



# *Ministry of Health - Italy*

**DEPARTMENT OF PREVENTION AND COMMUNICATION**



## **ACTIVITIES FOR THE PREVENTION OF SMOKING**

### **2009 REPORT**



**guadagnare  
salute**

rendere facili le scelte salutari



Ministry of Health  
Department of Prevention and Communication

Dr. Daniela Galeone  
*Viale Giorgio Ribotta, 5 - 00144 Roma*  
*tel. 06 5994 3244 - email: [d.galeone@sanita.it](mailto:d.galeone@sanita.it)*

Lorenzo Spizzichino  
*Viale Giorgio Ribotta, 5 - 00144 Roma*  
*tel. 06.5994.3155 - email: [l.spizzichino@sanita.it](mailto:l.spizzichino@sanita.it)*

# TABLE OF CONTENTS

## INTRODUCTION

### 1. TOBACCO ADDICTION IN NUMBERS

- 1.1 Prevalence and mortality in the world and in the European Union
- 1.2 Smoking-related mortality in Italy
- 1.3 Prevalence in Italy

### 2. LAW 3/2003: AN ASSESSMENT

- 2.1 Sales of cigarettes and other tobacco products
- 2.2 Effects of the smoking ban on health
- 2.3. Compliance with the law
  - 2.3.a Popular opinion
  - 2.3.b Controls by the Health and Safety Unit – NAS

### 3. TOBACCO CESSATION THERAPIES

- 3.1 Attempts to quit smoking
- 3.2 Sales of drugs to help smokers quit
- 3.3 Quit-smoking centres and national toll-free numbers

### 4. COMMUNICATION ACTIVITIES

- 4.1 2009 Communication campaigns

### 5. PREVENTION ACTIVITIES PROMOTED BY THE MINISTRY/CCM

- 5.1 CCM projects

### 6. OTHER ACTIVITIES

- 6.1 “Parents plus: seven steps for the health of your child” campaign
- 6.2 Youth surveillance
- 6.3 “Smoke-free Ministry” programme

### 7. INTERNATIONAL ACTIVITIES

### 8. OUTLOOK FOR THE FUTURE

- 8.1 Implementation of the FCTC
- 8.2 Promoting the role of the National Health System (SSN) and National Prevention Plan (PNP)
- 8.3 Legislative activity: the Marino-Tomassini draft law

## **INTRODUCTION**

The prevention and cure of tobacco addiction are essential steps for improving public health. Italy has been active in this difficult effort for many years. Efficient, successful steps against tobacco addiction are a complex task, which requires a great deal of commitment and the development of policies and interventions that range beyond the health care sector.

In order to promote the adoption of a smoke-free lifestyle, it is necessary to adopt an approach that takes into account the social, cultural, and environmental implications of smoking, and this requires cooperation and coordination between and among numerous different subjects, institutions, and public administrations.

Prevention of tobacco addiction is thus one of the spheres of action of the “Gaining in Health: making healthy choices easier” a Program promoted by the Ministry of Health and approved by a Decree of the President of the Council of Ministers on May 4, 2007. The Program adopts an inter-sectorial approach, with the active involvement of central, regional, and local administrations (along with the public health sector, schools, the non-profit sector, the productive sector, etc.) to prevent the main chronic disease risk factors (**smoking**, alcoholism, poor dietary habits, and lack of exercise) and change unhealthy lifestyles, not only through interventions on individuals, but also through coordinated strategies between different institutions, in order to encourage healthy lifestyle choices.

Along with the primary prevention and cure of tobacco addiction and related diseases, it is also necessary to develop and support national legislation on smoke-free environments, the labelling and advertising of tobacco products, fiscal and pricing policies, the fight against smuggling and counterfeiting, and promote large-scale prevention campaigns.

It is also very important to adhere to international activities for the control of tobacco, for example by implementing the guidelines of the 2003 WHO Framework Convention on Tobacco Control and actively participating in the activities of the European Union.

Much has been done in Italy in the last few years, especially with regards to second-hand smoke, but much remains to be done: the results achieved so far must be consolidated, and new goals must be set, because each step forward in reducing tobacco consumption is a huge improvement in the health and the quality of life of all citizens.

## **1. TOBACCO ADDICTION IN NUMBERS**

### **1.1 Prevalence and mortality in the world and in the European Union**

Tobacco use causes more deaths than alcohol, AIDS, drugs, traffic accidents, homicides, and suicides put together. The tobacco epidemic is one of the greatest public health challenges in history. The WHO has called tobacco smoking “the greatest threat to health in the European region”.

There are 650 million smokers in the world, and there are 5.4 million smoking-related deaths each year, which are projected to grow to 8 million by 2030. During the 20<sup>th</sup> century, smoking killed 100 million people, and is projected to kill 1 billion in the 21st century. In 2030, over 80% of smoking-related deaths will be in the developing world.

In the European Union (UE), 650,000 people die prematurely each year because of smoking (more than the population of Malta or Luxembourg).

According to the latest European Commission data, although the number of smokers in the EU is diminishing, one-third of European citizens are still smoking. These people are putting their lives at risk, and those of others exposed to second-hand smoke, to the extent that 19,000 non-smokers die in Europe every year due to exposure to second-hand smoke in the home or workplace.

Smoking-related deaths and diseases are, however, entirely predictable and preventable: we know exactly what causes tobacco use, how and when tobacco kills, what it damages, and what can be done to prevent this.

## **1.2 Smoking-related mortality in Italy**

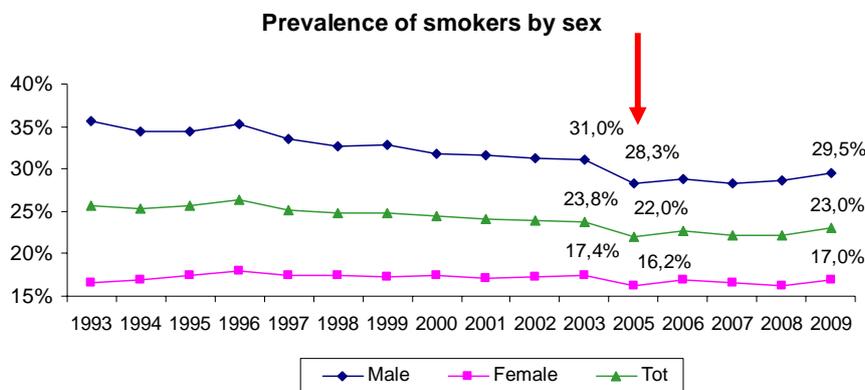
An estimated 70,000 to 83,000 people die from smoking each year in Italy. Over 25% of victims were between the ages of 35 and 65.

Tobacco is a proven or probable cause of at least 25 diseases, including chronic obstructive pulmonary disease and other chronic pulmonary diseases, lung cancer and other types of cancer, heart disease, and vasculopathy. Lung cancer rates and mortality are dropping among men but increasing among women, among whom this disease has greatly overtaken stomach cancer as the third leading cause of cancer-related deaths, after breast cancer and colorectal cancer.

Although the number of smokers in Italy has gradually decreased over the last 50 years, as it has throughout the Western world, active smoking remains the leading cause of preventable morbidity and mortality in Italy.

## **1.3 Prevalence in Italy**

In 2009, according to ISTAT data (drawn from over 60,000 face-to-face interviews with subjects over 14 years of age), the percentage of smokers rose to 23% (*it was 22.8% in 2008*) after 5 years of holding steady around 22%. This percentage rose at the same rate for men and women (*in 2009: men 29.5% and women 17%; in 2008: men 28.6% and women 16.3%*).



In 2003, before the ban, prevalence was 23.8% (*men 31% women 17.4%*).

Turning to the prevalence of smoking among age classes, we can see that the greatest increase affected young adults between the ages of 25 and 34, 31.4% of whom are smokers (*men 40.2%; women 22.2%*).

The percentage of smokers

between the ages of 15 and 24 has increased slightly to 21.7%.

Central Italy has the highest percentage of smokers (24.3%), followed by the north (23%) and the south and islands (22.3%),

Additional data on the prevalence of smokers in Italy can be found in the annual DOXA/ISS-OFAD survey and, since 2005, in the PASSI surveillance system.

In 2009 the DOXA/ISS-OFAD survey (based on about 3,000 telephone interviews with people over the age of 14) showed an exceptional increase in the prevalence of smokers from 22% to 25.4% - an additional 1.8 million smokers in one year – especially among women, from 17.9% to 22.3%. The PASSI surveillance system (a nationwide continuous monitoring system for at-risk behaviour and the adoption of prevention measures, which collects information useful for drafting regional and corporate public health policies, and is based on about 35,000 telephone interviews performed by health care staff from regional health authorities) measured, among other things, the prevalence of smokers between the ages of 18 and 69. Preliminary data from 2009 shows that the prevalence of smokers is 27.8% (*men 31% and women 22.5%*), a higher percentage than that found by the other two surveys (which take different age classes into consideration) but lower than in 2008, when it was 29.8% (*men 33% and women 25%*).

## **2. LAW 3/2003: AN ASSESSMENT**

In January 2005, with Law 3/2003 (art. 51: “protection of the health of non-smokers”), Italy became the first major European country to introduce a law regulating smoking in all private and public indoor venues, including workplaces and visitor facilities. This law is considered an example of efficient public health intervention for Europe as a whole.

Following Italy's lead, over the last few years many countries in Europe and elsewhere have introduced passive-smoking laws, some of which are even more restrictive than Italy's (for example, by not allowing smoking rooms).

Five years after its entry into force, the overall assessment of the law is positive, although there are some warning signs regarding the increase in the number of smokers, and a sustained effort is necessary to consolidate and improve the results achieved so far.

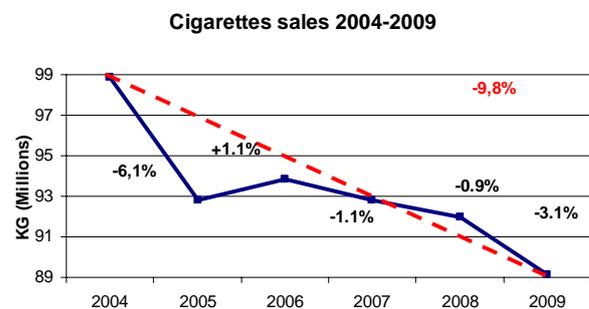
Monitoring of the law's implementation is still ongoing, and focuses on five aspects:

1. sales of tobacco products
2. effects on health
3. monitoring of compliance with the law
4. attempts to quit and tobacco cessation therapy
5. other prevention and communication activities

## 2.1 Sales of cigarettes and other tobacco products

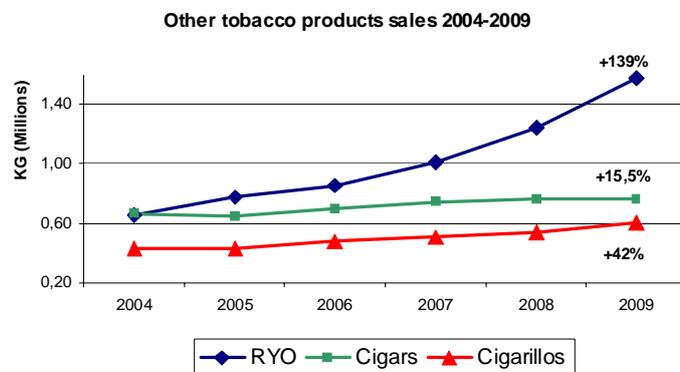
According to data from the state monopolies' administration (Amministrazione Autonoma dei Monopoli di Stato - AAMS), in 2009 cigarette sales fell by 3.1%, or 140 million fewer packs of cigarettes (more than one fewer pack a month purchased by each smoker). For the first time since 1997, sales fell under the threshold of 90 million kg.

Cigarette sales dropped by **about 9,8% compared to 2004**. Although cigarette sales increased in 2006 compared to 2005, the trend that sees cigarette sales dropping since 2004 has held



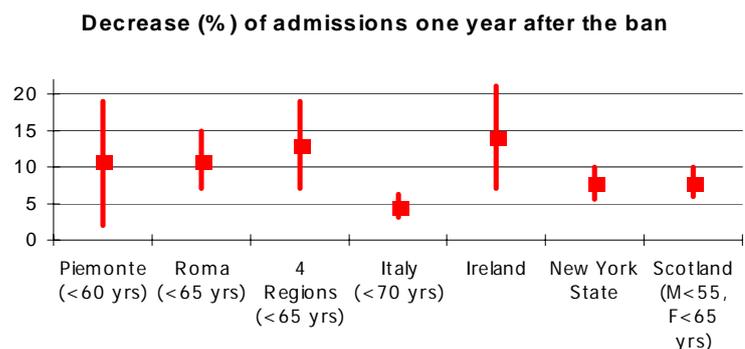
steady, with an average annual drop of 1.5%.

However, it should be noted that last year saw a further significant increase (+26%) in the sales of roll-your-own tobacco (for RYO cigarettes), whose sales more than doubled (+139%) since 2004. This type of tobacco, which currently accounts for 1.7% of the market, costs less than cigarettes, and is thus particularly appealing to younger consumers.



## 2.2 Effects of the smoking ban on health

Numerous scientific studies have now consolidated the evidence of the efficacy of smoking bans on the rate of hospitalization for acute myocardial infraction. Four studies have been carried out in Italy (one promoted by the Ministry of Health in collaboration with the regional administrations of Piedmont, Friuli Venezia Giulia, Latium, and Campania; two by the University of Turin, and the fourth by the Roma E Local Health District). They all show a drop in



acute coronary events between 2004 and 2005 (before and after the law came into force), by an amount of -5% among people under the age of 70 in the Italy-wide study by the University of Turin; -13% among people between the ages of 40 and 64 in the study promoted by the Ministry of Health in four regions; -11% among people under the age of 60 in the study conducted in Piedmont; and -11% in the study conducted by the Roma E Local Health District among people between the ages of 35 and 64.

These findings are in line with data from elsewhere in the world (for example: Ireland -14%, New York state -8% and Scotland -8%)

## 2.3. Compliance with the law

### 2.3.a Popular opinion

In the five years since the law's entry into force, popular opinion has generally been supportive, and awareness of the law's importance for public health has been high.

Numerous public opinion surveys on the smoking ban have been carried out, in particular the ENFASI study (conducted as the law was being implemented), the annual DOXA/ISS-OFAD survey, the PASSI surveillance system, and a project by the Centre for Disease Control (Centro per la prevenzione e il controllo delle malattie - CCM) carried out by the Veneto regional administration.

Over the last five years, the percentage of people with a highly or moderately favourable opinion on the smoking ban in the workplaces ranged between 69% (DOXA/ISS-OFAD survey and PASSI in 2005) and 92% (CCM/ Veneto project in 2007), while support for the smoking ban in public indoor venues ranged between 81.5% (DOXA/ISS-OFAD survey and PASSI in 2005) and 92% (CCM/ Veneto project in 2007).

Public opinion on the law's usefulness has always been very positive, with approval ranging between 76% (public venue managers – ENFASI study in 2005) and 95.2% (DOXA/ISS-OFAD survey in 2008).

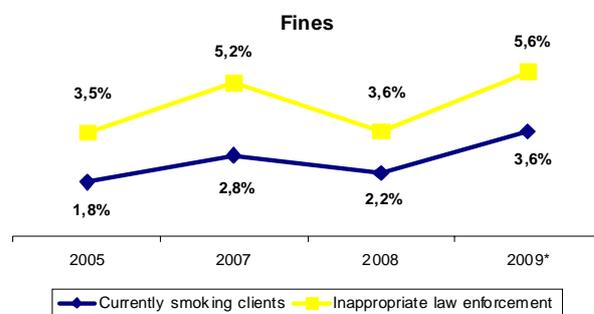
### 2.3.b Controls by the Health and Safety Unit - NAS

In 2005, on a mandate from the Ministry of Health, the Health and Safety Unit of the Italian gendarmerie (**Carabinieri per la Sanità – NAS**) carried out random checks throughout Italy on places where the smoking ban is in effect.

**So far, the NAS have carried out over 14,000 random checks throughout Italy**, in many different types of venues (train stations, hospitals, doctors' offices, museums and libraries, airports, post offices, betting parlours, nightclubs, pubs, and pizzerias), which showed that overall compliance is high.

Nevertheless, maintaining a high level of vigilance remains important, since, as the graph above shows, the number of violations and fines is increasing.

Between February and July 2009, the NAS carried out 2,551 inspections resulting in 234



Venues Inspected	Inspections N	Violations		Total	% Total	% smokers	violations (9,2%): 91 regarded people who were smoking where prohibited (3.6%) and 143 regarded the lack or incorrect use of "no smoking" signs, or the presence of smoking rooms that did not comply
		Smokers	Lack of signs				
Postal Offices	980	3	11	14	1,4%	0,3%	
Train Stations	565	11	8	19	3,4%	1,9%	
Airports	107	1	3	4	3,7%	0,9%	
Schools and Universities	489	15	18	33	6,7%	3,1%	
Libraries and Museums	1143	10	74	84	7,3%	0,9%	
Doctor's offices	1458	21	90	111	7,6%	1,4%	
Restaurants, Pubs and Discos	704	18	39	57	8,1%	2,6%	
Hospitals	1086	71	40	111	10,2%	6,5%	
Beting parlours and Arcades	1466	77	89	166	11,3%	5,3%	
Indoor Markets	217	6	27	33	15,2%	2,8%	
<b>Total</b>	<b>8215</b>	<b>233</b>	<b>399</b>	<b>632</b>	<b>7,7%</b>	<b>2,8%</b>	

with regulations (5.6%).

In 2008 there had been 2,401 controls, performed between April and November. The percentage of violations increased from 5.7% to 9.2%; the percentage of people smoking where prohibited rose from 2.2% to 3.6%, and violations related to the use of “no smoking” signs rose from 3.5% to 5.6%.

### **3.TOBACCO CESSATION THERAPIES**

#### **3.1 Attempts to quit smoking**

The main sources of data are ISTAT, the DOXA/ISS-OFAD annual surveys, and the PASSI surveillance system.

An ISTAT study on data from the survey on health conditions carried out just as the law was being implemented showed that 29.5% of smokers tried to quit in the 12 months prior to the survey, and that one-third of them were successful (9.7%); factors contributing to successful attempts to quit smoking include: degree of schooling (high), gender (F), age (over 60), the number of cigarettes smoked (low), years spent as a smoker (less than 15), higher income levels, and support from one’s physician.

Data from the annual DOXA/ISS-OFAD surveys show that over time, the percentage of smokers making at least one attempt to quit during the previous year dropped from 36% in 2005 to 27.5% in 2009.

According to data from the PASSI surveillance system, 42% of people interviewed were asked about their smoking habits by a physician or health worker (more precisely: 65% of smokers, 39% of former smokers, and 28% of non-smokers).

Sixty percent of smokers who visited a physician or health worker over the last year were advised to quit smoking: in 43% of cases, this was preventive advice, in 31% of cases it regarded specific health problems, and in the remaining 26%, it was for both reasons.

Forty-one percent of current smokers tried to quit in the last year; among former smokers, 94% said they quit smoking “by themselves”.

Overall, thus, about two out of three smokers were advised to quit by a physician or health worker in the last 12 months. In almost all cases, former smokers claimed to have quit by themselves.

The data above underscore once again the important role that physicians and other health workers play in informing their patients about the risks of smoking. It is thus appropriate to raise awareness, among citizens and health workers, about the extent of the problem and the existence of effective methods to help smokers quit.

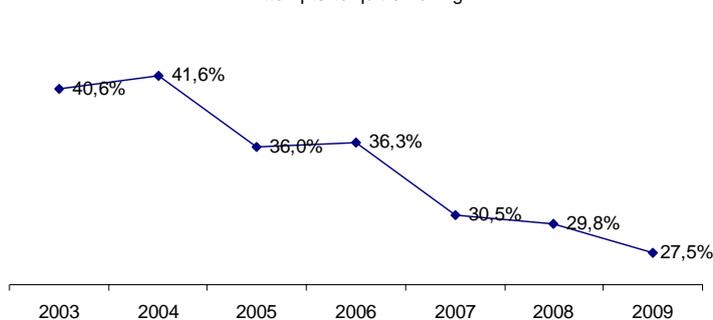
#### **3.2 Sales of drugs to help smokers quit**

Therapies to help smokers quit are an effective and inexpensive way to reduce morbidity and increase life expectancy. Smokers should be given advice on how to quit, and receive assistance during their attempts to do so, including appropriate follow up. Where possible, smokers should have access to behavioural therapy facilities that provide psychological support through the cognitive-behavioural model, and, if needed, the use of pharmaceuticals.

Nicotine substitution therapy, bupropion, and varenicline are particularly effective at helping patients who smoke more than 10 cigarettes a day quit.

The use of nicotine substitution therapy is considered the pharmacological treatment of choice to help smokers quit.

Attempts to quit smoking



Prescription of nicotine products and bupropion is suitable only for patients who have made an express commitment to quit smoking. These patients need support and advice. Therapies to help smokers quit must be chosen in accordance with each patient's needs, the availability of counselling or other types of support, the outcome of prior attempts to quit, the potential side effects of the chosen pharmaceuticals, and the patient's individual preferences. Currently, data is insufficient to recommend the use of therapy combined with nicotine products, bupropion, and varenicline, although several studies suggest that better results can be achieved with a combination of bupropion and nicotine, compared to using only one of these pharmaceuticals.

According to 2008 data from the Italian Medicines Agency (Agenzia Italiana del Farmaco - AIFA), sales of pharmaceuticals used to help patients quit smoking increased exponentially, due especially to the recent market launch of three different products, two of which are bupropion-based, and one which is varenicline-based. Sales of nicotine replacement products (patches, chewing gum, lozenges, nasal sprays, etc.) peaked in the year in which the law came into force, and have held steady since.

Products (units)	2004	2005	2006	2007	2008*	Variation
Bupropion + varenicline	12.649	9.399	7.409	5.937 + 47.307	106.788 +103.704	+744%
Nicotine patches	237.900	635.276	335.241	184.233	178.250	-25%
Nicotine tablet	19.446	32.165	37.716	34.014	41.042	+111%
Nicotine gum and candy	433.601	532.969	416.159	468.001	438.665	+1%
Nicotine inhaler	49.201	51.126	41.334	39.730	37.260	-24%
<b>Total</b>	<b>752.797</b>	<b>1.260.935</b>	<b>837.859</b>	<b>636.269</b>	<b>905.709</b>	<b>+20%</b>

### **3.3 Anti-smoking centres and national toll-free numbers**

A key role in helping smokers quit can also be played by the facilities to help smokers quit (Anti-smoking Centres) provided by local health districts (Aziende Sanitarie Locali - ASL), hospitals, or volunteer-run facilities specialized in the treatment of addictions.

According to an ISS-OSFAD survey, current as of December 2008, there are 359 Anti-smoking Centres in Italy, of which 276 are affiliated with the Italian national health service (Servizio Sanitario Nazionale - SSN) and 83 with the Italian anti-cancer league (Lega Italiana per la Lotta contro i Tumori - LILT).

The ISS provides consultancies, support, and information on problems related to smoking through the anti-smoking toll-free number **800 554088** affiliated with the national observatory on smoking, alcohol, and drugs.

The LILT operates the toll-free number **800 998877**, Italy's only Quit-Line, a telephone service provided by professional physicians and psychologists affiliated with the LILT, and which aims to help smokers who are unable to physically attend one of the quit-smoking support programmes offered by local health districts .

## **4. COMMUNICATION ACTIVITIES**

### **4.1 2009 Communication campaign**

Effectively preventing smoking - an unhealthy lifestyle that causes addiction - requires constant awareness-raising efforts and a long-term communication strategy.

In smoke-prevention efforts, the goal of communication activities is to transform individual citizens into committed allies of the campaign, by raising their awareness with regards to their own health and that of others (especially those who depend on them, such as children), and *motivating* them to change. Under these premises, the Ministry's strategy to fight



unhealthy lifestyles rests upon the integration of communication tools, which should be tailored to the target audience, within a long-term framework.

The most recent communication campaign to prevent smoking promoted by the Ministry was titled “*Smoking kills, protect yourself!*”. This multi-media campaign used a positive, supportive approach, and its face was that of the well-known theatre and cinema actor Renato Pozzetto, who is immediately recognizable, credible, and authoritative.

The main **goals** of the Campaign were:

1. reducing the number of smokers;
2. protecting non-smokers;
3. preventing the very young from starting to smoke.

The Campaign, which particularly targeted habitual smokers, nevertheless also took into consideration aspects related to preventing young people (the potential smokers of tomorrow) from taking up smoking along with those related to helping adults (active smokers) to quit smoking and helping raise awareness among smokers of the damage they cause others (passive smokers).

The Campaign was conducted through successive, related phases, using a different claim for each of the three media involved :

1. “Smoking kills, protect yourself” (TV ad: February – April 2009)
2. “Instead of lighting a cigarette, turn your brain on” (radio ad - August 2009)
3. “Give yourself a great Christmas present. Quit smoking” (poster ads - December 2009)

With the claim “Smoking kills, protect yourself!”, the ad wittily but authoritatively brought to the target audience’s attention some of the main smoking-related diseases, while reminding them of the importance of protecting the health of non-smokers exposed to second-hand smoke .

The radio ad maintained a witty, simple communication style with the claim “Instead of lighting a cigarette, turn your brain on”. The ad was aired by almost 100 radio stations, with over 5,000 airings, throughout Italy.

The claim “ Give yourself a great Christmas present. Quit smoking” used in the poster ad campaign portrayed the gains in health achieved by quitting smoking as a precious gift, both for oneself and for those exposed to the risks of second-hand smoke. The campaign, which ran for two weeks starting on December 15, 2009, featured over 1,500 large-scale posters affixed in all major Italian cities and the main Italian train stations.

The TV ad won first prize in the “Public communication” category of the “Aretè” national awards, an annual competition that bestows recognition to firms, agencies, and institutions which distinguished themselves for “responsible communications” in keeping with the values of fairness, transparency, and sustainability. The motivation for the award was: “Important, effective message, thanks in part to the witty language chosen”.

**The evaluation process** included 1,000 telephone interviews upon the campaign’s completion, which revealed that:

- 81% of interviewees remembered the ads
- 74.4% felt the message was clear and effective
- 59% identified the Ministry of Health as the campaign’s promoter
- 55.5% deemed the campaign effective (36.5% deemed it useless)
- 29.1% of interviewees stated that they changed their habits after seeing the ads



## **5. PREVENTION INITIATIVES PROMOTED BY THE MINISTRY/CCM**

### **5.1 CCM Projects**

In order to support prevention activities and pursue the anti-smoking goals of the “Gaining health” programme, the Italian Centre for Disease Control (Centro per la prevenzione e il controllo

delle malattie – CCM) has promoted, ever since its establishment in 2004, the implementation of numerous projects, most of which have been coordinated by regional administrations and the ISS.

The CCM's mission is to improve Italy's ability to identify, prevent, and control the main health problems and threats, within the framework of the national health system, which is managed at the regional level.

In December 2009 a new CCM project, coordinated by the Veneto regional government to continue the "Implementation of best practices to prevent smoking in schools", was approved.

Since 2004, there have been a total of 14 CCM-approved tobacco control projects, the most noteworthy of which are discussed below:

### **1. "National training plan on tobacco control targeted at regional planners, public-sector workers, and volunteers"**

The project was coordinated by the Emilia Romagna regional administration in 2006-2007 and saw the implementation of a training programme on regional planning for the prevention, cure, and control of smoking targeted at five operators for each region:

- Regional tobacco-control coordinator
- Representative for tobacco cessation services
- General physicians' representative
- Representative for interventions targeting young people
- Representative for interventions in the workplace

Over 100 operators from 19 regions and the autonomous province of Bolzano have been trained.

Along with training, at the regional level, officials and operators directly involved in tobacco control activities, the project also drafted global programmes for the prevention, cure, and control of smoking, which programmes have been formally adopted as sectorial regional planning tools allowing several regions to adopt "Regional tobacco control plans".

### **2. "Support for tobacco control initiatives: from regional planning to corporate planning"**

The need to transform the "Regional plans" – which are planning tools - into concrete actions at the local level, through experimenting with intervention models, has led to a national three-year project (2007-2010) coordinated by the Emilia Romagna regional administration.

The project calls for local health districts to develop pilot intervention projects in **5 specific areas**:

- a. Tobacco cessation services
- b. Prevention activities targeting the young
- c. A network of health and social workers for tobacco control
- d. Community activities
- e. Activities in the workplace.

The guidelines for each area and the activities of each pilot project have been identified and agreed upon along with the previously-trained regional planners.

The areas identified for experimental programmes share some general characteristics, such as the need to facilitate the "project-to-process" transition, in order to create the conditions for sustaining the pilot projects over time and to promote, implement, and favour network actions, with specific project activities to develop the network of operators working on tobacco control activities.

For each of the 5 project areas, one regional administration has been put in charge of coordinating activities.

#### **a) tobacco cessation services (Anti-smoking centres)**

The goal is to achieve a shared definition and description of the essential characteristics for the functioning of tobacco cessation services (Anti-smoking centres). In the centres selected in each participating region, a dedicated survey form will be used to monitor data on enrolled smokers, in

order to identify the structural and organizational characteristics of the centres that may be able to predict success six months after the end of treatment. Experimental tobacco cessation programs will also be targeted at various groups of smokers, particularly young and adolescent smokers, smokers who are psychiatric patients, hospitalized smokers, pregnant smokers, young female smokers who have attended family planning clinics, and female smokers who have attended early tumour detection facilities or menopause treatment facilities.

### **b) prevention activities targeting the young**

The growing concern about the increase in smoking among young people makes it necessary to pursue prevention and health promotion activities targeting the young. Particular attention must be paid to children, starting in kindergarten, in order to reach an increasing number of youths who can create a smoke-free society in the future.

Prevention activities at the school level launched by the national health service and volunteer associations were surveyed within the framework of the project “Programme to prevent smoking and support Law 3/2003 in Italian regions”, entrusted to the Veneto regional administration.

Among the 221 projects that were identified, the following examples of “best practices” were selected; they can be easily reproduced at various school levels:

- “A pass to the City of the Sun” for kindergartens
- “Childhood in living colour/Winners’ club” for elementary schools
- “Free to choose” and “Towards an unexplored planet” for middle schools
- “Smoke-free Class Competition” for middle and high schools
- “Smoke-free schools” for high schools.



These projects have been implemented in the schools of the local health districts identified in each region. The relevant operators were identified and underwent specific training. During the 2008-2009 school year, for example, the “Smoke Free Class Competition” programme, an international project promoted by the WHO, was implemented in 12



regions.

The following activities are planned to follow up on the work conducted during the 2008/2009, school year:

- The diffusion of workshop programmes to prevent smoking targeted at high school students, taking as a reference model the “Where smoking takes you” project, implemented by the regional centre for multi-media didactics and coordinated by the Reggio Emilia LILT, “Places of prevention”.
- The implementation, on the part of certain regional administrations, of some “Where smoking takes you” workshops in other contexts and/or for other specific groups (youth in their leisure time, parents’ associations, physical education teachers)

### **c) network of social and health workers active in the support and assistance of tobacco control activities and the cure of tobacco addiction**

The goal is to create, within the participating local health districts, a steering group including at least three types of health workers from the first level of intervention (general practitioners, incumbent physicians, specialists in smoking-related diseases, obstetricians, pharmacists) and at least one from the second level (anti-smoking centre)

In support of local activities, participating regions have defined the communication tools and modalities for a network of health workers for tobacco control (minimum set of questions on a smoker's health chart to evaluate their status), the dissemination of a newsletter for health workers, and the organization of a training event targeting at least three of the network's categories of professionals.

#### **d) community interventions for tobacco control**

On the basis of a project carried out in the municipality of Scandiano (Reggio Emilia), in each participating region one intervention will be carried out in a community with a population of about 2,000, with activities targeting: workplaces, schools and leisure facilities, health care facilities, and the general population, with the involvement of local agencies and institutions, volunteer associations, and trade associations.

The following will be implemented in each community:

- Learning programmes in all local schools
- An integrated surveillance, prevention and cure of tobacco addiction intervention in at least one workplace, with the involvement of workplace safety and prevention services, the incumbent physician, family physicians, and tobacco cessation services.
- An information campaign targeted at the general population on the goals and actions of the community project .

#### **e) interventions for the surveillance, prevention, and cure of tobacco addiction in the workplace**

Each participating region will identify one or more company where an experimental integrated surveillance, prevention and cure of tobacco addiction effort will be implemented, according to the methodology set out in the guide "Towards a smoke-free workplace", prepared within the framework of a CCM project coordinated by the Veneto regional administration.

With the involvement of workplace safety and prevention services, the incumbent physicians, family physicians, and company safety personnel, the project aims to organize – preferably on company premises and during working hours – a tobacco cessation course (counselling on the part of the incumbent physician, quit smoking group managed by the local health district's cessation services).

An internal company working group for the project, with the participation of the workplace safety and prevention services and the tobacco cessation service, will define intervention modalities and collaboration modalities between workplace safety and prevention services, universities, and scientific societies in order to train workplace physicians (specialists and trainees) on the issue of tobacco control in the workplace.

### **3. "Local health districts prevention programme in support of Law 3/2003"**

The project, which began in 2004 within the framework of the "National strategy for the prevention of smoking-related damage" defined by the CCM and which was funded anew in 2008, was entrusted to the Veneto regional administration with the goal of ensuring long-term compliance with Law 3 of January 16, 2003, through evaluations of the degree of compliance with the law in public and private workplaces, and the involvement of staff from prevention departments in an active vigilance role over compliance with the ban, the appropriate application of the law and its use in health promotion, and the development of a culture favourable to smoke-free environments. In support of the application of the law, the project developed two operational guidebooks, "Towards a smoke-free school" and "Towards a smoke-free workplace", which combine the indications provided by the Veneto regional administration with those from other regions, and with the suggestions provided by the operators involved and by the national network of regional planners and coordinators.

During 2007, a descriptive observational study was carried out in both municipal offices and private companies, with the participation of 9 regions for the former, and 10 for the latter.

Staff from 13 prevention departments from 9 regions inspected a total of:  
**2,431 municipal offices** with the following results

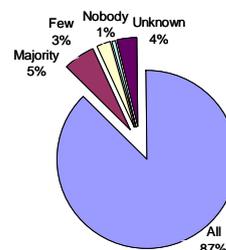
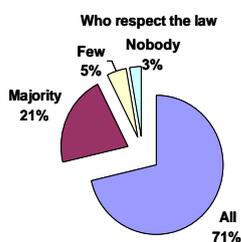
- In 70% of offices, “no smoking” signs were correctly displayed
- In 98% of offices, no one was found to be smoking
- In 95% of offices, there was no odour of smoke

Staff from 33 prevention departments from 10 regions inspected:

- 3,828 offices in 863 private companies**, where:
- only 50% of inspected offices correctly displayed “no smoking” signs
- In 95% of offices, no one was found to be smoking
- In 89% of offices, there was no odour of smoke

The adoption of a standardized protocol for monitoring the quantitative and qualitative application of the law on the part of regional administrations is scheduled for next year, as is a new descriptive observational study of public workplaces (health care facilities) and private workplaces (restaurants and entertainment venues).

<b>Regions involved</b>	<b>10</b>	<b>9</b>
<b>Health Local Unit involved</b>	<b>33</b>	<b>13</b>
<b>N° of Companies visited</b>	<b>863</b>	<b>308</b>
<b>N° of rooms visited</b>	<b>3,828</b>	<b>2,431</b>



Within the framework of this project, thanks to collaboration with the Centre for Cancer Study and Prevention – Scientific Institute for Cancer Prevention (Centro per lo Studio e la Prevenzione Oncologica – Istituto Scientifico Prevenzione Oncologica) of the Tuscany regional administration, a study was carried out that compared **air quality in enclosed venues** both before and two years after the entry into force of Law 3/2003, by measuring **nicotine concentrations** in restaurants in Italy (study country) and Austria (control country). The results confirmed that nicotine concentration levels dropped significantly in Italy two years after the law’s entry into force, whereas such levels remained nearly the same in Austrian restaurants.

#### 4. “Smoke-free moms”

The “Smoke-free moms” project, coordinated by the Veneto regional administration – Treviso ULSS 9 local health authority - in collaboration with the National Anti-Cancer League and the National College of Obstetricians, aims to encourage standard interventions on the part of obstetricians to provide motivational support for dissuading women from smoking, including follow-up of women smokers and their families, with particular attention to pregnant and nursing women. The specific goals are to reduce the number of women who smoke during pregnancy (<5%) and to prevent them from resuming smoking after pregnancy (<50%)

In Italy, 71% of women who smoke quit during pregnancy, but over 70% of them resume smoking afterwards; furthermore, about 50% of children have at least one parent who smokes.

There are proven, effective ways to help smokers quit, such as recommendations from one’s physician or other health care workers, individual counselling, group therapy, and interventions targeting pregnant women and patients with chronic obstructive pulmonary disease.



In particular, short-term counselling aimed at achieving behavioural change has emerged as a relatively easy, low-cost and highly efficient strategy (between 2 and 63 % success rate), especially if carried out by adequately trained health care staff.

“Smoke-free moms” provides adequate learning and information material, and trains obstetricians in tobacco control counselling, with a focus on improving scientific knowledge on women and tobacco and linking it to the issues most relevant to obstetricians (e.g. breast feeding, conception, prevention of cervical cancer, etc.); monitoring and evaluation of the programme’s effectiveness are also planned.

In 2009, three training courses for obstetricians were held; their aim was to train them so that they could in turn train other obstetricians. Selected obstetricians from each participating region attended the courses. Currently, the participating regions are launching local training activities carried out by the trained obstetricians, with the support of regional facilities. Subsequently, the project’s trained obstetricians will provide counselling to pregnant women who smoke, distribute informational material in several languages, and monitor the situation one year after childbirth.

## 6. OTHER INITIATIVES

### 6.1 “Parents plus: seven steps for the health of your child” campaign

Health promotion campaigns must aim to reinforce healthy behaviour and lifestyles or propose new ones, while respecting individual freedoms and different cultural backgrounds. Interventions that simultaneously promote different actions targeting various risk factors are more effective than actions targeting a single risk factor. Therefore, in 2007 the Ministry of Health decided to fund the nationwide extension of a communication campaign targeted at parents and initially carried out in Veneto. The campaign is coordinated by the Health Promotion Office of the Department of Prevention of the ULSS 20 Verona local health authority.

The goal of “Parents plus” is to raise awareness and steer parents towards responsible, practical health choices, by strengthening prevention programs targeting priority health issues during pregnancy and early childhood:

1. intake of folic acid during the periconceptional period;
2. **abstention from smoking during pregnancy and in places frequented by children;**
3. breastfeeding as the only method of feeding during the first six months of life;
4. sleeping in a supine position;
5. use of appropriate car safety measures;
6. vaccination;
7. reading out loud to children at an early age.

The Campaign, which sees the collaboration of FIMP and UNICEF and the patronage of scientific and professional societies, includes both communication and training activities. The entire national territory is involved and 13 regional administrations have adhered in full (Veneto - leader, Friuli Venezia Giulia, Piedmont, Valle D’Aosta, Liguria, Emilia Romagna, Abruzzo, Umbria, Molise, Lazio, Apulia, Calabria, Sardinia), as have Milan’s two main local health authorities (ASL Milano and ASL Milano 2)

A wide variety of social communication tools has been used in the participating regions, including 1,200,000 brochures and 14,200 posters sent to over 7,000 family paediatricians and all UNICEF meeting points. The dissemination of such material was accompanied by local communication projects with ads broadcast on local TV and radio stations.



## 6.2 Youth monitoring

Within the framework of the CCM programme “Surveys on at-risk behaviour in youth aged 6 to 17” coordinated by the Superior Health Institute (Istituto Superiore di Sanità), Italy participates in monitoring the lifestyles of adolescents through the Health Behaviour in School-aged Children (HBSC) multicentric study, carried out in collaboration with the European Regional Office of the World Health Organization (WHO) and the University of Turin. The study collects data on behaviour relevant to health during pre-adolescence (ages 11-15), the age when many unhealthy behaviours – such as poor dietary habits, lack of exercise, **smoking**, and alcohol consumption – first begin to emerge and take root. Over 75,000 data were collected in 2009, which will make it possible to achieve a suitable level of representativeness for each region.

Starting in 2009, Italy is also participating in the Global Youth Tobacco Survey (GYTS) international survey, coordinated by the WHO and the Atlanta-based Centre for Disease Control (CDC), and carried out in over 100 countries. Its goal is to monitor, through a highly detailed questionnaire, the habits and attitudes of young people with regards to smoking, including, where applicable, at what age they took up smoking. The questionnaire is submitted to about 3,000 youths between the ages of 13 and 15, which is when, as previous surveys show, smoking habits first emerge and become entrenched.



## 6.3 “Smoke-free Ministry” programme

In 2009, a health promotion initiative targeted the employees of the former Health Division of the Ministry of Labour, Health, and Social Policies. It aimed to promote compliance with the smoking ban and provide support for any smokers who wanted to quit, by providing free tobacco cessation programmes, available during working hours and in the workplace, for all smoking employees who agreed to participate in the programme.

Activities included:

- An information seminar for employees on the risks of smoking and on the proposed tobacco cessation programme;
- A questionnaire-based survey on the smoking habits of employees working in the Via Giorgio Ribotta offices of the Ministry of Health;
- The launch of “Groups to discourage smoking” run by personnel from the Italian anti-cancer league.

The programme is still ongoing, but some results can already be highlighted:

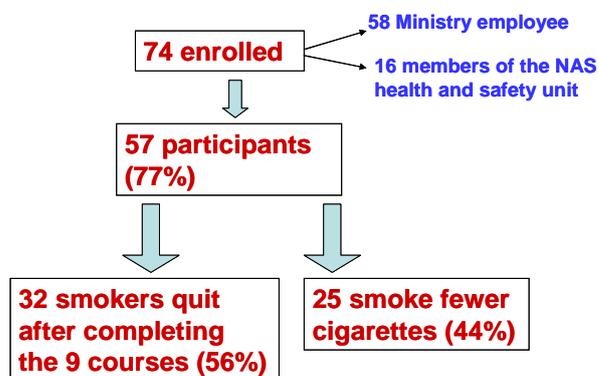
- The seminar, which was held on February 9, 2009, was attended by over 200 employees
- All employees received an information booklet on the damage caused by smoking
- The survey on the smoking habits of employees was completed.

Out of the 1,244 questionnaires that were sent out, 1,030 were returned (a participation rate of 82.8%), while analyses were carried out on 994 of them.

The data showed that 25.1% of employees are smokers, and that they smoke an average of 13.3 cigarettes a day; 43% of them are heavy smokers (they light their first cigarette within 30 minutes of waking up).

Sixty-three percent of smoking employees claim they want to quit, but only 40% of them were advised to do so by their physician.

**Non-smokers** account for 50.5% of employees, and **former smokers** 24.4%; second-hand smoke is a serious nuisance for 61% of them. It



is interesting to note that 36% of non-smokers claim to be exposed to second-hand smoke in different places within the Ministry, including their own office in 2% of cases, and other offices in 6% of cases.

Four tobacco cessation courses were launched between May and June 2009, in collaboration with the Italian anti-cancer league (LILT). A total of 74 employees (including 16 members of the NAS), or 22% of smoking employees, signed up. Of these, 57 actually participated, and after having completed the nine courses, 32 had quit smoking and 25 smoked fewer cigarettes a day.

Follow-up activities six months after the completion of the course are currently ongoing, and the rate of abstention from smoking is above 37%, in line with data reported in the literature.

A new course will be launched in January 2010. Over 20 employees have already signed up.

## **7. INTERNATIONAL ACTIVITIES**

Active participation in the ongoing technical and legal debate at the European Union level is another priority step for tobacco control.

Italy has thus confirmed its participation in the discussion on the recently approved proposal by the EU Council Recommendation on “smoke-free environments”.

Italy is also a member of the Regulation Committee on the labelling and packaging of tobacco products, established by article 10 of Directive 2001/37/EC, which is currently being revised, particularly with regards to health warnings and the use of images alongside them.

Italy also cooperates with the WHO in defining and implementing tobacco control strategies, including the Framework Convention on Tobacco Control (FCTC), approved by the World Health Assembly in 2003, and ratified by Italy with Law n. 75 of 18 March 2008. The FCTC is the first WHO health treaty that tackles, using a global approach, the most important risk factor for death and disease at the global level, and steers the policies of its member countries towards a future in which new generations will be smoke-free.

Between November 17 and 22, 2008, an Italian delegation from the Ministry of Labour, Health and Social Policy and the Ministry of Economy participated in the third Conference of the Parties (COP3) in Durban, South Africa. This was a key moment in the implementation of the Framework Convention, and led to the approval of guidelines related to three of the Convention’s most fundamental articles, with the goal of providing indications for implementing measures to:

- Protect public health policies from interference from the tobacco industry, which is constantly seeking new marketing strategies, especially in the developing world (art. 5.3);
- Improve communication on the characteristics and danger of tobacco products, through changes in labelling and packaging, including the use of photographs and pictographs and, where possible, the use of generic packaging (art. 11);
- Introduce a complete ban on tobacco product advertising and sponsoring at the national and international levels (art.13).

The Conference also approved the continuation of the work of the Intergovernmental Negotiating Body (INB), created to elaborate a Protocol on Illicit Trade in Tobacco Products (art. 15 of the FCTC), which is projected to be adopted at the end of 2010.

## **8. OUTLOOK FOR THE FUTURE**

### **8.1 Implementation of the FCTC**

The commitments arising from FCTC ratification require complex planning efforts involving several government bodies (Ministry of Economy- AAMS, Ministry of Economic Development, Ministry of Agricultural Policies, etc.)

Therefore, numerous interventions are currently under study, including banning sales of tobacco to minors under the age of 18 (rather than 16 as is currently the case), eliminating packs of 10 cigarettes, banning the use of automatic vending machines that cannot identify the age of customers,

and revising fiscal and pricing policies, particularly for roll-your-own tobacco, which is particularly attractive to young people thanks to its lower cost, and whose consumption is strongly increasing.

## **8.2 Promoting the role of the National Health System (SSN) and National Prevention Plan (PNP)**

The SSN plays a key role in this field, for example by favouring the application of Law 3/2003 on the part of the Departments of Prevention, as an intervention to promote public health, particularly that of vulnerable subjects such as children.

Health care workers – general practitioners, paediatricians, obstetricians, nursing staff, pharmacists, etc. – should promote, on all the occasions provided by their work, abstention from smoking even in the home – where smoking bans do not apply – in order to protect children and encourage adult smokers to quit. The imminent new National Prevention Plan, in which all regional administrations will be involved, will include specific interventions for the promotion of healthy lifestyles and tobacco cessation.

## **8.3 Legislative activity: the Marino-Tomassini draft law**

In 2009, three draft laws on cigarette smoking were submitted; they were then unified in Draft Law n.8, sponsored by Senators Marino and Tomassini and titled “Dispositions for the protection of health and the prevention of damages caused by the consumption of tobacco products”. This draft law calls for raising the minimum age to purchase tobacco products to 18, banning smoking in schools, and establishing a “Fund for the prevention and reduction of damages caused by tobacco smoking”, funded in part by fiscal revenues from tobacco taxes as defined each year by the annual government budget.