18].

- Approximately 8% of the population are heavy smokers. In all age groups, the proportion of heavy smokers is greater among men than women. The largest proportion is seen in the 45-64 age group[18].

- More men (18%) than women (15%) smoke daily. For both men and women, the proportion of daily smokers is greatest in the 45-64 age group[18].

- Approximately 73% of daily smokers want to stop smoking. There is no difference in the proportion of heavy smokers and light smokers who would like to stop[18].

- Approximately 18% of 15-year-olds smoke daily, weekly or less often. Approximately 6% of boys and 4% of girls smoke daily[19].

- Approximately 29% of 16-25-year-olds smoke. Approximately 15% smoke daily, 7% smoke weekly and 7% smoke less often than weekly[20].

- Approximately 12% of upper secondary school pupils smoke daily, and 34% smoke occasionally. At vocational educational institutions, approximately 37% smoke daily, and 20% smoke occasionally[21].

- Approximately 55% of smokers at upper secondary schools and approximately 64% of smokers at vocational educational institutions want to stop[22].

- There is evident social inequality with respect to smoking. Studies show that there are more than twice as many daily smokers and three times as many heavy smokers among those with the shortest education than among citizens with the longest education[4].

- The prevalence of smoking is two to three times higher among citizens with mental illness compared with the rest of the population. People with mental illness smoke on average more cigarettes daily, are more often heavy smokers and are more often addicted to nicotine than the average smoker[23,24,24,25,25].

- Just like other smokers, socially vulnerable citizens want to stop smoking, and would like help in doing so. Because socially vulnerable people are often more addicted to nicotine than others and have more severe challenges in their lives, they usually require more support and specially-designed services[26].

- There is a considerable variation in the incidence of smoking among different ethnic minorities in Denmark. For example, 33-40% of immigrants from former Yugoslavia, Lebanon, Palestine and Turkey or their descendants were daily smokers. In most ethnic minority groups in Denmark, there is a substantially larger proportion of daily smokers among men than among women[27].

- If the proportion of ex-smokers and people who smoke was the same in the entire population as in the group of people with a medium-cycle higher education or long-cycle higher education, there would have been 15-43% fewer deaths, lost years of life, somatic and psychiatric hospital visits, visits to general practitioners, short- and long-term absence due to illness, newly-granted early retirement benefits, health economic costs and costs associated with loss of production[28].

- Other risk factors, such as physical inactivity, obesity and alcohol, increase the risk of developing heart disease and cancer due to smoking. Since these risk factors are more prevalent among less resourceful citizens, the health consequences of smoking will also be greatest among these citizens[29].

- Since there is an uneven social distribution of both the prevalence and the consequences of tobacco smoking, it contributes significantly to the inequality of health in Denmark[29].

Other use of tobacco and nicotine products[C]

- Approximately 3% of the adult population use e-cigarettes. Approximately 2% use e-cigarettes daily, approximately 0.5% use them weekly and approximately 0.5% use them less often than weekly[11].

- Approximately 12% of 16-25-year-olds use e-cigarettes. Approximately 3% use e-cigarettes daily, approximately 4% use them weekly and approximately 5% use them less often than weekly[20].

- Approximately 2% of the adult population use smoke-free tobacco (1% daily and 1% less often than daily). Approximately 3.5% have tried smoke-free tobacco a few times, approximately 2.5% have previously used smoke-free tobacco[11].

- Approximately 12% of young men in the 16-25 years age group use snuff. Approximately 3% use it daily, approximately 3% use it weekly and approximately 6% use it less often than weekly. Approximately 5% have previously used snuff. For women in the same age group, approximately 97% have never tried snuff or have only tried it a few times. Approximately 1% have previously used snuff, and approximately 2% use it less often than weekly[20].

- Approximately 12% of preparatory upper secondary school pupils use shisha pipes regularly or daily. At vocational educational institutions, this figure is approximately 19%. In both places, boys use shisha pipes more often than girls[21].

- Daily smokers at upper secondary schools and vocational educational institutions use e-cigarettes and shisha pipes more often than other groups (non-smokers, occasional smokers, ex-smokers)[22].

[C] With the exception of nicotine products approved for smoking cessation by the Danish Medicines Agency.

Years of life lost as a result of smoking

- Every year, approximately 13,600 Danes die of smoking-related illnesses. Approximately 900 Danes die each year as a consequence of passive smoking[28].

- It is estimated that close to half of all people who smoke regularly will die of a smoking-related illness[5].

- Each year there is a loss from the population's mean lifetime of three years and six months for men and three years and one month for women as a consequence of smoking[28].

- Men who are ex-smokers, light smokers or heavy smokers, live on average 2.8 years, 6.1 years and 11 years shorter, respectively, than men who never smoke. Women who are ex-smokers, light smokers or heavy smokers, live on average 2.6 years, 6.1 years and 10.1 years shorter, respectively, than women who never smoke[28].

- The remaining lifetime for a 25-year-old man who never took up smoking can be divided into 41.9 years without long-term burdensome illness and 11.6 years with long-term burdensome illness. For heavy smokers, these figures are 31.5 years and 13.4 years respectively. Similar differences are seen in women[4].

Use of the health service in relation to smoking

- Smokers and ex-smokers have a total of 2.6 million additional visits to general practitioners a year, 1.3 million among men and 1.3 million among women[28].

- Smokers and ex-smokers have an additional 150,000 somatic hospital admissions a year and an additional 220,000 psychiatric emergency department visits a year[28].

- Yearly there is 2.7 million additional days of short-term absence due to illness and 2.8 million additional days of long-term absence due to illness among ex-smokers and smokers every year, compared with people who have never smoked, adjusting for alcohol, physical inactivity and BMI[28].

Figures on health in the municipality

In an average municipality of 59,000 citizens, of whom 48,000 are 16 years of age or over, data contained in the National Health Profile18 and the report "The Burden of Illness in Denmark - Risk Factors"[28] indicate that there are approximately:

8,100
citizens who smoke daily, and approximately 2,600 who smoke occasionally

3,800
citizens who are heavy smokers

5,900
citizens who smoke daily but would like to give up, of whom approximately 2,800 are heavy smokers

2,500
citizens who smoke daily who want help to stop smoking, of whom approximately 1,400 are heavy smokers

5,600
citizens who smoke daily and feel that they are addicted to nicotine

13,900
citizens who are ex-smokers

139
citizens who die every year as a consequence of smoking.

Municipal costs related to smoking and stopping smoking

For society, smoking involves substantial expenses for treatment and care. There are also production losses resulting from increased absence due to illness, more cases of early retirement and premature death. In practice, calculating all costs associated with a risk factor poses great challenges, both in terms of defining what should be included and in terms of placing a value on the factor in question.

Some of the costs associated with the risk factors are borne by the municipality. These are, for example, costs for municipal, activity-related co-financing of the health service, costs for re-training and rehabilitation, nursing and care, and costs for benefits as a consequence of reduced capacity for work.

In the report "The Burden of Illness in Denmark - Risk Factors"[28] from 2016, social costs associated with selected risk factors were calculated. Based on the report's results, the Danish Health Authority had municipal costs calculated, both overall costs and costs for an average municipality, according to prices in 2017 and using population figures from 2017[30].

- In total, the municipalities paid out DKK 4,358 million in municipal co-financing for the treatment of smoking-related illness among smokers and ex-smokers in 2017. For the average municipality of 59,000 citizens, this corresponds to DKK 44 million annually.

- Between 2010 and 2012, an additional 3,386 ex-smokers and smokers were granted early retirement benefit each year, corresponding to 23% of all newly-granted early retirement benefits. If this proportion were applied to the municipalities' total costs for early retirement benefits, this would correspond to DKK 5,000 million. For an average municipality, this would be DKK 51 million annually.

- Ex-smokers and smokers cause additional annual smoking-related production losses as a result of absence due to illness, early retirement and premature death, at a cost to society of approximately DKK 39 billion.

Potential municipal savings associated with smoke-free working hours and stopping smoking[D]

In an average medium-size municipality with 5,000 employees, 800 people (16%) will be daily smokers. It is suggested that the introduction of smoke-free working hours could save the municipality:

- DKK 32,560 per year per smoker (equivalent to DKK 15.6 million per year) for extra breaks.

Around 60% of all daily smokers – equivalent to 480 people in a municipality with 5,000 employees – would like to give up smoking, and for some, introducing smoke-free working hours would be a catalyst for stopping. In the long term, this would mean savings for the municipality due to fewer days lost through illness among the employees.

Municipal costs associated with smoking cessation initiatives

The gains to be had from municipal smoking cessation programmes are substantial, and municipal smoking cessation programmes are particularly cost-effective. The additional costs of such initiatives are therefore low compared to the health gains obtained from other initiatives[31].

VIVE – The Danish Centre for Social Science Research – has modelled smoking cessation initiatives in the municipalities, with an initiative including 3% of the smokers in a municipality of 50,000 citizens being compared with no initiative. Based on the model, it is estimated that the municipality could potentially gain 250-429 life years per year for an initiative costing DKK 659,402 per year. This estimate includes costs for recruiting, counselling, subsidies for smoking cessation medication, wages and other operating costs.

[D] The average labour cost for a municipal employee in Denmark in 2016 was DKK 296/hour. If smokers spend 30 minutes a day on extra breaks, the total cost of smoking during working hours amounts to DKK 32,560 per smoker per year (data provided by the Danish Heart Foundation).

Relevant legislation

The prevention of smoking should be included in the municipality's prevention work, which is described in section 119 of the Danish Health Act. There are several other laws and executive orders which are also of considerable importance for work to prevent smoking. These are:

The Danish Act on Tobacco (Act no. 608 of 07/06/2016). The act regulates areas such as the reporting of additives to tobacco products, a ban on characteristic aromas in cigarettes and rolling tobacco, requirements for health warnings, a ban on labelling suggesting that a specific tobacco product is less harmful than others, a ban on the sale of snuff and rules for regulating other smoke-free tobacco. With respect to smoke-free tobacco, it is stated that the sale of any tobacco products intended for oral consumption, with the exception of products intended to be inhaled or chewed, and which consist wholly or in part of tobacco in the form of powder or fine particles or any combination of these forms, i.e. products in portion-size packets or porous pouches, is illegal. This means that the sale of chewing tobacco is legal, whereas the sale of snuff in Denmark is illegal.

Act amending the Act on Smoke-free Environments (Act no. 607 of 18/06/2012). Smoking indoors is not permitted in workplaces, in educational institutions, on indoor premises to which there is public access, on public transport and in taxis or in places where food is served. In principle, it is not permitted to smoke on the premises and grounds of child-care institutions, schools, boarding schools, residential schools for 14- to 17-year-olds, schools or colleges offering three-year upper secondary school programmes, residential care facilities, etc. which primarily admit children and young people under the age of 18. The ban includes institutions, etc. which offer both a three-year upper secondary school programme that primarily admits people under the age of 18, cf. paragraph 1, and a study programme that primarily admits people over the age of 18, unless the departments are geographically separate.

There are special exemptions for care facilities or secure units at residential institutions for children and young people which, at the same time, act as the young people's homes.

The Act on Smoke-free Environments provides a minimum threshold, which means that it is possible for municipalities to introduce further regulations in addition to those established by the Act. Examples of further measures are "smoke-free working hours" or "smoke-free schooltime".

Act amending the Act Prohibiting the Sale of Tobacco and Alcohol to Persons under 18 years and the Act Prohibiting Tobacco Advertising, etc. (Act no. 327 of 23/03/2013). It is prohibited to sell tobacco to minors in Denmark, and retailers are required to request photo ID if in doubt as to whether the person in question is 18 or older.

It is compulsory for all places where tobacco products are sold to display a visible sign bearing information to the effect that tobacco products can only be sold on production by the buyer of photo ID, if the retailer is in any doubt as to whether the customer is above the legal age required to buy tobacco products and alcoholic drinks.

All forms of tobacco advertising are prohibited. Sponsorship promoting tobacco products is also prohibited. However, tobacco may be displayed behind the counter in retail outlets, though not on the counter, etc.

Act on Electronic Cigarettes, etc. (Act no. 426 of 18/05/2016). E-cigarettes with or without nicotine may not be used in child-care institutions, schools, boarding schools, residential schools for 14- to 17-year-olds, schools or colleges offering three-year upper secondary school programmes, residential care facilities, etc. which admit children and young people under the age of 18, day-care centres and other premises used for day-care that form a part of the municipal day-care service and pooling arrangements during times when children are being cared for, or on public transport and in taxis, etc.

There are special exemptions for care facilities or secure units at residential institutions for children and young people which, at the same time, act as the young people's homes.

The manager or employer at educational institutions and workplaces and places to which the public have access must draw up a written policy for the use of e-cigarettes. The policy must be available to the public.

Act on Primary and Lower Secondary Education (Consolidating Act no. 1510 of 14/12/2017) which states that health education, sex education and family skills must be provided in primary and lower secondary schools (Section 2 (7)).

All acts are available in Danish at www.retsinformation.dk

Goal: Fewer smokers in the future

Strategies for phasing out smoking and/or tobacco are currently on the agenda both in Denmark and abroad. For example, Finland wants to phase out all tobacco by 2035, and Scotland aims for less than 5% of the population to be smokers by 2034.

In Denmark, the national goal is for no children or young people to be smokers in 2030. Under the auspices of the Smoke-free Future partnership, which includes the Danish Health Authority, the Ministry of Health and several municipalities, the Danish Cancer Society has an additional goal: that only 5% of the adult population will be smokers in 2030.

Restricting availability is one of the most effective measures for tobacco prevention, and an increase in taxes and duty is the most important tool for restricting availability. Significant increases in the retail price of tobacco prevents smoking debut, encourages people who smoke to stop, and leads to reduced consumption among those who continue to smoke, with the biggest impact on young people and people with lower socio-economic status.

Another important measure that restricts availability and reduces the likelihood of children and young people taking up smoking is to remove visible tobacco from retail outlets (display ban). It is also well-documented that exposure to tobacco products in retail outlets provokes a craving in smokers who are trying to give up. It would therefore help everyone trying to give up if tobacco were not visible in retail outlets.

In many places the introduction of plain packaging for tobacco, with the logo removed, larger health warnings and standardised colouring, is an important part of the effort to reduce availability, thereby contributing to phasing out tobacco. In 2012, Australia was the first country in the world to implement standardise cigarette packaging. Assessment of the initiative reveals that standardised packaging has resulted in a fall in prevalence of 0.55 percentage points from December 2012 to September 2015[32].

Knowledge base for the recommendations

The recommendations in the health promotion package for tobacco are based on the best available knowledge in the field, including scientific literature, reports, evaluation reports, experience compilations and best practice from Denmark and abroad. The absence of scientific documentation in the traditional sense is not necessarily a sign that a given initiative is not effective, but only that it has not been sufficiently investigated.

The Danish Health Authority believes that the recommendations in the package are appropriate for a collective municipal prevention initiative.

Methods and initiatives with documentation of positive effect

The biggest effect of tobacco-prevention work can be seen when initiatives are implemented both centrally and locally, when they are multi-stranded, for example when work is done simultaneously across administrations and sectors using different methods and preventive initiatives, and where there is interaction between the various initiatives. The components of effective tobacco prevention are:

A) Promoting smoking cessation
B) Promoting smoke-free environments
C) Preventing smoking debut

Figure 1 Overview of the relationship between intervention initiatives (based on Reducing Tobacco Use: A report of the Surgeon General, 2000)

Promoting smoking cessation

Smoking cessation counselling

Both group-based and individual smoking cessation counselling increase the proportion of smokers who give up[33]. Smoking cessation programmes that meet the recommendations in "Recommendations for prevention programmes for citizens with chronic illness"[33] are suitable for the vast majority of smokers. However, experience shows that special programmes, e.g. for young people, people with mental illness, homeless people or pregnant women, can improve participation and cessation rates for these groups[33]. Experience also shows that smoking cessation programmes close to citizens increase the proportion of people who make use of the service, and that telephone counselling and digital smoking cessation programmes also have an effect on the smoking cessation rate[34].

A summary of smoking cessation activity in Denmark by the Smoking Cessation Database, the Quitline and E-quit from 2016 shows that approximately 5% of municipalities have had approximately 5% of smokers through a smoking cessation programme[E]. A further approximately 18% of the municipalities had put 3-4% of the smokers in the municipality through a smoking cessation programme.

Smoking cessation medication

Smoking cessation medication (either on prescription or over-the-counter) combined with qualified smoking cessation counselling is the most effective method for achieving permanent smoking cessation[9,35].

Proactive recruiting into smoking cessation programmes

International research and Danish experiences from the Quitline show that encouragement to stop smoking, e.g. by the smoker's GP[36], and proactive recruiting, e.g. by telephone, increase the number of smokers taking part in smoking cessation programmes[37]. In 2012 and 2013, the Quitline carried out proactive recruiting in a number of selected residential areas in 12 municipalities. Approximately 60% of the approximately 2,100 smokers contacted by the Quitline wanted to hear more about the free smoking cessation programme, and 24% of these signed up to a smoking cessation course. Research in this area does not give any clear answers as to how best to carry out proactive recruiting.

The VBA method

Experiences from Denmark and abroad indicate that Very Brief Advice (VBA)[38] is an effective means of recruiting and referring smokers to smoking cessation services. The method takes approximately 30 seconds. Personnel who use the method do not need to have any special knowledge about smoking, stopping smoking or motivation theories to be able to implement VBA, and the method

[E] Summary drawn up in collaboration between the Danish Cancer Society, the Quitline and The Stop Smoking Database for 2016. It is possible for the same citizen to be registered in two places, e.g. if a citizen has used a municipal smoking cessation programme and has also used, e.g., ekvit.dk

therefore requires only a minimum of training. Anything to do with counselling and motivation is left to the professional smoking cessation counsellor.

The method can therefore be used in those arenas where the municipality's employees encounter the citizen, and in the health service. A number of projects operating under the heading "Enhanced initiative targeting heavy smokers" have had good experiences with VBA[39].

Very Brief Advice – 30-second counselling on stopping smoking

Ask	Enquire about the citizen's smoking status, e.g. by asking: Do you smoke?
Advice	Tell the citizen that the chance of becoming smoke-free is five times greater if they go to counselling and use smoking cessation medication.
Refer	Help the citizen to sign up to a smoking cessation programme. Or offer to arrange for a counsellor to call.

Financial reward for taking part in smoking cessation (Contingency management)
Research indicates that the use of financial incentives is the most effective initiative to stop pregnant women smoking, and that it is particularly effective in interventions targeted at people with low socioeconomic status. The use of financial incentives appears to increase participation in smoking cessation interventions, is effective in keeping people smoke-free and is effective – at least in the short term – in achieving the desired behavioural change. However, the effect seems to fade gradually once both the intervention and the financial reward stop[40].

Campaigns
Campaigns generally work well as an encouragement and reminder for the target group, while the campaign runs, and they can therefore be suitable e.g. for increasing recruitment into smoking cessation programmes. Campaigns also have the potential to influence individual behaviour and social norms, which can help to influence trends in the population's tobacco consumption. In order to be effective, campaigns must use the right channels for the target group, be convincing and relevant or have an emotional impact on the recipient, and they must be seen often enough to be remembered and for the recipient to do what the campaign wants[41].

Promoting smoke-free environments

There is evidence that smoke-free environments restrict exposure to tobacco-contaminated air and help to reduce the risk of developing several forms of cancer, cardiovascular disease and respiratory tract diseases such as asthma[8]. Smoke-free environments also help to de-normalise smoking and thereby prevent both smoking among children and young people and relapses in former smokers, since they witness less smoking in their daily lives[42].

It is particularly important to protect children and infants from air contaminated with tobacco smoke, since exposure increases the risk of acute disease of the respiratory tract, ear infections, etc. It also increases the risk of developing behavioural problems and diabetes later in life[42].

Smoke-free working hours
Smoke-free working hours mean that employees may not smoke while at work. There is evidence that smoke-free working hours prevent smoking debut, encourage people to stop smoking and send an important signal that non-smoking is the norm. Smoke-free environments at workplaces reduce respiratory tract symptoms in employees, reduce cigarette consumption among smokers, and mean that more employees are successful in giving up smoking[43]. In the catering industry, the experience is that smoke-free policies do not result in a fall in earnings for the restaurant or bar industry[42]. A fifth of Denmark's 98 municipalities have decided to introduce smoke-free working hours for all employees in the municipality (2018)[44].

Smoke-free school hours at primary schools
Smoke-free schooltime means that neither pupils nor staff at the school may smoke during schooltime. Smoke-free schooltime can be regarded as an expansion of "smoke-free grounds", which is the minimum requirement in the Act on Smoke-free Environments. There is evidence that smoke-free schooltime prevents children and young people from taking up smoking. This is because they are not exposed to smoking during the school day, they do not encourage each other to smoke, and they do not see role models, e.g. teachers and older pupils, smoking[45]. Smoke-free schooltime is an important tool for de-normalising smoking.

Several municipalities, such as Aalborg, Syddjurs, Gladsaxe and Copenhagen, have experience of smoke-free schooltime. Smoke-free schooltime is most effective when combined with e.g. teaching and cooperation with parents. In order for smoke-free schooltime to be successful, it is essential that:

- The school has a strong management team that actively supports the introduction of smoke-free schooltime
- The staff are involved
- There is adequate notice of the changes[45].

In order to support continued de-normalisation of smoking and other use of tobacco and nicotine-containing products that are not approved as smoking cessation medication by the Danish Medicines Agency, smoke-free tobacco (chewing tobacco, snuff, etc.), e-cigarettes, etc. should be treated on equal footing with smoking in all initiatives in primary schools.

Smoke-free schooltime in upper secondary education programmes, upper secondary schools, vocational schools, production schools, etc.
Smoke-free schooltime in upper secondary schools means that neither pupils nor staff at the school may smoke during school hours. Smoke-free schooltime can be regarded as an expansion of "smoke-free grounds", which is the minimum requirement in the Act on Smoke-free Environments. A study conducted in 2017 documents a pronounced smoking culture at Danish vocational schools, with the potential for both retaining the group of daily smokers and recruiting new smokers[46]. It shows, for example, that smoking by the staff is often visible to the students, that students and staff often smoke in the same place, and that smoking is regarded as an important social gathering point for students. Because the students are older than at primary and lower secondary school, the proportion of established smokers will be greater at upper secondary educational institutions. There is less experience of implementing smoke-free schooltime at upper secondary educational institutions and production schools. What little experience there is shows that implementation can usefully be combined with smoking cessation programmes for both students and staff.

Preventing smoking debut

The de-normalisation of smoking is important in order to prevent smoking debut among children and young people and it requires a multidisciplinary approach, including frameworks, services and information. For example, it is important that children and young people are in smoke-free environments. Efforts to prevent smoking in adults also play a part in preventing smoking debut in children. This is partly due to the fact that children and young people will observe fewer people smoking around them as the proportion of adults who smoke declines.

There is only limited knowledge about preventing the use of smoke-free tobacco (chewing tobacco, snuff, etc.), and there are no clear recommendations for initiatives[47]. This is also the case with preventing the use of shisha pipes, e-cigarettes and other new tobacco and nicotine-containing products. In order to support the continued de-normalisation of smoking and other use of tobacco or nicotine-containing products[F], smoke-free tobacco, e-cigarettes and other products containing nicotine should be treated on equal footing with smoking in all initiatives in primary schools.

[F] With the exception of nicotine products (NRT) that have been approved as smoking cessation medication by the Danish Medicines Agency.

Education

Education about smoking is an important part of preventing smoking debut in children and young people. If education is to have any effect, then in addition to providing information about smoking, it must also focus on reinforcing students' social skills in general and teaching them to understand and to resist social pressure. Education is more effective if it is combined with parental involvement and establishing smoke-free frameworks[48]. Tobacco-prevention education should ideally take up at least five hours a year for 13- to 16-year-olds if it is to have any effect[49]. It can be integrated into the already-compulsory health education, cf. the Danish Act on Primary and Lower Secondary Education.

The Danish Cancer Society has developed an education programme named "Gå op i røg" [Go up in smoke], which targets 13- to 16-year-olds and which supports common goals and focuses on differentiation. The material forms part of the prevention programme X:IT, which provides tools for parental involvement and for the introduction of smoke-free schooltime. Evaluation of X:IT shows that the proportion of young people who smoke is reduced when it is correctly implemented[50].

The Danish Lung Association has developed an education programme named "Liv i lungerne" [Life in your lungs] for 13- to 17-year-olds[51]. "Liv i lungerne" consists of a website with student productions and educational material with 12 topics on air, lungs and health.

Recommendations

The recommended initiatives are described at basic level (B) and at development level (D). Initiatives at basic level can usually be implemented within the existing municipal tasks. The municipality will often have natural access to the target group and arenas in initiatives at basic level. Conversely, the municipality will usually have less experience of initiatives at development level, and there will usually be a need to acquire new expertise or to enter into partnerships in order to implement the recommendations.

There may be considerable differences in the quality of implementation of the recommendations, which has an influence on the effect. It is important therefore not only to implement the measures involved in the individual recommendations, but also to maintain a focus on how the work is done.

The best effect is obtained when all recommendations are implemented. If it is necessary to prioritise due to lack of resources, the key recommendations on which the municipality should focus in particular are:

- Smoke-free environments – especially where children and young people are present (e.g. smoke-free schooltime)
- Smoke-free working hours
- Flexible and high-quality smoking cessation programmes
- Establishing systematic referral collaboration with municipal administrations, general practice and hospitals.

The recommendations in this package also apply to e-cigarettes and smoke-free tobacco, including chewing tobacco and snuff.

Frameworks

B **Smoke-free schooltime at primary and lower secondary schools and the Danish optional 'Year 10' for 16- to 17-year-olds**
Primary and lower secondary schools in the municipality introduce smoke-free schooltime, i.e. no smoking during school hours – either inside or outside school grounds. It is also recommended that the introduction of smoke-free schooltime be combined with preventive education in schooling and when working with parents.

Inspiration for taking action: "X:IT – smoking prevention initiative for primary schools" www.xit-web.dk, "Towards smoke-free schooltime" – example from the City of Copenhagen[52], "Schooltime becomes smoke-free as of 1 August in Syddjurs" – Example from Syddjurs Municipality[53], www.cancer.dk/roegfriskoletid

D **Smoke-free schooltime in private primary and lower secondary schools and residential schools for 14- to 17-year-olds**
The municipality works with private schools in the municipality on the introduction of smoke-free schooltime, i.e. no smoking during school hours – either inside or outside school grounds. It is also recommended that the introduction of smoke-free schooltime be combined with preventive education in schooling and when working with parents.

Inspiration for taking action: "X:IT – smoking prevention initiative for primary schools" www.xit-web.dk, "Towards smoke-free schooltime" – example from the City of Copenhagen[52], www.cancer.dk/roegfriskoletid

B **Smoke-free schooltime at production schools**
Production schools in the municipality introduce smoke-free schooltime, i.e. no smoking during school hours – either inside or outside school grounds. The municipality ensures that pupils and staff can get help to handle smoke-free schooltime and to stop smoking for those who want to give up. It is also ensured that no tobacco products, e-cigarettes etc. are sold in the grounds of educational institutions.

Inspiration for taking action: www.cancer.dk/roegfriskoletid, "Young people and smoking - Inspiration catalogue"[54].

D **Smoke-free schooltime in upper secondary educational institutions**
The municipality works with upper secondary schools in the municipality on the introduction of smoke-free schooltime, i.e. no smoking during school hours – either inside or outside school grounds – and also a supportive tobacco policy. The municipality should ensure that pupils and staff can get help to handle smoke-free schooltime and stop-smoking support for those who want to give up. It is also recommended that no tobacco products, e-cigarettes, etc. are sold in the grounds of educational institutions. It may be helpful for work to be done in collaboration with other municipalities that have young people in the same upper secondary educational programmes.

Inspiration for taking action: www.cancer.dk/roegfriskoletid, "Smoke-free schooltime at vocational schools"[55], "Young people and smoking - Inspiration catalogue"[54], Smoke-free Odense – examples from the City of Odense[56], "Healthy vocational schools – inspiration for creating healthy frameworks and introducing health into education"[57].

B **Smoke-free working hours for municipal employees**
The municipality introduces smoke-free working hours, i.e. municipal workers may not smoke during working hours. It is recommended that smoke-free working hours be combined with stop-smoking support services for those who want to give up. Smoke-free working hours should also be applicable to suppliers of municipal services, e.g. employment services, day-care and family care services, tradesmen, consultants, visitors, etc.

Inspiration for taking action: www.hjerteforeningen.dk/roegfriarbejdstid and www.cancer.dk/roegfriarbejdstid

B **Smoke-free indoor environments**
The municipality introduces smoke-free environments (without smoking shelters or similar facilities) on premises where the municipality has power to exercise control, or where the municipality can impose demands on partners. This includes the municipality's own buildings, sports halls and leisure facilities as well as suppliers of municipal services, e.g. employment services, and day-care and family care services.

D **Smoke-free outdoor environments, e.g. smoke-free parks, playgrounds, etc.**
The municipality introduces smoke-free outdoor areas in places where the municipality has power to exercise control, e.g. municipal playgrounds, parks, bus stops, areas close to childcare institutions, pedestrianised streets, outdoor exercise facilities (sports and football grounds, skate parks, outdoor gyms, the grounds of sports halls), etc.

D **Smoke-free environments in cooperation with local associations and leisure environments**
The municipality cooperates with sports associations, clubs, etc., including clubs and associations which borrow the municipality's premises, to provide smoke-free environments where sports coaches and other adults do not smoke. For example, the municipality can inform clubs of the value of smoke-free role models and smoke-free environments, and there is the potential for cooperation on introducing smoke-free grandstands.

D **Smoke-free working hours at non-municipal workplaces**
The municipality cooperates with non-municipal workplaces within the municipality in order to inspire introduction of smoke-free working hours and removal of smoking rooms and shelters.

Inspiration for taking action: www.hjerteforeningen.dk/roegfriarbejdstid and www.cancer.dk/roegfriarbejdstid

B **Extending internal cooperation on referral to smoking cessation programmes**
The municipality extends internal cooperation with relevant departments (job centres, children and young people's services, elderly care, municipal dental care, etc.) so that citizens are systematically asked about their smoking habits and offered referral to smoking cessation programmes in the municipality.

Inspiration for taking action: "Very Brief Advice on giving up smoking"[58], "Ten steps towards good tobacco prevention - the good municipal model"[59].

B **Cooperation with hospitals on electronic referral to smoking cessation programmes in the municipality**
The municipality cooperates with somatic and psychiatric hospitals, hospital units and/or departments that treat the municipality's citizens on 1) systematic identification of citizens who want to give up smoking, and 2) electronic referral to municipal smoking cessation programmes. Cooperation with other municipalities in the hospital's catchment area can benefit the initiative.

Inspiration for taking action: VBA e-learning programme www.vba-hospital.dk, "Cooperation agreement on the use of electronic referrals from hospital to municipal health promotion and prevention services in Central Denmark Region"[60], Enhanced initiative targeting heavy smokers, 2014-2017 – Final evaluation[39], Inspiration sheet "Cooperation with hospitals on referral to smoking cessation programmes" and "Very Brief Advice (VBA)" www.sst.dk, "Health for life – Prevention is a necessary investment" (Danish Regions)[61], "Sickness prevention in general practice and at hospitals"[62].

Ⓑ **Cooperation with general practice on electronic referral to smoking cessation programmes in the municipality**

The municipality cooperates with general practice on 1) systematic identification of citizens who want to give up smoking, and 2) electronic referral to municipal smoking cessation programmes. There should be particular focus on referral when advising women who want to become pregnant and pregnant women who smoke. If practice staff are cessation counsellors, the municipality can establish cooperation on smoking cessation programmes. The service should comply with the recommendations for smoking cessation programmes in the municipality.

Inspiration for taking action: VBA e-learning programme www.vbametoden.dk, "Recommendations for prevention for citizens with chronic illness"[33], Enhanced initiative targeting heavy smokers, 2014-2017 – Final evaluation[39], Inspiration sheet "Cooperation with general practice on referral to smoking cessation programmes" and "Very Brief Advice (VBA)" www.sst.dk

Ⓓ **Cooperation with dentists and dental nurses in private practice**

The municipality cooperates with dentists and dental nurses in private practice on 1) systematic identification of citizens who want to give up smoking, and 2) electronic referral to municipal smoking cessation programmes. There should be particular focus on referring pregnant women who smoke. If the practice staff are smoking cessation counsellors, the municipality can establish cooperation on smoking cessation programmes. The service should comply with the recommendations for smoking cessation programmes in the municipality.

Inspiration for taking action: VBA e-learning programme for dentists[63], "Recommendations for prevention programmes for citizens with chronic illness"[33].

Services

B **Flexible smoking cessation programmes for all citizens**

The municipality offers flexible smoking cessation programmes to all citizens who wish to give up smoking. The municipality should, as a minimum, offer group-based smoking cessation counselling. A flexible service also allows citizens with special needs to be offered programmes in smaller groups or individually. This may be relevant when providing advice to pregnant women, young people, individuals who do not speak Danish, homeless people and people with mental illness, etc. Consideration should also be given to providing counselling programmes both during the day and during the evening. The municipality specifically describes how the smoking cessation programme is adapted to the groups mentioned, and possibly to more specific target groups, in order to ensure the required flexibility. Smoking cessation support in the municipality can be provided by a body of municipal smoking cessation counsellors or the municipality can enter into contracts with one or more private suppliers (e.g. pharmacists or smoking cessation counsellors). The service can also be provided by a combination of municipal and private counsellors. Advice on phasing out smoking cessation medication is an integral part of the municipality's service, incl. advice that the Quitline and e-kvit can be used in connection with phasing out.

Inspiration for taking action: "Recommendations for prevention programmes for citizens with chronic illness"[33], "Treating tobacco addiction – Recommendations for enhanced clinical practice"[9], Smoking cessation – examples from Aarhus Municipality[64], "Køge gives up the cigs"[65], "Ethnic minorities: Tobacco prevention"[66], "Giving up smoking in your language"[67], "Freedom from smoking for all" www.rogfrihed.dk, "Getting help to stop smoking – stop-smoking activities for socially vulnerable people"[68], "Enhanced initiative targeting heavy smokers, 2014-2017 – Final evaluation"[39], Inspiration sheet "Stopping smoking – Recruiting and staying smoke-free" www.sst.dk, "Promoting smoke-free environments in shelters, refuges and similar[26].

D **Cooperation with pharmacies on smoking cessation programmes**

The municipality cooperates with interested pharmacies with trained smoking cessation counsellors to offer smoking cessation programmes to the municipality's citizens. By means of a collaboration agreement, the municipality ensures that the service complies with the recommendations for smoking cessation programmes in the municipality.

Inspiration for taking action: Inspiration for action: "Recommendations for prevention programmes for citizens with chronic illness"[33], "Cooperation between municipalities and pharmacies on local prevention and health promotion – identifying opportunities"[69].

B **Short waiting time for smoking cessation programmes**
The municipality ensures that citizens can begin smoking cessation programmes just a few weeks after being referred or after expressing an interest in taking part. This could be ensured by municipalities cooperating to set up cessation counselling or by giving citizens the freedom to choose the municipality in which they wish to receive cessation support. If it is not possible to ensure that a citizen can start a course within a few weeks, the municipality should remain in contact with the citizen so that they remain motivated until they can begin a programme. The municipality can, for example, recommend that the citizen uses one of the national smoking cessation programmes.

B **Subsidies for smoking cessation medication in connection with smoking cessation programmes**
The municipality grants subsidies for smoking cessation medication (both prescription and over-the-counter medication) to particular groups, e.g. heavy smokers or particularly vulnerable groups. It is recommended that the subsidy be linked to a requirement that the citizen makes use of a municipal smoking cessation programme and that the subsidy is paid in several instalments at face-to-face appointments in order to ensure that the citizen follows the smoking cessation programme. The municipality is responsible for ensuring compliance with laws and regulations concerning free medication, administrated by the Danish Medicines Agency.

Inspiration for taking action: "Help with smoking cessation for particular groups"[70], "Free issue of medication"[71], "Enhanced initiative targeting heavy smokers, 2014-2017 – Final evaluation"[39], Inspiration sheet "Stopping smoking - Recruiting and staying smoke-free" and "Smoking cessation medication" www.sst.dk

D **Financial incentives for pregnant women for participation in smoking cessation programmes**
The municipality develops – possibly in cooperation with neighbouring municipalities – an offer for pregnant women who smoke and for their partners, and offers a cash amount, gift vouchers or the opportunity to win a prize if they stop smoking. The municipality could, for example, contact pregnant women who smoke by means of cooperation with general practice, midwife centres and pharmacies. Experiences should be recorded and shared with other municipalities in order to develop effective programmes.

Inspiration for taking action: "Contingency management. Use of financial incentives in smoking cessation interventions"[40].

Information and education

B **Marketing smoking cessation programmes to citizens**
The municipality markets its own and national smoking cessation programmes to increasing the proportion of the municipality's citizens making use of smoking cessation programmes. The municipality uses materials from national campaigns on tobacco and provides relevant information for its citizens via the municipal platforms (social media, websites, health centres, primary and lower secondary schools, etc.) or by means of events in e.g. shopping centres, at educational institutions, etc. It may be of benefit to plan and implement campaign activity in cooperation with other municipalities or with other actors in the field, such as hospitals, the Quitline the Healthy City Network or the Danish Dental Association. Locally developed campaign materials are used more than once and are made available to other interested parties.

Inspiration for taking action: Inspiration sheets re. national campaigns are sent to the municipalities when there are relevant campaigns.

B **Marketing smoking cessation programmes targeted at hospitals and general practice**
The municipality markets smoking cessation programmes to hospitals and general practice, e.g. using materials or offers to do a presentation at meetings, information days, etc. The aim is to strengthen cooperation and improve the staff's knowledge about the quality and effect of the municipality's smoking cessation programmes and to spread the message that smoking cessation supports treatment results, and that the majority of smokers want to give up. Marketing can profitably be conducted in cooperation between several municipalities in hospitals' catchment areas and if it can be directed at several levels of the regional health service, including the region, hospital management, specific hospital departments, regional branches of the Organisation of General Practitioners in Denmark or general practitioners.

Inspiration for taking action: Disease prevention in general practice and at hospital"[62].

B **Preventive education about smoking for primary and lower secondary school's oldest year groups**
The municipality ensures that preventive education about tobacco and smoking is provided to 13- to 16-year-olds in the municipality's schools. Can profitable be combined with smoke-free schooltime and parental involvement. The focus should be on smoking, but it can be expanded to include e-cigarettes, smoke-free tobacco (snuff and chewing tobacco) and shisha pipes.

Inspiration for taking action: Educational material from the Danish Cancer Society, www.op-i-roeg.dk, tobacco prevention programme from the Danish Cancer Society, www.xit-web.dk, educational material from the Danish Lung Association, www.livilungerne.dk, the Prevention Caravan – an example from Køge Municipality[72].

B

Parent meetings and involving parents

Parents of 12- to 16-year-olds are involved at parent meetings once a year in order to create a dialogue about tobacco and to draw up parent agreements in the classes. Topics at these meetings may include how to handle parties, signs of smoking, dialogue about smoking, and how to deal with smoking as a parent. E-cigarettes and smoke-free tobacco (snuff and chewing tobacco) are treated on equal footing with smoking in this dialogue with parents.

Inspiration for taking action: "For parents with children in primary and lower secondary school: Your child's party culture - set limits for alcohol, tobacco and drugs[73], "To primary and lower secondary school teachers, managers and school board: Set limits for alcohol, tobacco and drugs"[74], "The Ringsted Experiment – lifestyle and prevention in local society"[75], "The Aarhus Experiment. Social bearings and social capital - inspiration catalogue"[76], website aimed at the parents of teenagers, www.snakomtobak.dk, website aimed at the parents of teenagers, www.butwhysmoke.dk

D

Information for the retail trade

The municipality informs the retail trade (possibly via the local trading association) about relevant legislation concerning the sale and presentation of tobacco products. This applies in particular to information about the ban on selling tobacco products to young people less than 18 years of age, the obligation to ask for ID, the ban on selling snuff, the ban on selling tobacco products that do not bear Danish health warnings and the ban on displaying tobacco products on counters or using advertising signs. There could be a particular focus on retailers close to schools, educational institutions and other areas frequented by young people, and at shops with staff younger than 18 who sell tobacco, and a smoking policy/ smoke-free working hours for all employees should also be special focus area at these workplaces.

Inspiration for taking action: www.roegfrifremtid.dk/hvad-kan-du-goere

Early identification

B **Dialogue about tobacco in the oldest year groups at primary and lower secondary school and referral to smoking cessation programmes**
The municipal health care service systematically includes the subject of smoking at meetings between health visitor and students in the oldest year groups at primary and lower secondary school. All pupils who smoke are offered smoking cessation.

Inspiration for taking action: "Guidance on preventive health services for children and young people"[77], www.xhale.dk

B **Dialogue about tobacco when the health care nurse makes home visits during the first years of a child's life**
The health visitor talks with parents who smoke about the child's exposure to air contaminated with tobacco smoke during home visits and other contact with families with young children and infants. The health visitor refers parents to smoking cessation programmes in the municipality or to one of the national smoking cessation programmes.

Inspiration for taking action: "Clean air for the kids"[78], "The stop smoking guide"[79], "Smoke-free pregnancy"[80], www.røgfribaby.dk

B **Identification and referral with the municipal dentist**
The municipal dentist systematically asks about smoking habits in both young people and adults and refers anyone interested to smoking cessation programmes in the municipality or to one of the national smoking cessation programmes.

Inspiration for taking action: VBA e-learning programme for dentists[63].

D **Identifying pregnant women who smoke via external collaboration partners**
The municipality establishes cooperation with e.g. pharmacies and midwife centres to identify pregnant women who smoke and refer them to smoking cessation programmes in the municipality or to one of the national smoking cessation programmes. The referral can be sent electronically to the municipality or by text message to the Quitline from the citizen's telephone, so that the Quitline can ring back later. It helps the pregnant woman stop smoking if her partner who smokes is also offered help to stop smoking. The municipality may establish a special collaboration with the midwife centre to provide smoking cessation programmes for pregnant women at the midwife centre.

B **Proactive recruitment into smoking cessation programmes**
The municipality conducts proactive initiatives in arenas frequented by target groups which, for various reasons, may have difficulty accessing the municipal services themselves. The target group is, as a minimum, young people at upper secondary educational institutions (especially vocational schools) and production schools, pregnant women who smoke and their partners, citizens in selected residential areas, people with learning disabilities, prison inmates, the mentally ill, homeless people and other socially vulnerable citizens. Consideration should be given to establishing outreach smoking cessation programmes that meet the particular needs of the specific groups. The initiative could be combined with initiatives to market smoking cessation programmes to the same target groups.

Inspiration for taking action: "Prevention in the community"[81], "Getting help to stop smoking – smoking cessation activities for socially vulnerable people"[68], "Enhanced initiative targeting heavy smokers, 2014-2017 – Final evaluation"[39], Inspiration sheet "Stopping smoking – Recruiting and staying smoke-free" www.sst.dk, "Køge gives up the cigs"[65], "Young and smoking – Inspiration catalogue"[54].

Implementation and follow-up

Skills and competences

- It is important that employees who work with tobacco prevention know about and are familiar with the following:

- Smoking prevalence in the municipality, among children, young people and adults

- Specific target groups and arenas where the risk of smoking is particularly high (e.g. pregnant women), or where prevalence is particularly high (e.g. psychiatric patients)

- Health consequences of smoking and smoking cessation

- Methods for the prevention of smoking

- Methods for recruiting into smoking cessation programmes, including the VBA method

- Methods for smoking cessation (e.g. standard programmes, group programmes, come and quit, individual programmes) and national smoking cessation programmes

- The municipality's smoking policy

- Building up capacity and adaptation.

Recommended counselling content and counsellors' skills and competences are described in the Danish Health Authority's publication "Recommendations for prevention programmes for citizens with chronic illness"[33].

It would also be relevant for some of the employees in the municipality who have contact with citizens to know about and be familiar with the following:

- The municipality's smoking policy, including guidelines for identifying citizens who wish to stop smoking

- Identifying smoking status and referring to smoking cessation programmes, for example by means of the VBA method

- Referral procedure to smoking cessation courses and other services in the municipality

- National smoking cessation programmes.

Cooperation and partnerships

A coherent, long-term and effective effort can best be achieved by means of cooperation between private and public parties. As inspiration, the list below includes players of relevance to implementation of recommendations in the health promotion package.

Private players

Young people and parents
Young people and their parents are the most important collaboration partners in terms of preventing smoking. Dialogue and involvement of young people are essential to the success of preventive work. Involving parents is important for entering into parental agreements and increasing the awareness of available options if the young person starts smoking.

Upper secondary educational institutions – vocational educational institutions and upper secondary schools
The municipality can inspire and support upper secondary education institutions in their smoking prevention work, for example, in connection with the introduction of smoke-free schooltime, staff motivation and development of staff expertise.

Patient associations
The Danish Heart Foundation, the Danish Lung Association and the Danish Cancer Society are the primary patient associations working with tobacco prevention. The professional staff and several of the associations' volunteers wish to collaborate with municipalities on activities, e.g. teaching and initiatives in primary schools, initiatives at upper secondary educational institutions, smoke-free working hours in private and public workplaces and recruiting for smoking cessation.

Research institutions and centres of knowledge
A number of research institutions work with tobacco prevention and may be relevant as collaboration partners in connection with evaluations, exchange of ideas, etc. Examples are the Danish National Institute of Public Health, the Capital Region of Denmark's Centre for Clinical Research and Prevention, Defactum Central Denmark Region, Centre of Knowledge for Prevention.

Retail trade
Collaboration with retail trade may be relevant for supporting, for example, compliance with age limits for the sale of tobacco and rules for the display of tobacco products.

Municipal players

Municipal administrations and workplaces
Cooperation across municipal administrations and sectors, e.g. children and young people, school, leisure and employment, is a foundation essential to successful implementation of the municipal tobacco policy and associated action plans.

Cooperation with administrations that work with children and young people, including education (primary and lower and upper secondary educational institutions), is important in initiatives to prevent smoking debut in children and young people, for example, in terms of ensuring that primary and lower secondary schools take responsibility for smoking prevention teaching in the oldest year groups and for enforcing smoke-free schooltime.

Cooperation with all administrations with contact to the public, including in particular job centres and elderly care, will strengthen implementation of initiatives such as referral to smoking cessation programmes, e.g. using the VBA method.

When extending smoke-free working hours, it is important to cooperate with the individual workplaces, e.g. schools, domiciliary care services, roads and parks, etc. Many municipalities have implemented smoke-free working hours and have gained experience of cooperating within the municipality, which may inspire others.

SSP (collaboration between schools, social services and police)
In most municipalities there is a well-functioning cooperation between the municipality, police and schools in the form of the SSP collaboration. In some municipalities, SSP is in charge of the dialogue with parents about tobacco, alcohol and drugs at parents' meetings in the older classes in primary and lower secondary school.

Other public players

Regions and hospitals
The regions are important collaboration partners, as they have responsibility for hospitals and patient-targeted prevention, cf. chapter 35, section 119 of the Danish Health Act. The interfaces for smoking cessation activities for patients are not clearly defined and are therefore the subject of negotiation between the municipality and the region. It would be helpful if this clarification were achieved by means of the Health Agreements, as is the case in e.g. Central Denmark Region (http://www.sundhedsaftalen.rm.dk). Greater focus on referral and the prevention of smoking is also included in the regions' prevention initiative "Life-long health –prevention is a necessary investment", which states that "The regions will use a single method to ensure that smoking cessation programmes are offered to a larger group of relevant patients. The 'Very Brief Advice' method has been tried out and has produced good results in terms of success with smoking cessation"[61].

General practice

General practice is a particularly important collaboration partner for recruitment into smoking cessation programmes in the municipalities. The starting point for cooperation is a municipal medical committee (MMC) or the municipality's practice consultant. Inspiration for establishing cooperation may be found in the evaluation of 'Storrygerpuljen' (a project targeting heavy smokers)[39]. The Danish Medical Association has a free e-learning programme available at www.vbametoden.dk

The Quitline

All citizens can call the Quitline free of charge for a motivational conversation about stopping smoking, staying smoke-free or phasing out smoking cessation medication. The Quitline can also sign citizens up to municipal smoking cessation programmes, if the citizen so wishes. In addition, all pregnant women and their partners are entitled to participate in a free programme whereby the Quitline calls the pregnant women or her partner at pre-arranged times for counselling. The Quitline offers programmes for all citizens in municipalities that have purchased the service. For municipalities that have entered into agreements, the Quitline can also carry out a six-month follow-up for the Smoking cessation database.

Monitoring and indicators

In order to ensure implementation of the recommendations, monitoring and documentation are essential. The indicators must reflect the recommendation being monitored, including how the recommendation is converted into practice in each individual municipality.

Both results indicators and process indicators can be monitored.

An example of a result indicator for the recommendation "Smoke-free schooltime at primary and lower secondary schools and Year 10' for 16- to 17-year-olds" (B) is the proportion of schools in the municipality that have introduced smoke-free schooltime. An example of a process indicator for this recommendation is how many of the schools are in the process, whether the school boards are involved, how they work with enforcement, etc.

The municipality monitors prevention work in the municipality with a view to continual adjustment and optimisation. Numerous tools are available for monitoring the municipality's smoking cessation initiatives, while there are no such tools for other parts of the municipality's prevention work in the area of tobacco. However, studies are regularly conducted, summarising individual elements of the prevention work. For example, the Danish Cancer Society and the Danish Heart Foundation map the municipalities' work on smoke-free schooltime and working hours. Participation in both national and local studies of this type has considerable value, as they ensure the collection and dissemination of important knowledge.

Data at national and municipal levels

The National Health Profile[18] contains municipal data on smoking and smoking cessation. The study is carried out once every four years. The municipality is able to use the figures from the National Health Profile to monitor incidence and development in this area. Since the figures are at an overall level, and because the smoking habits of Danes are influenced by a large number of factors, the figures are not suitable for the monitoring of individual initiatives.

In addition, the National Health Profile also contains information about the distribution of the individual indicators by gender, age group, education, cohabitation status, employment and ethnicity.

Among other things, the study provides answers to the following:

- Smoking habits in the adult population
- Experiences with smoking cessation and the desire to stop smoking
- Exposure to passive smoking.

The smoking habits of Danes[11] is a study of the smoking habits of the adult population (15 years +), which is carried out each year. Data are not representative at municipal level.

Among other things, the study provides answers to the following:

- Smoking habits in the adult population
- Experiences with smoking cessation and the desire to stop smoking
- The use of smoking cessation medication and other smoking cessation aids.

The European School Survey Project on Alcohol and Other Drugs (ESPAD)[82] is carried out every four years. The survey includes among other questions about the experiences of 15- to 16-year-olds with tobacco, cannabis and alcohol in Denmark and a number of other European countries.

Among other things, the survey provides answers to the following:

- How difficult young people think it is to get hold of cigarettes
- Experiences of smoking, and age at smoking debut
- How widespread young people believe smoking is among their friends
- Experiences with smoke-free tobacco, e-cigarettes and shisha pipes.

Skolebørnsundersøgelsen (HBSC)[19] is the Danish contribution to the international research project Health Behaviour in School-Aged Children, which covers 42 countries. The study is carried out once every four years. It includes questions about the experiences of 11-, 13- and 15-year-olds with smoking.

Among other things, the study provides answers to the following:

- The proportion that has smoked at any time
- Age at smoking debut
- The proportion that smokes daily, weekly or less often
- The proportion that has tried e-cigarettes
- The proportion that has smoked e-cigarettes within the last month
- The trend from 1984 up to the most recent study.

The young persons' profile 2014[83] is a nationwide questionnaire-based study of health habits, health and lifestyle among young people at upper secondary educational institutions in Denmark. The study is a snapshot of 75,000 pupils in general upper secondary education (upper secondary school leaving examination and higher preparatory examination) and on the vocational educational institutions' introductory programme in 2014.

Among other things, the study provides answers to the following:

- The proportion who smoke daily, occasionally or never, by upper secondary school and vocational school students and by region
- How many upper secondary school students and vocational school students, respectively smoke daily
- Use of smoke-free tobacco, shisha pipes and e-cigarettes
- Trends in the proportion of smokers from 1996 to 2014 for upper secondary school students.

The National Child Database (www.esundhed.dk) contains information about the exposure of infants to air contaminated with tobacco smoke, based on records from the health visitor's first home visit.

The Smoking Cessation Database (www.rygestopbasen.dk) is a service to which all municipalities and other providers of help to stop smoking can sign up and which provides external evaluation and documentation of the municipality's smoking cessation activities. It is recommended that the municipality documents smoking cessation activity in the Smoking Cessation Database. The Smoking Cessation Database is used by smoking cessation units from across the country. The municipality undertakes to report to the database both smoking cessation activity and a six-month follow-up of participants in smoking cessation programmes.

The municipality receives:

- Access to its own data and assistance in analysis and interpretation of data
- Annual activity reports
- The opportunity to compare its own data with the national average
- New understanding, e.g. who – shown by age, gender or education – makes most use of smoking cessation programmes, and smoking cessation rates in different groups.

The municipality can enter into agreements with the Quitline (www.stoplinien.dk) for six-monthly follow-up in the Smoking Cessation Database.

Quitlinie (www.stoplinien.dk) registers all applications from citizens at municipal level, and a list of users is generated, which is distributed to the municipalities every six months.

E-kvit, XHALE, the Quitline and the Smoking Cessation Database each create a national statement showing:

- Whether a municipality is complying with the recommendation that 5% of citizens who smoke should be signed up to a smoking cessation programme
- How much use the municipality's citizens have made of municipal and national smoking cessation programmes.

Each year in March, health consultants in all the country's municipalities receive a statement from the Quitline.

Suggested indicators for which it is important to collect municipal data

- Proportion of schools and upper secondary education institutions that have introduced smoke-free schooltime/drawn up a strategy for introducing smoke-free schooltime
- Proportion of schools that have introduced preventive education for 13- to 17-year-olds
- Proportion of referrals to smoking cessation programmes, received from hospitals and general practice, respectively
- Proportion of municipal and private workplaces that have introduced or drawn up a strategy for introducing smoke-free working hours
- Waiting time for beginning smoking cessation counselling.

Activity capacity

Smoking cessation

The municipality has access to good resources when it needs to assess the activity capacity. Smoking prevalence and the proportion of citizens who would like to give up smoking are shown by the municipal health profile that can be found at www.danskernessundhed.dk

It is recommended that the municipality ensures that at least 5% of the municipality's citizens who smoke make use of a smoking cessation programme each year – via the municipal services and/or the national stop-smoking support services, including the Quitline, e-kvit and XHALE. This corresponds to approximately 400 people in an average municipality of 59,000 citizens, where 17% of adults (16 years and older) smoke daily.

Literature and references

1 1. Legal information. Notice on WHO Framework Convention of 21 May 2003 on Tobacco Control.

2 World Health Organization WHO. Framework Convention on Tobacco Control (FCTC).

3 World Health Organization WHO. Mpower. link: http://www.who.int/tobacco/mpower/en/

4 Kjøller M, Juel K, Kamper-Jørgensen F. Folkesundhedsrapporten Danmark 2007, National Institute of Public Health at the University of Southern Denmark; 2007.

5 Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors, BMJ 2004; 328(7455)1519.

6 The Danish Health Authority. Styrket indsats på Kræftområdet - Fagligt oplæg til Kræftplan IV The Danish Health Authority; 2016.

7 Behrakis P, Vardavas C, Papadakis S. Tobacco Cessation Guidelines for High Risk Groups (TOB.g); 2017.

8 The Danish Asthma and Allergy Association, The Association of Danish Pharmacies, the Danish Lung Association, the Danish Nurses Organization, the Danish Dental Association, the Danish Physical Therapy Association, et al. Passiv rygning - Hvidbog; 2005.

9 The Danish Health Authority. Behandling af tobaksafhængighed - Anbefalinger til en styrket klinisk praksis; 2011.

10 Stratton K, Kwan lY, Eaton Dl. Public Health Consequences of E-Cigarettes, The National Academies Press; 2018.

11 The Danish Health Authority, The Danish Cancer Society, the Danish Heart Foundation and the Danish Lung Association. Danskernes Rygevaner 2017; 2017. Available at www.sst.dk

12 European Commission. Health Effects of Smokeless Tobacco Products; 2008.

13 The Norwegian Institute of Public Health. Helserisiko ved bruk av snus Norge; 2014.

14 WHO. Waterpipe tobacco smoking: health effects, research needs and recommended actions for regulators; 2015.

15 Eriksen M, Mackay J, Schlugger N, Gomeshtapeh FI, Drope J. The Tobacco Atlas 2015; 2015.

16 Maziak W, Taleb ZB, Bahelah R, Islam F, Jaber R, Auf R, et al. The global epidemiology of waterpipe smoking, Tob Control 2015;24 Suppl 1:i3-i12.

17 WHO - Tobacco Free Initiative. Heated tobacco products (HTPs) information sheet.

18 Jensen HAR, Davidsen M, Ekholm O, Christensen AI. Danskernes Sundhed - Den Nationale Sundhedsprofil 2017, the National Institute of Public Health at the University of Southern Denmark; 2018.

19 Rasmussen M, Pedersen tp, Due P. Skolebørnsundersøgelsen 2014, the National Institute of Public Health at the University of Southern Denmark; 2015.

20 The Danish Cancer Society. Unges Rygevaner. Available at www. cancer. dk/forebyg/undga-roeg-og-ryg- ning/fakta-om-rygning/ unges-rygevaner/

21 Bendtsen P, Mikkelsen SS, Tolstrup JS. Ungdomsprofilen 2014 - Sundhedsadfærd, helbred og trivsel blandt elever på ungdomsuddannelser, the National Institute of Public Health, University of Southern Denmark; 2015.

22 Egan KK, Pisinger VSC, Christensen AI, Tolstrup JS. Rygevaner blandt gymnasie- og erhvervsskoleelever, the National Institute of Public Health, University of Southern Denmark; 2017.

23 Pisinger C. Rygestop i psykiatrien, Er der evidens nok til at anbefale rygestopaktivitet? En ikke-systematisk gennemgang af litteraturen, Network of Preventive Hospitals in Denmark; 2006.

24 Larsen FB, Nielsen AL. Psykisk syges sundhed i Region Midtjylland - En analyse baseret på Hvordan har du det? 2006 and 2010, Central Denmark Region; 2012.

25 Pisinger C. Literature search - 2010 update of the report "Rygestop i psykiatrien. Er der evidens nok til at anbefale rygestopaktiviteter?"; 2010.

26 The Danish Health Authority. Fremme af røgfrihed på væresteder, varmestuer og lignende, The Danish Health Authority; 2013.

27 Centre for Public Health, Central Denmark Region. Etniske Minoriteters sundhed; 2008.

28 Eriksen L, Davidsen M, Jensen HAR, Ryd JT, Strøbæk L, White ED, Sørensen J, Juel K. Sygdomsbyrden i Danmark - Risikofaktorer, the National Institute of Public Health at the University of Southern Denmark for the Danish Health Authority; 2016.

29 The Danish Health Authority. Ulighed i sundhed - Årsager og indsatser; 2011.

30 Juel K. Risikofaktorer. Samfundsmæssige omkostninger og kommunale udgifter (internal notes), the National Institute of Public Health; 2017.

31 Jakobsen M, Rasmussen S, R. Sundhedsøkonomisk model for kommunale rygestopforløb - Beskrivelse af modellen og eksempel på anvendelse; VIVE - The Danish Center for Social Science Research for the Danish Health Authority; 2018.

32 Australian Government. Post-Implementation Review - Tobacco Plain Packaging; 2016.

33 The Danish Health Authority. Anbefalinger for forebyggelsestilbud tiL borgere med kronisk sygdom; 2016.

34 Skov-Ettrup lS, Dalum P, Bech M, Tolstrup JS. The effectiveness of telephone counselling and internet and text-message-based support for smoking cessation: results from a randomised controlled trial. Addiction; 2016.

35 Anthenelli RM, Benowitz NL, West R, St Aubin L, McRae T, Lawrence D, et al. Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGlES): a double-blind, randomised, placebo-controlled clinical trial. Lancet 2016387(10037X2507- 2520.

36 World Health Orgnization WHO. Quitting Tobacco; 2018. Available at www.who.int/tobacco/quitting/summary_data/en/.

37 Marcano Belisario JS, Bruggeling MN, Gunn LH, Brusamento S, Car J. Interventions for recruiting smokers into cessation programmes. Cochrane Database Syst Rev 2012;12:CD009187.

38 Jensen HAR, Kristensen MM, Christiansen NS, Folker AP. Very Brief Advice - Kort rådgivning om rygestop, the National Institute of Public Health, University of Southern Denmark for the Danish Health Authority; 2017.

39 The Danish Health Authority. Forstærket indsats over for storrygere 2014 - 2017 - Final evaluation, Oxford Research for the Danish Health Authority; 2018.

40 Kristensen MM, Christiansen NS, Folker AP. Contingency management - Brug af økonomiske incitamenter i rygestopinterventioner, the National Institute of Public Health, University of Southern Denmark for the Danish Health Authority; 2017.

41 Office of the Surgeon General Preventing Tobacco use among youth and young adults - A Report of Surgeon General; 2012.

42 Tobacco Free Initiative, WHO. Protect people from exposure to second-hand tobacco smoke; 2018.

43 Levy DT, Friend KB. The effects of clean indoor air laws: what do we know and what do we need to know? Health Educ Res 2003;18(5):592-609.

44 The Danish Cancer Society. Røgfri arbejdstid. Available at www.cancer.dk/forebyg/undga-roeg-og-rygning/indsatser-mod-rygning/roeg-fri-arbejdstid/

45 Bast LS, Kristensen MM, Christiansen NS, Andersen A. Røgfri skoletid, the National Institute of Public Health, University of Southern Denmark for the Danish Health Authority; 2017.

46 Hansen AV, Klinker CD. Danske erhvervsskolers sundheds-fremmende indsatser og implementeringskapacitet, Steno Diabetes Center Copenhagen for the Danish Heart Association; 2017.

47 Kristensen MM, Christiansen NS, Folker AP. Forebyggelse af brug af snus og tyggetobak blandt unge, the National Institute of Public Health, University of Southern Denmark for the Danish Health Authority; 2017.

48 Vestbo J, Pisinger C, Bast L, Gyrd- hansen D. Forebyggelse af rygning blandt børn og unge. Hvad virker? Vidensråd for prevention; 2018.

49 Dalum P, Jensen PD. Hvordan forebygges børns and unges rygestart? Årsager til rygestart og effekten af rygeforebyggelse i grundskolen, the Danish Cancer Society; 2007.

50 Bast LS, Due P, Andersen A. X-IT - en rygeforebyggende indsats i folkeskolen, the National Institute of Public Health, University of Southern Denmark; 2017.

51 The Danish Lung Association. Undervisning i lungesundhed på skoler. Available at www.lunge. dk/fagpersoner/ viden-undervisning-i-lungesund- hed-paa-skoler

52 City of Copenhagen. På vej mod røgfri skoletid; 2018.

53 Syddjurs Municipality Skoletiden bliver røgfri fra 1. august i Syddjurs; 2017. Available at www.syddjurs.dk/ nyheder/skoletiden-bliver-roeg- fri-fra-1-august-i-syddjurs.

54 The Danish Health Authority. Unge og rygning - Inspirationskatalog, Oxford Research for the Danish Health Authority; 2016.

55 The Danish Heart Foundation Røgfri skoletid på erhvervsskoler; 2017

56 Røgfrit Odense. Til erhvervs- og ungdomsuddannelserne, Odense Kommune.

57 The Danish Health Authority. Sunde erhvervsskoler - Inspiration til at skabe sunde rammer og introducere sundhed i undervisningen; 2012.

58 The Healthy City Network. Very Brief Advice - Meget Kort rådgnivning om rygestop; 2017.

59 The Healthy City Network. Ti skridt til god tobaksforebyggelse - den gode kommunale mode; 2012.

60 Central Denmark Region. Samarbejdsaftale om brug af elektroniske henvisninger fra hospital til kommunale sundheds-fremme- og forebyggelsestilbud i Region Midtjylland; 2015. Available at www.sundhedsaftalen. rm.dk/ varktojskasse/it/

61 Danish Regions. Sundhed for Livet - Forebyggelse er en nødvendig investering; 2017.

62 The Danish Health Authority. Sygdomsforebyggelse i almen praksis og på sygehuse; 2015.

63 The Danish Dental Association. Rygestop på 30 sekunder - med VBA-metoden; 2017. Available at https://vimeo. com/196569071

64 Aarhus Municipality. Rygestop; 2018. Available at www.aarhus.dk/da/ bor- ger/sundhed-og-sygdom/ Sundhedstilbud/Kvit-tobakken.aspx

65 The Danish Cancer Society. Kommunen kvitter smøgerne; 2017.

66 The Danish Health Authority. Etniske minoriteter: Tobaksforebyggelse; 2015.

67 The Healthy City Network. Rygestop på dit sprog; 2018. Available at www. sund-by-net.dk/projekter/ ryge- stop-paa-dit-sprog/

68 The Danish Lung Association. Få hjælp til rygestop - Rygestop-aktiviteter for socialt udsatte; 2017.

69 Dam P, Bang-Hansen N, Faber NHR, Friese B, Hulvej-Rod M, Langkilde SM, et al. Samarbejde mellem kommuner og apoteker om lokal forebyggelse og sundhedsfremme - en afdækning af muligheder, Pharmakon; 2017.

70 The Danish Health Authority. Hjælp til rygestop til særlige grupper (rygestopmedicin) 2017 - 2019 - Orientering til kommuner; 2017. Available at www.sst.dk

71 The Danish Medicines Agency. Vederlagsfri udlevering af lægemidler; 2017.

72 The Healthy City Network. Forebyggelseskaravanen; 2016.

73 The Danish Health Authority. Til forældre med børn i grundskolen: Dit barns festkultur - sæt rammer for alkohol, tobak og stoffer; 2011.

74 The Danish Health Authority. Til grundskolens lærere, ledelse og skolebestyrelse: Sæt rammer for alkohol, tobak og stoffer; 2011.

75 Kulik MC, lisha NE, Glantz SA. E-cigarettes Associated With Depressed Smoking Cessation: A Cross-sectional Study of 28 European Union Countries. Am J Prev Med; 2018.

76 Aarhus Municipality. Aarhus-Eksperimentet. Social pejling og social kapital - inspirationskatalog; 2011.

77 The Danish Health Authority. Vejledning om forebyggende sundhedsydelser til børn og unge; 2011.

78 The Danish Health Authority and The Danish Cancer Society. Ren luft til ungerne; 2013.

79 The Danish Health Authority. Rygestopguiden The Danish Health Authority; 2014.

80 The Danish Health Authority. Røgfri Graviditet; 2016.

81 The Danish Health Authority. Forebyggelse i Nærmiljøet; 2015.

82 European Monitoring Centre for Drugs and Drug Addiction (EMCD- DA). The 2015 ESPAD Report; 2015.

83 Bendtsen P, Mikkelsen SS, Tolstrup JS. Ungdomsprofilen 2014 - Sundhedsadfærd, helbred og trivsel blandt elever på ungdomsuddannelser, the National Institute of Public Health, University of Southern Denmark; 2015.

Health promotion package – **Tobacco**

The Danish Health Authority
Islands Brygge 67
DK-2300 Copenhagen S
www.sst.dk

Keywords: tobacco, smoking, smoking cessation, smoke-free environments, prevention, health promotion, municipality, knowledge, method, health associations, health profiles, health economics, social inequality, prioritisation, planning, health promotion packages, recommendations, implementation, expertise, monitoring

Language: English

Category: Specialist advice

2nd edition

Version date: 13 April 2018

ISBN – print edition: 978-87-7104-997-8

Electronic ISBN: 978-87-7104-984-8

Edited by:
Lene Halmø Terkelsen, journalist

Design & layout: e-Types

Printed by: Rosendahls A/S

The Danish Health Authority has developed a number of health promotion packages that contain technical recommendations for high quality municipal health promotion and prevention. The health promotion packages can be used to prioritise and plan work done by the municipalities.

The series of health promotion packages addresses the following topics:

Alcohol
Physical Activity
Hygiene
Indoor climate in schools
Food & meals
Mental health
Obesity
Sexual health
Sun protection
Drugs
Tobacco

As an introduction to its work with prevention, the Danish Health Authority has produced this publication, "The municipality's work with the health promotion packages".

All of the health promotion packages and recommendations, by target group and specialist area, can be found at www.sst.dk/forebyggelsespakker.

The publications can be ordered from the Danish Health Authority's publications, c/o Rosendahls Lager og Logistik on 70 26 26 36.

The Danish Health Authority
Islands Brygge 67, DK-2300 Copenhagen S Tel. +45 72 22 74 00 sst@sst.dk www.sst.dk