

# FINNISH STRATEGY TO PROMOTE HEALTH AND NON-SMOKING AMONG YOUNG PEOPLE



MINISTRY OF SOCIAL AFFAIRS  
AND HEALTH

P U B L I C A T I O N S 1 9 9 7 : 2 2

*For the  
Tobacco campaign  
for  
2/15/98*

# FINNISH STRATEGY TO PROMOTE HEALTH AND NON-SMOKING AMONG YOUNG PEOPLE

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MINISTRY OF SOCIAL AFFAIRS AND HEALTH  
Department for Promotion and Prevention  
Helsinki 1997

# STRATEGY TO PROMOTE HEALTH AND NON-SMOKING AMONG YOUNG PEOPLE

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The Consensus Conference proposed 38 measures to promote healthy and smokefree lifestyles among young people in Finland. The aim of these measures is to create healthy and smoke-free environments for young people, to improve co-operation and communication between parents, other adults and young people in families, at schools and during their leisure activities and in this way to promote and to support healthy and non-smoking growth of young people.

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# CONTENTS

Introductions .....	5
Towards a policy of consensus: reasons and recommendations for actions .....	8
Legislative measures .....	10
Actions by authorities .....	11
Developing professional skills .....	13
Actions to support families and parenthood .....	14
Actions supporting the work of schools and educational institutions .....	16
Actions aimed at leisure time .....	18
Other actions .....	20
Implementation of the recommendations for action .....	20

# INTRODUCTION

Finland is one of the first countries which has introduced comprehensive legislative and administrative actions to reduce and prevent smoking. In Finland the Tobacco Acts of 1976 and 1995 have been the main elements of the health-oriented tobacco policy based on health education, pricing policy, protection, restrictions and research.

The key provisions of the Finnish Tobacco Act include:

- a total ban on direct and indirect tobacco advertising and sales promotion of tobacco products and smoking;
- the ban on sales of tobacco to young people under 18 years;
- a requirement for smokefree air in all public and business premises, workplaces, child day care centres and schools, including yards;
- obligatory health warnings and content labelling on retail packs of tobacco products;
- the vending machines under continuous supervision, and
- the ban to establish smoking rooms in the buildings in which people under 18 years mainly stay or which they use.

The proprietors of indoor premises may allow smoking in a smoking room in so far as no tobacco smoke can enter those premises where smoking is prohibited.

The Finnish smokefree policy has been very successful. The proportion of daily smokers has been decreasing since the 1960's. In 1996 22% of Finnish population smoked daily (18% women, 27% men). These figures are the lowest in Europe. However, the situation has not been so positive among young people. In Finland they tend to begin smoking earlier than in most European countries. In 1995 26% of boys and 24% of girls aged under 18 smoked daily. This is why we need new measures and activities to discourage onset of smoking among young people.

The Finnish Ministry of Social Affairs and Health initiated the action to prepare a plan for a Finnish strategy to promote health and smoke-free lifestyles among young people. In 1996, an expert group was appointed to propose recommendations for smoking prevention. The members of the group represented NGOs, child day care centres, student organizations, medical experts, schools, communities, the church, researchers, sports associations, media, and advertisers. The Ministry of Social Affairs and Health with co-partners organized a consensus conference in August 1996. Its aim was to critically assess and discuss the 38 recommendations prepared and proposed by the consensus group. After a two-day lively discussion by the 500 conference participants the recommendations were finalized.

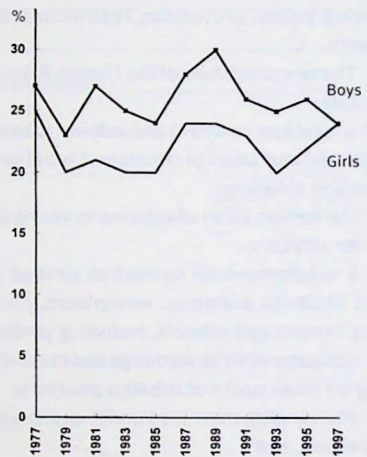
Smoking among young people seems to be related to environmental factors. Smokefree environment and role models play an important role in onset of smoking. In their daily life children and young people seem to need strong support and presence of the parents and adults. This may be one of the most important elements in promoting health and smokefree lifestyles among young people. The active role of the whole society as a "couch" of smokefree life is also needed.

The recommendations are now in their practical stage. In implementation the actors are mainly the same which participated in their preparation. The idea is to initiate a comprehensive and interactive process promoting knowledge about and action for non-smoking at several levels. It is stressed that the onset of smoking among young people is in the beginning a psychosocial problem, not a health problem.

The special network nominated by the Ministry of Social Affairs and Health will follow and evaluate the process. In 2000 the network will organize a follow-up conference on the issue.

Terttu Huttu-Juntunen  
Minister of Social Affairs and Health

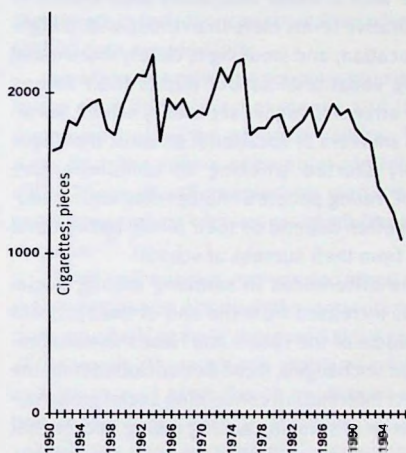
**Daily smokers (%) aged 14-18 -years  
in 1977-1997 by sex**



The Adolescent Health and Lifestyle Survey 1997.

Tampere School of Public Health  
University of Tampere

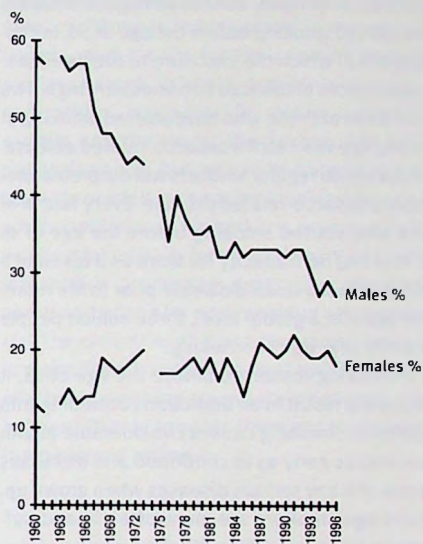
**Consumption of cigarettes  
per person aged 15 or over, 1950-1996**



1950-94: Wholesale trade purchases and imports.  
1995-96: Tobacco products delivered for  
taxable consumption.

Statistics Finland.  
Tobacco statistics 1996.

**Proportion of daily smokers (%)  
aged 15-64 years in 1960-1996 by sex**



National Public Health Institute 1996



## **TOWARDS A POLICY OF CONSENSUS: REASONS AND RECOMMENDATIONS FOR ACTIONS**

Smoking is today the greatest preventable health problem in Finland and the other industrialized countries. In Finland, almost all regular smokers have started smoking before the age of 20, in consequence of which the exposure to the detrimental substances of tobacco becomes very high. Two out of three of those who have started smoking at an early age will catch a tobacco-related disease. One out of two regular smokers will die prematurely from a tobacco-related disease. Every fourth of those who started smoking before the age of 16 will lose his/her capacity for work as a result of a serious tobacco-related disease prior to the retirement age. On a global level, three million people die every year due to smoking.

If smoking is started before the age of 18, it will usually result in an addiction continuing into adulthood. Smoking causes considerable health problems as early as in childhood and increases the risk of many serious diseases when grown up. School-age smokers are more often ill and suffer more often from ill health than non-smokers. At the same time they also suffer more often than non-smokers from abdominal pains, headaches, tension, nervousness, insomnia and tiredness. Smoking among schoolchildren is also associated with other unhealthy lifestyles - early experiments with alcohol drinking in order to get drunk and bad food habits. Almost all young abusers of medical and narcotic drugs also smoke. Smokers are on average less successful at school than non-smokers. Learning how to smoke and how to roll cigarettes also tends to make it easier to start

using cannabis products. The cheapness of roll-your-own tobacco, which is made possible by the low excise duty, almost tempts people to use it.

Adults, in the same way as young people, smoke more often the lower their education. Those with a lower education also smoke in quantitative terms more than those with a higher education, and smoking is clearly more usual among vocational school pupils than among those attending higher secondary school. As regards smokers at vocational schools, they have usually started smoking at comprehensive school. Young people's choices concerning education often depend on their family background apart from their success at school.

The differences in smoking among social groups increased from the end of the 1970's to the middle of the 1980's and have thereafter remained unchanged. It can be concluded from the indirect information concerning social group dependence of smoking among young people that their situation resembles that of the adults. Therefore it can be assumed that socioeconomic differences in morbidity and mortality (e.g. coronary diseases and lung cancer) will remain unchanged or even increase in the near future.

Smoking experiments and smoking among young people increased at the end of the 1980's, but in the beginning of the 1990's their level fell to that of the beginning of the previous decade. Young people in Finland start smoking very early. Here the pattern deviates from the usual Western one so that boys usually begin experiment-

ing with smoking at an earlier age than girls. In 1994 52 % of Finnish girls aged 13 and 70 % of boys of the same age had experimented with smoking. The corresponding figures for those aged 15 were 77 % (girls) and 81 % (boys). In Finland those aged 15 smoke daily more often than their peers in the other countries from which statistical data are available.

Smoking among young people is possible because of sufficient pocket money and the reduced control by the parents: children break away from the sphere of parental control quite early. Those young people who start smoking associate smoking with images of adulthood and success.

Finnish schools are very worried about smoking among pupils. Although the statutory restrictions on smoking have increased since the end of the 1970's, there are still problems related to control. In 1995 every fourth pupil aged 14 and half of the pupils aged 16 at higher secondary schools and vocational institutions said that observance of the restrictions on smoking is not supervised at all in their school. On the other hand, when pupils said that there is supervision, it was most often said to be "rather strict" but seldom "very strict". In 1995 20 % of Finns aged 14 - 16 were daily smokers, and about half of them reported to be smoking every day on the school premises.

These recommendations summarize the policy lines and the means to promote health and non-smoking among young people. These meas-

ures were agreed upon as a result of the multifaceted and critical debate at the national discussion forum in Jyväskylä in August 1996. It is a great challenge to reduce smoking among young people, and it calls for the contribution of all parties: homes, schools, non-governmental organizations, business life, media, authorities, experts and the young themselves. The task is not an easy one, but we can be hopeful since we have succeeded in reducing smoking among the adult population in Finland. It is essential that we work systematically for several years and initiate interactive processes promoting knowledge about and action for non-smoking at several levels. The objective of these recommendations is to make Finnish society understand the problems relating to smoking among young people, take a serious attitude towards them and to implement the proposed action.

## LEGISLATIVE MEASURES

Tobacco is a plant containing toxic chemical components; products made from it would not be granted a selling licence if they were put on the market today. Non-smoking is one of the most significant factors promoting young people's health. Support for non-smoking is a means to prevent many serious illnesses, also abuse of alcohol and other substances and drugs.

A factor influencing the learning of health-promoting issues, adopting the knowledge, changes in attitudes and behaviour is the whole social environment of young people, where the school plays an important role. Non-smoking among school staff is a basic factor contributing to the effect of messages concerning the advantages of non-smoking.

### **Recommendation 1:**

**The Ministry of Social Affairs and Health should prepare an amendment to the Act on Measures to Reduce Smoking according to which schools and educational situations shall be totally smoke-free.**

In spite of the great health hazards involved in smoking the interest shown by society and politicians in prevention of smoking has not been sufficient, since smoking among young Finns is more common compared with the other European countries. Marketing and sales promotion of tobacco products is considered as an ordinary business activity, and the decision-makers are not willing to interfere in it. Tobacco products, used as they are meant to, involve a great health hazard though.

### **Recommendation 2:**

**The Ministry of Social Affairs and Health should prepare an amendment to the Act on Measures to Reduce Smoking according to which the sanction for a repeated violation of the prohibition against selling tobacco products to young people under the age of 18 shall be the loss of the right to sell tobacco products.**

There is clear and binding evidence of the effect of the prices of tobacco products and purchasing power on their consumption: the consumption of tobacco products is the more common and serious the greater amount of cigarettes children have money to buy. The price is considered to affect more children's and young people's smoking than that of adults. When nicotine addiction is a factor, children and young people try to obtain nicotine according to what they can afford, e.g. by changing over to cheap cigarettes or cigarettes which they themselves roll. The present low taxation of cheap cigarettes and cigarette tobacco makes it possible for children's experiments with smoking to develop an addiction even when their limited purchasing power would otherwise protect them. It is difficult to raise tobacco prices and the tax on tobacco since it is a product which affects the cost-of-living index.

### **Recommendation 3:**

**The Ministry of Finance should in collaboration with the Ministry of Social Affairs and Health prepare an amendment to the Act on Excise Duty on Tobacco in order to raise the taxation of tobacco products clearly over the minimum level determined by the European Union and to determine the tax on all tobacco products to be of the same amount per consumer unit as that of factory-made cigarettes.**



#### **Recommendation 4:**

**Tobacco should be excluded from the cost-of-living index.**

The sales and marketing of ten-cigarette packets have increased remarkably in recent years. According to a study, among those aged 14, about half of those experimenting with their first cigarettes and a third of those who had experimented a little more often had last bought a ten-cigarette packet. Smoking experiments among young people are started with the same cigarette brands as are the most popular among daily smokers.

Also the easy access to tobacco products is a factor encouraging young people to initiate and continue smoking. The mail-order and vending machine business allowed by the present legislation facilitate obtaining tobacco products.

#### **Recommendation 5:**

**The Ministry of Social Affairs and Health should prepare an amendment to the Act on Measures to Reduce Smoking standardizing the size of cigarette packets to 20 cigarettes.**

#### **Recommendation 6:**

**The Ministry of Social Affairs and Health should prepare an amendment to the Act on Measures to Reduce Smoking prohibiting the sales of tobacco products from vending machines and by mail-order.**

Although tobacco advertising is prohibited by law in Finland, it is conveyed to the country through foreign media. Finland should not accept the mixed European practice concerning tobacco

advertising that reduces the credibility of our own legislation. Rescinding the Finnish national legislation which prohibits tobacco advertising cannot be accepted under any circumstances.

#### **Recommendation 7:**

**For the purpose of protecting young people's health Finland should impose a total ban on tobacco advertising in the EU, and in particular a ban on tobacco advertising through sports, culture and other sponsoring. It must always be possible to have stricter legislation at the national level than that defined in the proposed directive on ban on tobacco advertising.**

## **ACTIONS BY THE AUTHORITIES**

The present action to promote young people's health is not enough but new resources, new ways and a strong commitment to promote non-smoking are needed. The State and the local authorities must develop concrete health policy strategies to support non-smoking. Developments in non-smoking among young people should be reported in the Public Health Report given by the Council of State to Parliament at regular intervals.

Adults cannot bring up today's young people after the same models as were used in their youth, but adults have to be available and present. A young person shall be accepted as a sensible, conscious and responsible learner who is supported and guided in making choices and solutions concerning his or her own life. Those grown-ups who are working with young people must be aware of the significance of their own example, of the prevailing youth culture and the health risk involved in smoking. These grown-ups must also develop their mutual collaboration in



promoting health in municipalities and agree on the general objectives and policies to prevent smoking among young people.

The bans and restrictions of the Act on Measures to Reduce Smoking are society's message that smoking is not considered acceptable. On the other hand, a weak control of the observance of the Act can strengthen young people's idea that these or other collectively agreed rules of the game are not meant to be followed.

The present experience indicates that the ban on the sale of tobacco products to young persons under 18 has not been implemented as presupposed in our legislation.

#### **Recommendation 8:**

The Ministry of Social Affairs and Health should collaborate with the supervisory authorities and agencies representing retail trade in preparing uniform and clear directives on the enforcement and supervision of the ban on selling tobacco products to young persons under 18.

It is widely accepted that carefully planned purchase tests directed at all retail sale premises at regular intervals is the most effective way of supervising the observance of the sales ban. The importance of supervision can be increased by combining the supervision with guidance and information.

#### **Recommendation 9:**

The municipal supervisory authorities should intensify the observance of the ban on sales of tobacco products to those under 18 by increasing supervision and developing the supervision methods (e.g. test purchases) in cooperation with the Ministry of Social Affairs and Health.

The enforcement of the ban on sales of tobacco products presupposes an active work and information between health care, schools, trade and other actors. The municipal health officers must inform, support and educate the staff of shops and kiosks regarding the enforcement of the ban on sales and the health criteria of the restrictions. The present signs in shops indicating the ban on sales and health risks of tobacco products drawn up in cooperation with tobacco industry do not fulfil the requirements of the legislation. Health officers should utilize the expertise of the non-governmental organizations working to promote health in the enforcement of the ban on sales and in related information.

#### **Recommendation 10:**

The authorities should supervise that those selling tobacco products furnish their sales premises with signs indicating the ban on sales of tobacco products to persons aged under 18 and the health risks of these products. Furthermore, the signs should invite young people to be prepared to present their identity cards.

As the restrictions on tobacco advertising have increased, the appearance of tobacco packets has become a more and more important factor conveying images and arousing interest. The package as such advertises the product. The Finnish authorities should prepare measures aiming at the sale of tobacco products in uniform packages bearing the same colour. Finland should also advocate this actively in the Health Council of the European Union. Visible and colourful presentation of tobacco products on sales premises, easy access and purchasing encourage children to buy them. Placing tobacco products clearly on view and demonstrations of these products weaken the health message concerning the risks of smoking conveyed by other means.

#### **Recommendation 11:**

The Ministry of Social Affairs and Health and the central organizations of retail trade should prepare a recommendation with a view to placing tobacco products on sales premises out of sight for children.

Tobacco advertising considerably increases children's interest in experiments with smoking. Furthermore, some TV programmes show much smoking. Maybe the most difficult thing to tackle is the conveyance of tobacco advertising from abroad e.g. through various sponsored sports and cultural events. In some cases tobacco industry also tries to influence the illustration of news and events shown in the media. In spite of the total ban on tobacco advertising the Finnish TV channels conveyed in March 1996 about four hours of tobacco advertising in the context of sports programmes.

#### **Recommendation 12:**

The Ministry of Transport and Communications should start negotiations with representatives of the Finnish mass media in order to bring about uniform directions and policies to prevent the conveyance of material containing tobacco advertising and promoting smoking. To begin with, the prevalence of tobacco advertising and smoking in the media should be studied.

It is possible to increase professional understanding and skills to reduce smoking among young people through research and developing the action based on it. Research is the basis and point of departure for health promotion, as well as a means to assess the outcome of the measures taken. For the time being there is not enough systematic material to constitute the basis for future research and development.

#### **Recommendation 13:**

An expert group appointed by the Ministry of Social Affairs and Health should assess the research and development concerning smoking among young Finns and give a proposal for long-term continued action taking into account future needs.

## **DEVELOPING PROFESSIONAL SKILLS**

In the education of health care personnel smoking issues have been outshadowed by the instruction focused on treatment of illnesses. In an international study carried out in 42 countries it was found out that students of medicine were astonishingly ignorant of tobacco-related diseases, and that the curricula lacked information on them. In consequence, health care personnel often neglect to try to persuade people to stop smoking, even though that would be very important from the point of view of care. This defect can be remedied by means of education. Education is important also in terms of tobacco policy, since health care personnel's influence on people's opinions in health issues is vital.

#### **Recommendation 14:**

Institutes of social welfare and health care studies, polytechnics, faculties of medicine and other units providing health care education should develop an education package concerning prevention of smoking, tobacco-related diseases and withdrawal methods. The need for such education should be studied by surveying the present volume of education relating to tobacco.

A young person cannot adopt health values in an environment where health is not valued, where health messages are in conflict with the prevailing patterns of behaviour or where the circumstances make it difficult to pursue healthy life habits. Young people observe and adopt health values from their environment without being conscious of it and often in such situations that the grown-ups do not at all understand as being pedagogic. Non-smoking among child day care workers, teachers, social and health care personnel and their attitude to smoking are significant factors when bringing up children to be non-smokers. Therefore non-smoking should be considered as a factor influencing the appraisal of suitability when choosing employees for the above-mentioned sectors.

#### **Recommendation 15:**

Vocational education for child care, education, social and health care, youth work and sports provision should include instruction in skills and knowledge which promote non-smoking. Those graduated from these institutes should be themselves non-smokers.

#### **Recommendation 16:**

Employees engaged in social service, health care, education, youth work and sports provision should not smoke during working hours.

## **ACTIONS TO SUPPORT FAMILIES AND PARENTHOOD**

The prerequisites for health-promoting lifestyles are created in one's early childhood. The foundation for a child's mastery of life, self-esteem and mental health is laid in the family. Also the child's health habits are determined by the habits and culture of the family. In connection with family training for parents expecting a child parents should also be trained for parenthood, family life, child care and upbringing. This so called parents' school model shall be followed also at child health clinics. At the same time they shall strengthen the parents' capacity to strive for an active health-promoting cooperation with the other growth and school environment of the child. The public discussion should by every possible means support the parents in their challenging task to bring up their children to value healthy life habits and non-smoking.

The parents function as the first role model of non-smoking for the child, and this model must be strengthened when people are growing into parenthood. Maternity and child health clinics shall emphasize the idea of a smoke-free home. One significant risk factor contributing to repeated infections in children is tobacco smoke in the home. When treating children with repeated infections the parents' attention must be drawn to this circumstance. The importance of parents' own attitude in supporting the child's healthy growth and development, as well as the importance of mutual interaction as a means of upbringing must be stressed. Health education is



just as important for those who are expecting their first child, and smoking parents must be encouraged to stop smoking. Also parents of the first child starting school need special information and guidance.

**Recommendation 17:**

A study of health promotion work done in homes, obstacles to it and its possibilities should be initiated. Its outcome would provide the basis for an action programme to help parents to bring up their children in a way promoting health.

**Recommendation 18:**

One objective of family training and maternity and child health clinics should be to promote parents' non-smoking and a smoke-free home.

**Recommendation 19:**

Health care centres should provide those expecting a child and parents of small children an opportunity to take part in withdrawal from tobacco and to get nicotine substitution therapy free of charge.

**Recommendation 20:**

Measuring the carbon monoxide expired by parents should be introduced as a tool and as a part of the ordinary health examinations at maternity clinics.

Behaviour that preindicates future smoking and other risk behaviour and exclusion can be observed as early as in small children, and detect-

ing that will make it possible to help these children at an early stage.

**Recommendation 21:**

Social welfare and health care and the educational system should collaborate in working up and developing identification and prevention methods to anticipate future risk behaviour and exclusion and take them into standard use for the purpose of prevention.

A child always reflects the "health" of its family, growth conditions and living environment. Although the responsibility for bringing up children and young people has to a greater extent been shifted to the day care centre, school and other groups outside the family, the home and the parents always bear the main responsibility. The parents' significance and role is further of crucial importance for the child's healthy development. Day care centres must give the children the basic facilities for adopting non-smoking and other health-promoting habits and lifestyles.

**Recommendation 22:**

Within child care non-smoking should be promoted by means of play and various activities. The facilities of the day care personnel to promote non-smoking among families should be increased by means of supplementary training.

A considerable risk factor with a view to children's smoking and other development is afternoons spent without grown-up control. Children are influenced by circumstances that are beyond the parents' control. In Finland children are expected to grow functionally independent earlier



than their psychosocial development would allow. In cases where the parents are in full-time employment schoolchildren should have an organized programme during afternoons - in the same way as in many other countries. The programme should be planned so as to contain recreational and stimulating activities for children under the care of grown-ups.

#### **Recommendation 23:**

There should be organized afternoon activities for schoolchildren on school premises or elsewhere after school hours. They could be organized by e.g. schools, parishes, municipal youth and sports services, and other hobby organisations.

## **ACTIONS SUPPORTING THE WORK OF SCHOOLS AND EDUCATIONAL INSTITUTIONS**

The health behaviour adopted in youth is often retained throughout the life, and thus health should be a quality factor in the educational system at its all levels. Basic knowledge and skills relating to health shall be integrated into all comprehensive and vocational education. With the reformed curricula the share of health education has been reduced considerably in schools and educational institutions. Their curricula and teaching methods shall promote and strengthen non-smoking, which is integrated into the instruction even from the lower level of the comprehensive school.

A young person seeks situations according to what he or she has learned to value. Health promotion does not consist of teaching individual facts or learning things by heart, but young people must get a positive overall view of health and

its prerequisites, which is supported by the social environment. Guided by it young people can learn how to master health issues and make solutions concerning health. Control of social pressures undermining health can be promoted in education and upbringing by giving special attention to creating a positive picture of oneself and to strengthening one's self-esteem. Instruction in social skills (communication, expressing oneself, social intercourse) shall be an integral part of the education and upbringing.

#### **Recommendation 24:**

An action programme for non-smoking should be drawn up for each school and educational institution in cooperation with school and student health care. The programme should be a registered strategy agreed upon jointly - also with the pupils contributing. It should manifest the attitude towards smoking, measures to prevent from onset of smoking, policies in different situations, continuous monitoring and evaluation.

#### **Recommendation 25:**

Health education in schools and educational institutions should be strengthened, and prevention of smoking should be linked to young people's mastery of life and the school's teaching of manners. The National Board of Education should in collaboration with experts develop operational models within the curricula of schools and educational institutions. These models should include means of which all young people can be taught matters relating to prevention of smoking

Although promotion of non-smoking and health concerns the whole school or educational institution, teachers need many-sided help from professionals in different fields. In this context representatives of school and student health care play the most central role.

School and student health care are part of the statutory public health work of a municipality. Their goal is to promote a healthy growth and development of pupils and students as well as the health of the whole community. Such action requires from the school health personnel besides an active contribution, initiatives and constant presence also cooperation with the school and educational community.

With the economic recession the resources of school and student health care have decreased, since the time spent by public health nurses and physicians on it has been reduced in recent years. The recommendation is that there should be a maximum of 750 pupils/ students per one public health nurse employed on a full-time basis in school or student health care. If the public health nurse is responsible for several schools or institutions, the number of pupils/students should be lower, since time has to be reserved for contribution according to school or educational institution.

#### **Recommendation 26:**

Health care centres should guarantee the public health nurses and doctors working in school and student health care enough time for taking care of the pupils'/students' health and for promotion of non-smoking in collaboration with the other school and educational community. The facilities of school and student health care should be situated in connection with the school or educational institution.

Young people often say that they are interested in stopping smoking and talk about numerous attempts to do so, but find the nicotine addiction problematic. Besides the addiction, also the rewarding and strengthening factors related to smoking guarantee in the end that experiments with smoking often lead to lifelong smoking. More research findings are needed concerning how to make young people stop smoking, its methods and outcome.

#### **Recommendation 27:**

Health centres should organize activities to support those pupils/students who want to stop smoking (e.g. withdrawal groups). Young people's knowledge of the risks of smoking as well as confidential discussions about smoking should be promoted e.g. by means of measuring expired carbon monoxide as part of ordinary health examinations.

According to Finnish studies teachers are in need of more information in almost all areas of health education: targets, contents, methods and in general issues relating to young people's health behaviour and smoking habits. The professional facilities of teachers shall include the ability to discuss health issues with their pupils/students.

#### **Recommendation 28:**

Teachers and school and student health personnel should be provided joint supplementary training for the purpose of developing the content and working methods of health promotion, school and student health care and curricula for health education.

Today's society poses young people more and more challenges relating to adulthood. Every young person matures individually gathering ideas, advice, influences etc. from various quarters. Also healthy life habits have different values and emphases in different individuals' lives. The starting point for health education promoting non-smoking shall be the young person, his or her life situation and living environment. Studies have shown that the best results in promoting non-smoking among young people have been achieved when a programme at population level directed to both young people and adults has been integrated into health education programmes of schools and educational institutions.

#### **Recommendation 29:**

The educational system, social welfare, health care, temperance work and non-governmental organizations should collaborate in developing and implementing health education programmes aimed at non-smoking for young people and adults. They should take into account expert recommendations, local conditions, young people's needs, lifestyles and cultures.

Follow-up is an efficient means to influence non-smoking and other lifestyles. In addition to the national follow-up an efficient prevention requires intense and well-timed local and school-based monitoring, when the action can be directed according to problems and their impact can be followed.

#### **Recommendation 30:**

Non-smoking among young people should be followed by means of a national system which produces sufficiently quickly and frequently information about the prevalence of smoking per school, educational institution and municipality.

### **ACTIONS AIMED AT LEISURE TIME**

Children remain primarily in the sphere of influence of the parents until the age of ten years. After that leisure-time activities, friends, idols and other reference groups become very influential. Young people taking part in organized group activities use according to studies intoxicating substances to a minor extent than other young people.

Being together with other young people, leisure time interests, habits and hobbies considerably mould the lifestyles of young people and the culture formed by them. An adult participant must accept that young people themselves are the real experts in youth culture. Influential individuals play an important role in youth groups. It would be important to seek out the local opinion-leaders among the young and to motivate them to maintain health-supporting models of action.

Information is necessary for making choices supporting health. However, in particular in puberty smoking can be fascinating because it can be seen as a game with risks and can channel young people's defiance towards authority. Therefore it is important to organize various kinds of stimulating activities for young people. Society must offer children and young people various kinds of leisure time activities. The State and the local authorities shall increase their financial support to children's and young people's school clubs and leisure-time activities. Further-



more, they must seek new flexible solutions to ensure an efficient use of new and existing premises for such activities.

In Finland more than 350,000 children and young people aged 3 - 18 participate annually for three months in organized sports club activities. It is possible to lay foundation for health-promoting choices even in such a short time. Hobby organizations should develop their activities so as to better promote healthy life habits and underline non-smoking as one basic principle in their action.

According to a sports study those children and young people who are not participating at the moment are also interested in sports club activities. If sports and leisure time organizations working with young people would have enough resources they could double their number of members.

Non-smoking shall be extended to all levels of young people's leisure-time and to their circle of friends. Since coaches and hobby instructors serve as models for children and young people their non-smoking should be promoted. It should be stressed within the framework of their training that it is not recommended that instructors and children's parents smoke in connection with hobby activities - neither indoors nor outdoors. The premises and the surrounding area should be totally smoke-free. The State, local authorities and parishes should aim at making the premises and outdoor facilities owned by them smoke-free.

Confirmation classes, in particular camp classes have become a rite of becoming adult. Issues relating to smoking have however caused much trouble in the youth work of parishes and for instance in confirmation classes. The teachers in confirmation classes have not given much attention to matters that are essential for non-smoking and other health matters for young people. Parishes and churches should assume more responsibility for non-smoking and healthy lifestyles among young people.

#### **Recommendation 31:**

The State and the local authorities should make it possible for sports and other hobby organizations to provide a greater selection of health-promoting leisure-time activities on children's and young people's conditions.

#### **Recommendation 32:**

One condition for granting financial support by the State and municipalities to hobby and sports organizations should be promotion of young people's health and non-smoking.

#### **Recommendation 33:**

The churches and parishes should specify their targets regarding health promotion and promotion of non-smoking in confirmation classes and other activities targeted to young people.

#### **Recommendation 34:**

The State, the local authorities and parishes should prohibit smoking in outdoor facilities and sports grounds possessed and administered by them.

#### **Recommendation 35:**

Tobacco products should not be sold in cafes or kiosks in connection with hobby facilities.



## OTHER ACTIONS

As regards those doing their national service the attitude of foremen towards smoking and group pressure have traditionally favoured smoking. The time in military service and its atmosphere should support non-smoking and good health.

### **Recommendation 36:**

The Defence Forces should designate non-smoking and health promotion as one important educational target.

Action according to the recommendations put forth above needs to be supported by systematic nation-wide information over several years. It is known that repeated messages in mass media can strengthen the health education taking place in the field and add to its weight.

### **Recommendation 37:**

There is great need for long-term information in favour of non-smoking society in Finnish society.

## IMPLEMENTATION OF THE RECOMMENDATIONS FOR ACTION

The consensus panel proposes an immediate implementation of these recommendations. Furthermore, it proposes that the Ministry of Social Affairs and Health appoint, for a minimum of five years, a steering group for the implementation of the recommendations to monitor and assess the action taken.

### **Recommendation 38:**

The Ministry of Social Affairs and Health should see to it that a follow-up meeting will be organized after three years, as well as draw up a report concerning the implementation of the proposed action.

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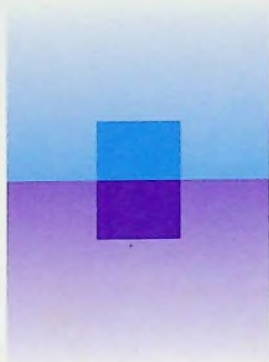
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