

In-Depth Description of the Initiative

Title of the initiative

Zmanjševanje rabe tobaka, tobačnih in povezanih izdelkov ter alkohola med prebivalci Republike Slovenije
Reducing the Consumption of Tobacco and Related Products and Alcohol among the Inhabitants of the Republic of Slovenia

Key words

Prevention, tobacco (-free), alcohol (-free), vulnerable groups, cessation, workshops, health, legislation, adolescents, youth

Duration

01/01/2017 - 04/11/2019

Contact person: Mihaela Lovše

The owner of the initiative

The initiative is owned by the Slovenian Coalition for Public Health, Environment and Tobacco Control (SCTC). SCTC was founded in 2003 in accordance with the Societies Act. It is a legal person in private law and operates within the area of the Republic of Slovenia. SCTC is a voluntary, independent, non-partisan, and non-profit making association of non-governmental organizations (NGO), which promote health in terms of the prevention NCD, specifically it aims at reducing tobacco and alcohol consumption as well as promote a healthy lifestyle and general well-being. SCTC unites 20 NGOs as full members and almost 100 associated members in Slovenia and is an active member of ENSP, UICC, EPHA and FCA, where the SCTC representatives actively participate. The association cooperates with the European Commission and many other foreign coalitions, which include public health in their work, especially smoking prevention activities. SCTC cooperates also with Ministry of Health of the Republic of Slovenia and with Slovenian Public Health Institute.

Main activities of SCTC:

- Promotion of health through project work.
- Implementation of project work that is being co-financed by Ministry of Health, Ministry of Public Administration of the Republic of Slovenia, European Commission, municipalities, Health Insurance Institute of Slovenia, Ministry of Labour, Family and Social Affairs.
- Membership in the Globalink World Network.
- Cooperation with national institutions (Ministry of Health, Ministry of Public Administration, Ministry of Education, Ministry of Labour, Family and Social Affairs, Institute of Public Health of the Republic of Slovenia, CINDI Slovenia, Public health protection institutes, Universities in the Republic of Slovenia).
- Membership in the CNVOS (National Institute for information and development of NGO).
- Membership in the EUN (European Union of Non-smokers).
- Membership in ENSP (European Network for Smoking and Tobacco Prevention).
- Membership in UICC (International Union against Cancer).
- Membership in FCA (The Framework Convention Alliance for Tobacco Control).
- Membership in SFP (Smoke Free Partnership)
- Cooperation with the international campaigns ("HELP Campaign", "EX-smokers are Unstoppable", etc.).
- Active participation with European Commission on the Green book (Green paper) on "Towards a Europe free from tobacco smoke".
- Influencing legislation policy on the field of public health.
- Connection with the Media.
- Participating at the European or World conferences on Tobacco or Health.
- Giving lectures on public health at the European and World conferences (transferring good practice models).
- Performing public events (conferences, round tables, charity concerts, public debates etc.).
- Preparing and distributing health education materials, conducting researches and preparing exhibitions.
- Reducing tobacco consumption in Slovenia with public events and media support (2003-2004).
- Tobacco free workplaces 2005 (with Ministry of Health of the Republic of Slovenia - financial support).
- Reducing tobacco consumption among Youth with "Help line" project (connected with HELP campaign "For a life without tobacco" and ENSP; the project was given a special award from The European Commission in 2007).
- Co-ordination of Slovenian NGOs network in the field of health, project "NGOs protect our health" (2009-2015, financed by the EU, European Social Fund):
 - ↳ Enhancing the dialogue with the European Parliament.
 - ↳ Youth camps, sport events, motivation workshops, providing help for students at their seminar work etc. in the field of health promotion.
 - ↳ Implementing quit smoking courses for youth and adults according to the national programs.
 - ↳ Informing Slovene and foreign public through web pages.
 - ↳ Establishment and development of a supportive environment for information networking, strengthening and participation of the non-governmental organizations in the field of health at the national and EU level (with

- financial support of The European Commission and Ministry of Public Administration of the Republic of Slovenia).
- Co-organised ENSP Capacity Building Event and Network Meeting 2016 in Ljubljana.
- Legislative initiatives 2017:
 - ↳ Proposal to amend The Restriction of the Use of Tobacco Products Act (ZOUTPI) by banning the sales of herbal flavoured tobacco products.
 - ↳ Proposal to amend The Restriction of the Use of Tobacco Products Act (ZOUTPI) and Road Traffic Rules Act (ZPrCP) so that it bans smoking in vehicles when there is a minor present. The amendment was sponsored in parliament by the parliamentary party DESUS and was successfully adopted.
- Active Participation in International Conferences 2017 promoting the adoption of The Restriction of the Use of Tobacco Products Act (ZOUZPI) and the role of NGOs:
 - ↳ ECTOH Conference on Tobacco or Health - Porto, Portugal 2017
 - ↳ Sub-regional workshop on the role of advocacy in the implementation of the WHO Framework Convention on Tobacco Control - Dubrovnik, Croatia.
 - ↳ ENSP International Conference on Tobacco Control 2017 - Athens, Greece.
 - ↳ High Level Conference on Illicit Trade of Tobacco Products - Brussels, Belgium.
 - ↳ European Regional Tobacco Control Leadership Program, Johns Hopkins Bloomberg School of Public Health - Kiev, Ukraine.
 - ↳ Norwegian Cancer Society Workshop in Copenhagen – Copenhagen, Denmark.
 - ↳ ENSP Capacity Building & EPACTT 2 Meeting – Tallinn, Estonia.
- Reducing tobacco consumption among Slovenian inhabitants (2006-2017) (with Ministry of Health of the Republic of Slovenia - financial support):
 - ↳ My non-smoking vow (encouraging primary school students not to smoke).
 - ↳ Clean Lung, Free Hands (smoking cessation programs for young teenagers – 15-19 years of age and secondary school students).
 - ↳ Media Campaign promoting the new Slovenian tobacco legislation – The Restriction of the Use of Tobacco Products Act (ZOUTPI) - adopted on February the 15th 2017 and entered into force on the 11th of March 2017.
 - ↳ Non-Smoking Festival (2015-2017).
 - ↳ Project Yellow Card (the supervision of the adherence of the Slovenian Tobacco Law with the cooperation of the Slovenian market, health and labour inspectorates).
 - ↳ Smoking cessation courses (national level).
 - ↳ Smoking cessation counselling (national level).
 - ↳ Monthly newsletter.

Short summary description of the initiative

In Slovenia, every day 10 people die due to tobacco-related diseases. Investments in reducing tobacco consumption lead to better health and well-being among the inhabitants of Slovenia. Based on 15 years of experience, SCTC developed this initiative. This initiative comprises more preventive programmes and activities. One of them is called “*My Online Non-Smoking Vow*”, which is an interactive programme for pupils 9-14 years of age with a view to prevent them from starting smoking. Another is “*Free Hands – Clean Lungs*”, a programme developed by the Slovenian National Health Institute for youth 15-19 years of age aimed at tobacco cessation and promotion of non-smoking among adolescents. Students are informed about short- and long term health effects of smoking on our health, smoking reduction and cessation techniques, how to successfully cope with stress, how to say no to a cigarette, how to learn self-discipline, set one’s goals and the benefits of non-smoking. The most important role for youth to stay non-smokers is played by their parents, their primary environment, especially mothers. That is why SCTC’s next programme “*Tobacco and Alcohol Traps*” focuses on informing parents about the traps of tobacco and alcohol use. All adult smokers who want to quit have the chance to participate in tobacco cessation workshops “*Yes, I’m quitting!*” designed according to a smoking cessation programme CINDI where the participants receive adequate professional help with smoking cessation and maintaining abstinence. Apart from workshops, SCTC offers free counselling for tobacco cessation on its premises and in the field in all regions of Slovenia. “*Oksimobil*” is another preventive measure – it is a mobile unit for tobacco cessation counselling and education about tobacco and alcohol consumption, especially aimed at vulnerable groups (pregnant women, COPD patients, early school leavers, the Roma people, disabled persons, etc.), rural population, socially weak people, young unemployed people etc. Next part of the initiative is a Facebook based campaign “*Quit and Win*”, replicated after a Swiss model of best practice. The campaign has the aim of a group tobacco cessation. “*Yellow Card*” is the next prevention measure of this initiative where SCTC exercises control over the compliance with the Slovenian ZOUTPI law (tobacco law). SCTC is also active in civil dialogue and advocacy regarding stricter tobacco-related legislation. As part of this initiative SCTC organizes anti-tobacco media campaigns, the “*Festival of Non-Smoking*” and “*Have Healthy Fun*” which are aimed at promoting quality free time without psychoactive substances to young people. SCTC is also educating healthcare professionals from the public sector about the best practice examples and innovative programmes from abroad. It also connects to other NGOs to enhance the quality and the impact of its work.

Background, context

Tobacco kills up to half of its users. Tobacco use and exposure remain the cause of 6 million preventable deaths per year globally, accounting for 6% of all female and 12% of all male deaths in the world. More than 5 million of those deaths are the result of direct tobacco use while more than 600 000 are the result of non-smokers being exposed to

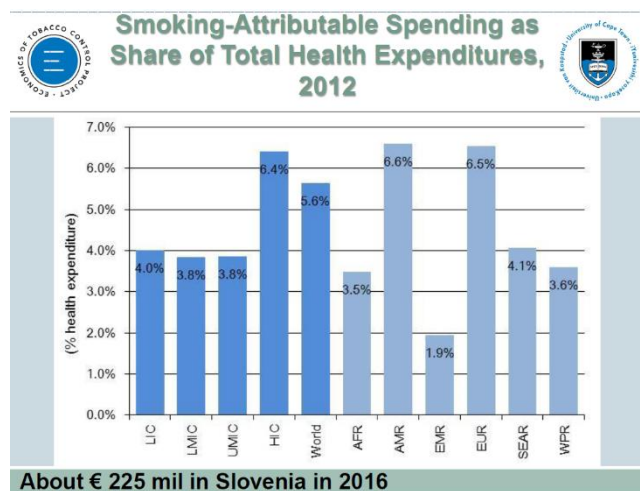
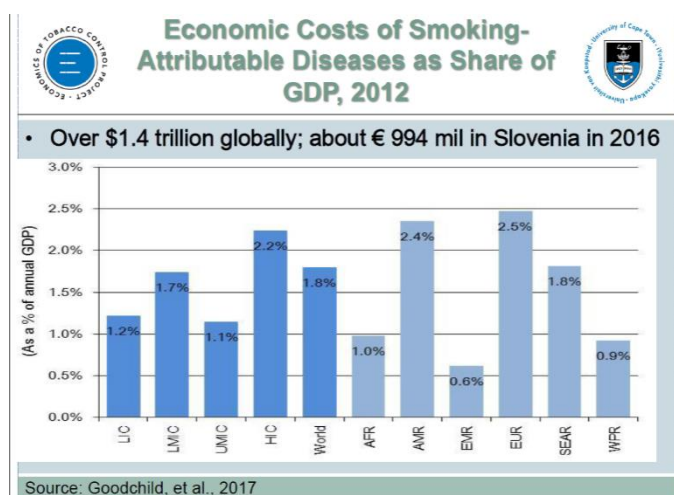
second-hand smoke 80% of the world's one billion smokers live in low- and middle-income countries. The scourge of tobacco use is entirely preventable.¹

Among 15- and 64-year old inhabitants of Slovenia there are 24% of smokers, more male (27%) than female (21%). Another source suggests that among 25- and 64-year old inhabitants of Slovenia there are 23% of smokers, again more male (25%) than female (21%). There is also a great deal of 15-year-old smokers in Slovenia (25%).²

We need to take into consideration that tobacco use does not only contribute to poor health of the population but also to a substantial economic damage – it increases medical expenses due to tobacco related diseases, lowers productivity and income due to health problems and premature deaths. A total of €25.3 billion is spent every year on healthcare in Europe and €8.3 billion of annual productivity loss.³

An estimation of medical expenses related to smoking in EU shows that medical expenses for diseases attributable to active and passive smoking, productivity losses (absenteeism and economic inactivity due to incapacity) and expenses for premature mortality amount to a total cost of about €544 billion in 2009, about 4.6% of the EU27' combined GDP.⁴ The estimations do not include all possible smoking related costs; however, these estimations already exceed tobacco tax revenues.

In Slovenia in 2017, the economic costs for diseases, attributable to the consequences of smoking amounted to about €994 million. Expenses for diseases attributable to the consequences of smoking that are part of the total medical costs amounted to about €225 million in 2016. One of the proven effective measures for improving public health and reducing the medical expenses is an efficient tobacco tax policy.



Experience and best practice models show that significantly increasing tobacco taxes is the single most effective way to reduce the health and economic devastation caused by tobacco.

Higher tobacco taxes lead to:

- reduction of smoking breaks
- reduction of presenteeism (lower productivity due to nicotine addiction)
- reduction of absenteeism (sick days)
- improvements in school performance and education (staying longer in school)
- increase in lifetime income
- reduction of inequities in health and income among the poor. The tobacco use is particularly harmful to the poor and is a key cause of socioeconomic health disparities.⁵

With activities and programmes like “Free Hands – Clean Lungs”, smoking cessation and prevention workshops and counselling this initiative is aimed at contributing to a better health, well-being and health inequality reduction of the inhabitants of Slovenia. Thus, this initiative will help achieve the goals set in the Resolution on the National Health Care Plan 2016-2025 for Slovenia, especially to “strengthen and protect health and prevent disease”.

This initiative follows the Action Plan for the Prevention and Control of Non-communicable diseases in the WHO European region 2016–2025, with a global NCD target – **a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2025** (the same target is specified in the Resolution on the National

¹ http://www.wpro.who.int/mediacentre/factsheets/fs_201203_tobacco/en/

² Koprivnikar H. Kajenje tobaka. V: Jeriček Klanšček H, Roškar S, Koprivnikar H, Pucelj V, Bajt M, Zupanič T (ed.). Spremembe v vedenjih, povezanih z zdravjem mladostnikov v Sloveniji v obdobju 2002-2010. Ljubljana: Inštitut za varovanje zdravja RS, 2012.

³ EPHA Recommendations On tobacco taxation. Accessed 29. 11. 2017 on webpage: <https://epha.org/epha-recommendations-tobacco-taxation/>

⁴ https://ec.europa.eu/health/sites/health/files/tobacco/docs/tobacco_liability_final_en.pdf

⁵ Ross, Hana: The Economics of Tobacco Control Project. Tobacco Tax and Development. School of Economics, University of Cape Town, May 2017.

Health Care Plan 2016-2025 for Slovenia). It also specifies an action plan to develop appropriate policies that prevent and reduce tobacco consumption, exposure to tobacco smoke and nicotine addiction, with particular attention to young people, non-smokers and vulnerable groups which were the motivational force of this initiative. This initiative takes into consideration also fundamental principles of Health 2020 – A European policy framework and strategy for the 21st century, especially regarding improving health for all and reducing health inequalities through improved leadership and governance for health.

SCTC under this initiative traces and influences the implementation of European (Tobacco Products Directive) and national directives or laws related to tobacco and alcohol consumption (ZOUTPI – tobacco and related products restrictions and ZOPA – alcohol restrictions). It cooperates on regularly basis with larger NGOs within EU like ENSP, EPHA, UICC, FCA, SFP and tries to introduce best practice models from abroad into Slovenia. SCTC programmes have been implemented and regularly improved for the past 15 years.⁶

Overall goal and specific objectives

The main goal of this initiative is to contribute to a better public health by reducing tobacco and alcohol consumption. But there are also specific objectives that are to be achieved with this initiative.

Objective 1: Enforcement of non-smoking as a social norm

The aim is to influence politicians to enforce comprehensive anti-tobacco legislation in accordance with FCTC, TPD and other resolutions. It has to be enforced not only on national level but also on local level, especially in the environment of the target population (e.g. youth). FCTC encompasses a comprehensive list of legislative measures that can be taken to reduce the demand and accessibility of tobacco products and greatly contribute to reducing the prevalence of smoking among youth:

- comprehensive ban on smoking in public places and work places (social acceptance of smoking reduces);
- comprehensive ban on advertising, sponsoring and promotion of tobacco products;
- regular increase in tobacco products prices: 10-percent increase in tobacco products can increase the probability of smoking cessation by 11-12% with 18-year-olds and about 6-7% with teenagers.⁷

Objective 2: Availability of effective interventions for smoking cessation and prevention

These interventions have to be free of charge, easily available and customized for each participant. Smoking cessation and prevention interventions must have a solid basis of knowledge and experience and have to be available to target groups (especially youth) where they spend their time (e.g. schools, the Internet, healthcare institutions...). These interventions must be designed on the basis of cognitive-behavioural therapy and counselling as well as on motivational theory. They have to be adapted to their gender, age, education level, social-economic circumstances etc.⁸

Objective 3: Knowledge based recruitment

Includes systematic monitoring of smoking prevalence, a clear analysis of the location where target groups are accessible and forming recruitment strategies based on best practice models.

To achieve that, there is the need to systematically monitor the smoking prevalence among the population and on this basis assess the need and demand for smoking cessation and prevention interventions as well as general attitude towards smoking, convictions and values. Then, it is important to analyse the place of accessibility of target groups, in order to approach them effectively and encourage them either to never start smoking or to participate in smoking cessation interventions.⁹

Objective 4: Positive communication (“marketing”) of smoking cessation and prevention interventions

Interventions have to be promoted as desirable, beneficial, interesting and fun.

Teenagers especially have a negative attitude towards smoking cessation and prevention interventions. They believe they do not need these interventions, those who smoke, think they are not addicted and that they can quit anytime they want. They expect these interventions to be patronizing, boring and ineffective; therefore these interventions need to be promoted as desirable and beneficial for their users. They have to be accepted within youth culture and have to emphasize the added value for the individual's quality of life and should not focus only on health-related messages.⁹

Objective 5: Dissemination of information about smoking cessation and prevention

Information about these interventions has to be transmitted to the target groups regularly and extensively.

Often, young smokers and their social environment (parents, schools, teachers, sports centres etc.) are not informed about the accessibility of local smoking cessation and prevention interventions. Therefore it is necessary to regularly and extensively disseminate such interventions to target populations via means of communication accessible to everyone, including traditional and new media.⁹

⁶ Other sources: The Network: European Network for Smoking and Tobacco Prevention 1997-2017 – 20 Years of Tobacco Control History in Europe, ENSP. 2017

⁷ Sussman &, Sun (2009) Youth tobacco use cessation: 2008 update. Tobacco Induced Diseases, 5, 3

Quentin et al (2007). Advertising bans as a means of tobacco control policy: a systematic literature review of time-series analyses, Int J Public Health, 52, 295-307

⁸ Forster et al (2007). Strategies to Prevent Tobacco Use in Adolescents and Young Adults. Am J. Prev Med, 33 (6S), S335-339

⁹ Dalum et al (2010). Recruitment to Adolescent Smoking Cessation Interventions – A literature review. ACCESS Project

Objective 6: Proactivity and personal contact

Service provider (SCTC) has to actively try to achieve target groups and establish mutual trust.

The objective here is to be active – service providers should not only respond to requests of target groups who would like to participate in these interventions but also actively try to reach target population. They have to find connection with mutual communication comprised of speaking and listening. The purpose is to establish and maintain mutual trust. Teenagers might smoke without their parents knowledge therefore is confidentiality of vital importance. Nevertheless, people who play an important role in teenagers' lives should actively participate in smoking cessation interventions – education authorities, parents and teachers associations, sports associations, etc.⁹

Objective 7: Choice of the appropriate language

All data provided by the service provider has to be accurate and non-patronising, communication must be carefully adjusted to each individual or target group.

Smoking cessation and prevention messages reach people if they are respectful towards the individual, if they are communicated in a simple way with easily understandable terms. Teenagers want to be treated like adults, therefore it is essential not to tell them what they should do but rather allow them to make their own decisions. It is also important that young people participate in forming communication strategies and efficient implementation of smoking cessation and prevention interventions.⁹

Objective 8: Encouragements

Introduction of incentives like free magazines, cinema/concert tickets, etc. ... in exchange for non-smoking.

Smoking cessation and prevention interventions compete for the attention of target groups with other products on the market. The competition where people are persuaded to accept certain behaviour or buy a product is fierce. To draw their (especially of young smokers) attention to and raise their readiness for smoking cessation and prevention interventions it is reasonable to introduce incentives that are within the service provider's (financial) limitations.⁹

Objective 9: Forming partnerships

Connecting with people who are already part of the lives of a target group, social and youth workers, healthcare centres, parents, teachers and also policy makers, healthcare professionals to financially and theoretically support the activities.

It is essential to study the possibilities for cooperation with sports and culture associations, social and youth workers, midwives etc. Even dentists and beauty products retailers can offer priceless arguments to convince people (youth) to participate in smoking cessation and prevention interventions. It is essential for target groups to accept these interventions as part of their lives and it is important to establish role models for them – role models who will promote healthy lifestyles. In promotion of these interventions it is also important to cooperate with the media (e.g. youth media).⁹

One of the nine voluntary global targets that were endorsed by the World Health Assembly refers to a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2025, and further, there are efforts to achieve Europe without tobacco – that is, with less than 5% of tobacco users. With the overall goal and all special objectives of this initiative SCTC aims at achieving some change in thinking and behaviour of the inhabitants of Slovenia, and in fact already record a 30% of decrease in smoking prevalence among the users of SCTC services and activities.¹⁰

Indicators

There were **different indicators** set for each programme of the initiative.

*ACT. = ACTIVITY

ACT.* 1.1: successfully carried out activities, **finished project**

ACT. 1.2: "*NGO Education Centre for Public Health*" – offering training and transmission of best practice models to healthcare workers: **minimum 400 healthcare workers**

ACT. 2.1: "*Media campaign*": number of media publications: **40 media publications**

ACT. 2.2: "*E-news*" – number of e-news: **34 e-news**

ACT. 2.3: Informing via webpage – number of website visits: **5000 website visits**

ACT. 2.4: "*Yellow card*" – number of checked locations: **150 checked locations**

ACT. 3.1: "*My Non-Smoking vow*" – number of informed primary school pupils: **2000 primary school pupils**

ACT. 3.2: "*Free Hands – Clean Lungs*" – number of informed adolescents: **2000 informed adolescents**

ACT. 3.3: "*Yes, I'm Quitting!*" – number of smoking cessation workshops: **25 workshops**

and number of participants: **250 participants (hope for 30% quitting rate)**

ACT. 3.4: smoking cessation counselling on the premises of SCTC and in the field (*Oksimobil*) – number of participants: **300 participants**

ACT. 3.5: "*I'm pregnant, I don't smoke*" – number of pregnant women (who smoke) and received counselling: **30 pregnant women** (hope for 30% quitting rate during pregnancy of those who smoke)

ACT. 3.6: School for parents "*Tobacco and Alcohol Traps*" – number of lectures: **16 lectures**

ACT. 3.7: Facebook campaign "*Quit and Win*" – number of participants: **200 participants**

ACT. 3.8: "*Have Healthy Fun*" – number of participants: **300 participants**

¹⁰ <http://nvozdrazje.si/arhiv/datoteke/projekti/access/Access%20poroilo.pdf>

ACT. 3.9: “*Festival of Non-Smoking*” – number of participants receiving counselling: **400 participants**
ACT. 3.10: “*Smoke-Free Classes*” – number of classes resolved to become non-smoking: **25 classes, 500 students**
ACT. 4.1.: Evaluation of questionnaires for “My Non-Smoking Vow”: **questionnaire evaluation from 92 workshops**
ACT. 4.2.: Evaluation of questionnaires for “Free Hands – Clean Lungs”: **evaluation of 1600 questionnaires** (the questionnaires were filled out at the start and the end of the workshop)
ACT. 4.3.: Evaluation for Facebook campaign for smoking cessation “Quit and Win”: number of filled out questionnaires: **at least 50% of questionnaires**
ACT. 4.4.: Evaluation for “Smoke-Free Classes”: number of questionnaires and notes from the workshop conductor: **1600 questionnaires**

Methods

The **methods** for measuring the indicator values were different for each activity:

ACT. 1.2: “*NGO Education Centre for Public Health*” – **methods: attendance list; confirmation of the conducted workshop/lecture (by the (health) institution).**
ACT. 2.1: “*Media campaign*” – **methods: press clipping & monitoring of publication and release in media; storing online and paper articles**
ACT. 2.2: “*E-news*” – **methods: composing monthly newsletter, storing each one (online and paper), sending the news to contractors**
ACT. 2.3: Informing via webpage – **methods: regular posts on our website, tool: tracking number of visits**
ACT. 2.4: “*Yellow Card*” – **methods: monitoring of advertisements, regular visitations** of bars, kiosks, enclosed public places, different events, asking a minor to buy cigarettes in different places, all with a view of monitoring the sales of tobacco products to comply with the ZOUTPI tobacco legislation (prohibition of tobacco products advertising (direct and indirect) , prohibition of sales to minors, prohibition of smoking in enclosed public spaces, prohibition of smoking in a vehicle in the presence of a minor, ...)
ACT. 3.1: “*My Non-Smoking Vow*” – **methods: attendance list; delivering questionnaires and asking the pupils to fill them out at the beginning of the workshop; confirmation of the conducted workshop by the institution (usually a school).**
ACT. 3.2: “*Free Hands – Clean Lungs*” – **methods: attendance list; delivering questionnaires and asking the students to fill them out at the beginning and at the end of the workshop; confirmation of the conducted workshop (usually by school).**
ACT. 3.3: “Yes, I’m quitting!” – **methods: attendance list, notes of the workshop conductor, certificates for the participants who quit smoking; confirmation of the conducted workshop (by the participants and the leader of the workshop)**
ACT. 3.4: smoking cessation counselling on the premises of SCTC and in the field (Oksimobil) – **methods: attendance list, notes of the counsellor, confirmation of the received individual counselling (by the participants or companies), photos taken with prior permission.**
ACT. 3.5: “*I’m pregnant, I don’t smoke*” – **methods: attendance list, notes of the workshop conductor, confirmation of the conducted workshop by the (health) institution, workshops are usually conducted as part of antenatal classes under the auspices of a healthcare centre.**
ACT. 3.6: School for parents “*Tobacco and Alcohol Traps*” – **methods: attendance list; confirmation of the conducted lecture (by the institution (usually school)).**
ACT. 3.7: Facebook campaign “*Quit and Win*” – **methods: personal contact with the enrolled participants, questionnaires**
ACT. 3.8: “*Have Healthy Fun*” – **methods: attendance list**
ACT. 3.9: “*Festival of Non-Smoking*” – **methods: attendance list, confirmation of the event (by the institution like a shopping mall), confirmations of performed CO measurements in the exhaled air**
ACT. 3.10: “*Smoke-Free Classes*” – **methods: attendance list, notes of the workshop conductor, different student activities (drawings – SCTC selects and rewards 2 best), incentives for a successful implementation of non-smoking in an individual class (free concert/cinema tickets, bus excursions...)**
ACT. 4.1.: Evaluation of questionnaires for “My Non-Smoking Vow” – **methods: analysis of the received questionnaires, evaluation document**
ACT. 4.2.: Evaluation of questionnaires for “Free Hands – Clean Lungs” – **methods: analysis of the received questionnaires, evaluation document**
ACT. 4.3.: Evaluation for Facebook campaign for smoking cessation “Quit and Win”: – **methods: analysis of the received questionnaires, evaluation document; real-time evaluation (how the participants are doing regarding their quitting resolution)**
ACT. 4.4.: Evaluation for “Smoke-free Classes” – **methods: analysis of the received questionnaires, evaluation document**

Target population

There are more target groups – all related to public health in connection with smoking and alcohol consumption:

- **healthcare workers** (offering training and transmission of best practice models)

Healthcare workers need to be non-smoking first; then they will be able to help others quit and encourage them not to even start smoking. EPACTT is a great programme that will help many healthcare providers better understand the nicotine addiction and how they can motivate their smoking patients to quit smoking on each check-up. There are numerous useful evidence based approaches that use cognitive therapy, motivational interviewing and the appropriate pharmacotherapy which can assist smokers with quitting and increase quitting success rates. As this programme is only yet being transmitted to different healthcare workers, SCTC hopes they will make a good use of it

due to its proven beneficial effects in other countries.

- **general public** (public health) – informing via webpage, e-news, media campaigns

Many people in Slovenia watch TV, read at least some parts of daily newspapers and use the Internet quite frequently, so SCTC decided to use these media to transfer important facts about smoking and excessive drinking to the general public. The more often the general public sees and hears such messages, the greater is the chance that they will affect them, make them think and encourage them to change their smoking behaviour.

- **vulnerable groups** (children, pregnant women, COPD patients, early school leavers, the Roma people, disabled persons – Oksimobil)

The majority of early school leavers and of the Roma population are smokers. This fact is probably a consequence of their lower social status; they are less educated and see no point in quitting. *Oksimobil* – the mobile unit that offers counsel and workshops for (young) adults are means through which these people can get scientifically based information on the impact of smoking on them and their environment (passive smoking) and help with proper motivation to quit. The aim is to empower and encourage them to change their smoking behaviour.

- **owners of kiosks, bars, enclosed working and public spaces, sports events** (“Yellow Card” – supervision of sales to prevent selling alcohol or tobacco products to minors; smoking prevention in closed and working spaces ...)

This measure has the aim of protecting non-smokers from passive smoking and protecting minors from getting access to tobacco and related products. As the majority of people who smoke start smoking in adolescence this measure is a direct prevention of their access to tobacco products. Many students report that the majority of shop assistants would sell cigarettes without checking the age of the person requesting cigarettes (ID card). SCTC would like to contribute to the change of this unlawful and unhealthy behaviour of many shop assistants. This will help terminate the access of minors to tobacco products. Monitoring of the smoking behaviour in enclosed public places will help protect non-smokers from passive smoking.

- **primary and secondary school pupils and students** (prevention of smoking and help with smoking cessation)

Some pupils expressed concern for their parents' smoking behaviour and asked the workshop conductors to help them convince their parents to quit. One student asked for permission to take a picture of a representation that showed how many poisonous substances there are in a cigarette, in order to show his father. Many students have no knowledge about newer tobacco industry products like electronic cigarettes and they mistakenly think these products are less harmful than conventional cigarettes. Workshops and other measures under this initiative empower pupils and students with proven scientific information and help them find other sources for releasing stress and teach them how to say no to cigarettes.

- **parents** (lectures for parents in promotion of smoke-free homes)

School for parents helps parents learn about their important role with encouraging their children to stay smoke-free and warns them against smoking at home when their children are in the vicinity to protect them from bad health effects of second-hand smoking.

- **all smokers** (smoking cessation counselling for smokers not motivated for quitting and smoking cessation workshops for smokers motivated for quitting)

Smoking cessation workshops empower smokers to have the smoking cessation help at hand in case they want to quit smoking.

- **youth**: children, teenagers and young adults (*Have Healthy Fun, Festival of Non-Smoking*)

Have Healthy Fun helps the youth to find alternative and healthy ways of having fun instead of smoking and abusing other substances, to cope with stress and find appropriate association.

Methodology, approaches, adaptation of the initiative

The theoretical and practical basis for SCTC workshops and activities within the scope of this initiative was taken from different sources. One was the Slovenian National Institute for Public Health (NIJZ). The programme “**Free Hands – Clean Lungs**” was developed by NIJZ as a smoking cessation workshop for teenagers 15-19 years of age.¹¹ The programme can be implemented in schools or youth workshops. It consists of 6 successive workshops, one per week, and is especially designed for adolescent smokers. It was a pilot project in 2005 in the Secondary School of Nursing Ljubljana. Students reduced their smoking by 50%.¹² SCTC in cooperation with NIJZ adapted this programme for its implementation in schools and slightly modified it, so it is not only a smoking cessation workshop but also a preventive programme for non-smoking adolescents.

The programme “**My Non-Smoking Vow**” was adopted from a UICC workshop »Developing effective public education campaigns for tobacco Control«, 2008, Geneva. The UICC (Union for International Cancer Control) rewarded this project as an innovative programme and best practice model. It is an online course due to the fact that many children and teenagers spend a lot of time online. This programme is designed for pupils and their teachers to better understand the harmful effects of smoking. At the end, pupils can make a solemn vow to stay smoke-free.¹³

Many school teachers expressed appreciation for the informative workshops and asked for an upgrade of the existing workshops – they wanted more different topics (not just about the harms of conventional cigarettes but also e-cigarettes, hookah, heat-not-burn tobacco products (IQOS), alcohol, sweet and energy drinks, drugs (marihuana)). SCTC readily accepted their proposals and prepared more topics for workshops in schools both for primary and secondary school students according to the needs of an individual school.

¹¹ http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/proste_roke_-_cista_pljuca_zgibanka.pdf

¹² <https://druzina.si/ICD/spletnastran.nsf/clanek/56-10-ZaZivljenje-2>

¹³ <http://zadiahaj.net/zaobljuba-2/>

MOJA NEKADILSKA ZAOBLJUBA

Vem, da kajenje predstavlja veliko tveganje za moje zdravje in zdravje ljudi okrog mene. Zavedam se, da kajenje vodi v odvisnost, ki se je ne da zlahka odpraviti, zato obljubim, da nikoli ne bom kadil(a).

Ime in priimek:

E - pošta:

Osnovna šola:

Razrednik:

OBLJUBIM!

My Non-Smoking Vow (Translation)

I know that smoking poses a great threat for my health and the health of people around me. I am aware that smoking leads into addiction that cannot be easily overcome. Therefore I promise I will never smoke.

Name, Surname:
 Email:
 Primary School name:
 Homeroom Teacher:

I PROMISE!

Another programme, originally developed by health professionals in Montreal, Canada, named CINDI (countrywide integrated non-communicable disease intervention), was adopted by Slovenian NIJZ and SCTC and is now called “**Yes, I’m quitting!**”¹⁴ It is a smoking cessation workshop for adults to help them cope with physical and mental addiction as well as with stress. This programme is also used in Slovenian Health Education Centres. SCTC uses this template to conduct smoking cessation workshops on its premises and in the field (companies). The CINDI programme is also used for SCTC smoking cessation counselling. Another basis for conducting these workshops was American programme, called *Breathe Free Plan to Stop Smoking*¹⁵ which provided for 17 basic steps that help smokers quit.¹⁶

Methodology for conducting **media campaigns** and advocacy regarding non-smoking legislation and measures for better public health was developed based on SCTC’s 15 years of experience and with the help of other NGOs from abroad such as ENSP, FCA and SFP (advocacy methods). They regularly send emails with urges and instructions how to act in our country with regard to tobacco legislation that will help enforce FCTC and ITP. According to one study, “mass media campaigns can work through direct and indirect pathways to change the behaviour of whole populations. Anticipated outcomes include the removal or lowering of obstacles to change, helping people to adopt healthy or recognise unhealthy social norms, and to associate valued emotions with achieving change. These changes strengthen intentions to alter and increase the likelihood of achieving new behaviours. For instance, an antismoking campaign might emphasise risks of smoking and benefits of quitting, provide a telephone number for a support line, remind smokers of positive social norms in relation to quitting, associate quitting with positive self-regard, or a combination of these features”.¹⁷ And that is what SCTC wants to achieve with this incentive. Media campaigns are being adapted according to the feedback of the population – some partisan smokers were in great commotion over some of the SCTC’s TV interviews. The message of the interview was: increasing tobacco taxes lowers the tobacco consumption rates; tobacco is bad for your health etc. SCTC received some unkind messages on social networks regarding its advocacy for higher tobacco taxes.

Education for healthcare workers is based on the ENSP programme European Guidelines for Treating Tobacco Dependence, as noted in FCTC Article 14, called **EPACTT** (European Accreditation Curriculum on Tobacco Treatment) aimed at increasing the number of healthcare professionals committed to treating tobacco dependence. SCTC translated those e-learning modules into Slovenian and is training healthcare professionals to take care of their smoking patients. In cooperation with ENSP, SCTC started using a device for measuring CO in the exhaled air and blood, called Smokerlyzer, and also promotes its use in healthcare institutions. In this way, smokers are able to see how much CO there is in their body (air and blood) as a vivid representation of the lack of oxygen in their body.¹⁸ A big obstacle for the implementation of the EPACTT programme is that a great deal of healthcare workers in Slovenia smoke, so SCTC will have to slightly adapt this programme to promote a non-smoking behaviour among healthcare workers first; then they will be able to help others quit and will be able to do this more earnestly and with greater zeal. If they smoke, they are no good example for others who look up to them and respect their opinion.

Facebook campaign “**Quit and Win**” – This campaign was designed according to a Swiss project model called “*J’arrête de fumer sur Facebook*”.¹⁹ First, an advertisement is posted on Facebook to encourage as many smokers as possible to decide to try quit smoking. After 10 days a Facebook group is formed and then all participants are asked to quit smoking. Participants and the moderators keep in touch every day for the following 4 weeks. Participants post comments about their feelings, difficulties, withdrawal symptoms and cravings, about the progress of their abstinence, comment, encourage each other, whereas the moderators post motivational messages and

¹⁴ <http://www.nijz.si/sl/da-opuscam-kajenje>

¹⁵ Health Promotion Summer School, June 1998, Polytechnic University Toronto

¹⁶ <http://apps.who.int/iris/bitstream/handle/10665/108454/E74080.pdf;jsessionid=372FC3AD8F35897132C82A081B22E513?sequence=1>

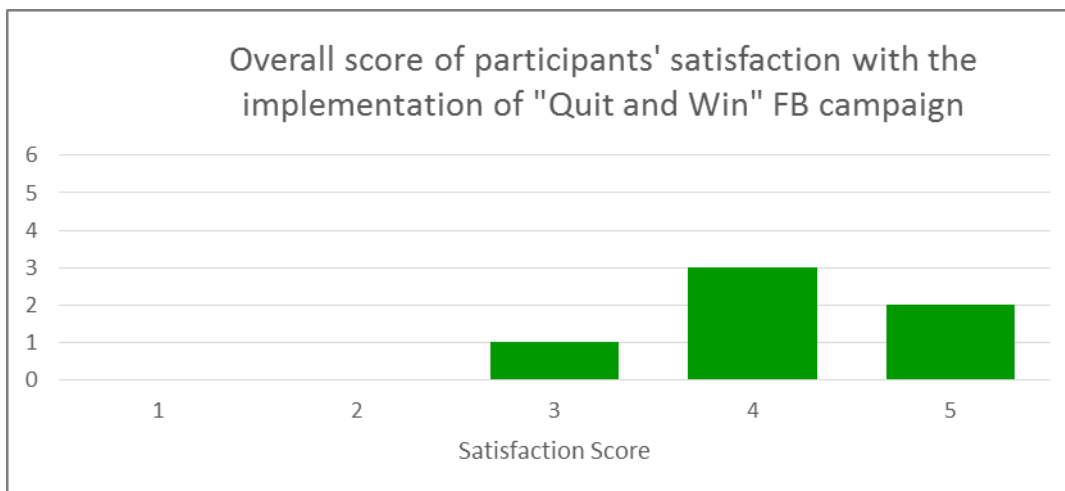
¹⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4248563/>

¹⁸ <http://www.tobcontrol.eu/epactt-project/k3cd4ae2oj7r0xmeyz8akqfk65m33g;>

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2667163/;](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2667163/) <http://elearning-ensp.eu/course/index.php?categoryid=1>

¹⁹ <https://www.jarretedefumer.ch/>

useful comments on different withdrawal symptoms and how to cope with them. During these 4 weeks there are also 2 professionals (a nurse and a psychiatrist) available for help in case any of the participants wants to consult them. In a pilot “*Quit and Win*” campaign there were 15 members in a Facebook group – 2 moderators, 2 health professionals and 11 smokers. After 4 weeks 4 smokers quit smoking and managed to maintain abstinence, 2 quit but still relapse sometimes. Those who quit smoking and remained abstinent, reported having better smell and taste, more energy, increased self-confidence etc. The participants filled out questionnaires which will help SCTC adapt the flow of this campaign the next time. Unfortunately but expected, not all participants gathered enough strength to quit smoking but they closely followed developments and maybe they will also be able to quit someday. Many Slovenian newspapers and magazines showed their interest in this campaign and posted advertisements for the campaign and later reports on its success. They are interested in the future campaigns like this one. The indicator for this programme is 250 participants by 2019 so SCTC has to work hard to achieve that goal. Nevertheless, even if this number is not achievable, SCTC is happy each time someone decides to quit smoking because this means a big improvement for this person’s life and in the future it contributes to public health.



The idea for the programme “*Have Healthy Fun*” was taken from a successful campaign in Slovenia called “*Party with Your Head*” (in Slovenian language the titles have similar pronunciation “Z glavo na zabavo” and “Zdravo na zabavo”) conducted by the Foundation *Party with Your Head* (Fundacija Z glavo na zabavo). Their goal was primary prevention in the environment where young people meet and party in order to reduce the harmful alcohol consumption among the youth and to reduce the number of drunk drivers. Their events promoted the consumption of non-alcoholic beverages and rewarded all who could prove their sobriety with a breath analyser (sobriety test). This non-restrictive approach is great because it promotes sobriety as a virtue.²⁰

The SCTC programme “*Have Healthy Fun*” has the same purpose, the difference is only in the target population because it deals with tobacco consumption. Same goes for the “*Festival of Non-Smoking*” whose purpose is to disseminate important educational health-related information to general public and the media that usually visit the stands and take pictures to publish the event in the local magazines. Smokerlyzer, a device that measures carbon monoxide in exhaled air, is used in both programmes. In this way the participants can become aware of the dangerous CO levels in their blood, which is definitely harmful for their brain and body. “*Festival of Non-Smoking*” is also a means of presenting different NGOs and their health-related materials on the stands (SCTC cooperates with the Healthcare Facility Maribor (Zavod za zdravstveno varstvo Maribor) and is a promotion of health without smoking.



²⁰ http://www.cek.ef.uni-lj.si/u_diplome/culiberg1527.pdf; page 29

The programme for pregnant women (who smoke) "***I'm pregnant, I don't smoke***" was developed with the help of different sources, such as *American Cancer Society and Romanian Society of Pulmonology*. ENSP also published a very helpful book named "*Tobacco Cessation Guidelines for High-Risk Populations*".²¹ One section of this book is dedicated especially to pregnant women. SCTC used this material to create its own booklets and tracts for pregnant women to help them understand the dangers of smoking for themselves and their unborn children. The booklets and the workshops consist of many important smoking-health-related data, helpful and evidence based advice how to quit smoking and also encouragements for the creation and maintenance of smoke-free homes.



The idea for "***Smoke-Free Classes***" came from a Slovenian book with the same name (*Nekadilski razredi in odnos do kajenja – Smoke-Free Classes and the Attitude towards Smoking*).²²

With a pedagogical-didactic approach SCTC is trying to motivate the students to actively participate in the activities that are an alternative for smoking and the abuse of psychoactive substances. With the means of competition, students forget about smoking and start mutual conversations. At the end of the school year they are rewarded for their efforts. The main role in "Smoke-Free Classes" plays the homeroom teacher who dedicates 10-15 minutes of their homeroom lessons for the conversation about healthy lifestyles, creation of posters or comic books about the harms of smoking that would motivate their peers to break the habit. SCTC monitors the developments and is available for advice, information and additional meetings. The goal of this programme is to achieve a collective psycho-dynamics of the class which would innovatively promote non-smoking and a healthy lifestyle.



The idea for "***Oksimobil***" – a SCTC mobile unit for tobacco cessation counselling and education about tobacco consumption was taken from one of SCTC partners – Cardiovascular Health Association (*Društvo za zdravje srca in ožilja*). This association has a mobile unit in the field with health professionals who measure the heart pulse and detect arrhythmias with a single ECG monitor.²³ Within the scope of "Oksimobil", SCTC measures CO in the exhaled air and detects increased rates of CO in blood. This programme is a response to the National Plan Resolution which aims to include vulnerable groups in public health services. The name "Oksimobil" was created by brainstorming of SCTC team members.



The programme "***Yellow card***" was taken from a soccer jargon meaning that "a player has been officially cautioned. The player's details are then recorded by the referee in a small notebook".²⁴ The same thing happens during the SCTC team visitations of bars, kiosks, shops, petrol stations, events, etc. The shop assistant or the owner (or the responsible person) is cautioned if the SCTC supervisor notices a violation of Slovenian tobacco legislation (e.g. selling tobacco products to minors; smoking in closed places), and his or her details are recorded on a "yellow card". If the violation is public and noticeable by everybody (e.g. direct or indirect advertising of tobacco or related products; smoking e-cigarettes during shows ...) the violation is reported to the Slovenian Health or Trade Inspectorate which take appropriate actions against the violators. Slovenian Ministry of Health made a request to SCTC to help them monitor the implementation of the tobacco-related legislation, and as a response to this request the "Yellow Card" programme was established.

The majority of the programmes within this initiative have emerged as pilot projects, as a response to challenges noticed in our social milieu, have proved as effective and will continue to be conducted in the future.

²¹ *TOB.g - Tobacco Cessation Guidelines for High-Risk Populations, Athens 2017*; ENSP

²² https://books.google.si/books/about/Nekadilski_razredi_in_odnos_do_kajenja.html?id=ZrNmOgAACAAJ&redir_esc=y

²³ <http://www.zasrce-mb.si/dejavnost.html>

²⁴ https://en.wikipedia.org/wiki/Penalty_card#Yellow_card

ZAKON OMEJUJE, DA VARUJE!

30. člen ZDUTPI
Prepovedano je vsako doniranje ali sponzoriranje dogodkov, dejavnosti ali posameznika ter kakršno koli posredno in neposredno oglaševanje in promocija tobaka, tobaknih izdelkov in povezanih izdelkov, tudi prek storitev informacijske družbe.

30. člen ZDUTPI
Prepovedano je prodaja tobaka, tobaknih izdelkov in povezanih izdelkov osebam, mlajšim od 18 let. Teh izdelkov ne smejo prodajati osebe, mlajše od 18 let.

31. člen ZDUTPI
Prodajalec, lahko od vsake osebe, ki kupuje tobak, tobakne izdelke in povezane izdelke zahteva, da izkaže svojo starost z javno listino. Če oseba to odkloni, ji tobaknega ali povezanega izdelka ne sme prodati.

33. člen ZDUTPI
Prepovedano je kajenje oziroma uporaba tobaka, tobaknih izdelkov in povezanih izdelkov, razen tobaka za žvečenje in tobaka za puhanje, v vseh zaprtih javnih in delovnih prostorih ter v vseh vozilih v navezočnosti osebe, mlajših od 18 let.

9. člen ZDPA
Alkohole pijače je prepovedano prodati oziroma ponuditi osebam, za katere je mogoče upravičeno domnevati, da jih bodo posejevale osebam, mlajšim od 18 let.

REPUBLIKA SLOVENIJA
MINISTRSTVO ZA ZDRAVJE

SLOVENSKA ZVEZA ZA
JAVNO ZDRAVJE, OKOLJE
IN TOBAČNO KONTROLO

NVO varujejo naše zdravje

ZAP. ST.	DATUM	URA	NAZIV KONTROLNEGA MESTA	NASLOV KONTROLNEGA MESTA	IME in PRIIMEK PRODAJALCA	SKLADNOST Z ZAKONOM	Kontrolor: PODPIS
01.							
02.							
03.							
04.							
05.							

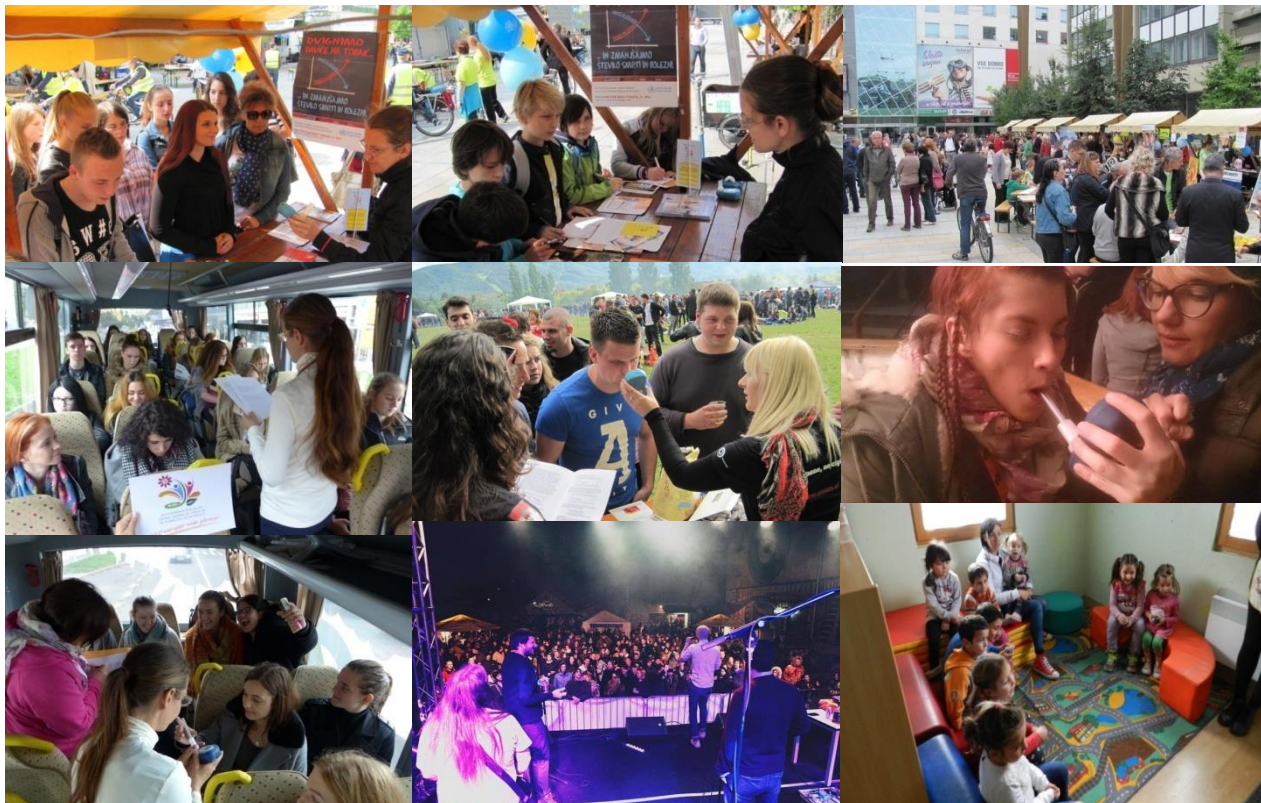
In commemoration of health-related special days, such as:

- National No Cigarette Day – January 1
- World No Cancer Day – February 4
- World No Tobacco Day – May 31
- World Health Day – April 7
- World No Alcohol Day – October 2

SCTC implements the programmes and measures of this initiative in promotion of healthy lifestyles, like *Festival of Health and Non-smoking*, educational programmes for healthcare workers, preventive workshops in schools, informative stands (in shopping malls or outside in the busiest parts of the city centres) with educational health-related materials etc.

Some pictures from the implementation of the programmes within this initiative:

- “Festival of Non-Smoking”
- “Have Healthy Fun”
- “Oksimobil”



Stakeholder involvement

Stakeholders are those with any interest in the project's outcome. They are typically the members of a project team, project managers, executives, project sponsors, customers, and users. Stakeholders are people who are invested in the project and who will be affected by your project at any point along the way, and their input can directly impact the outcome.²⁵

There are numerous stakeholders concerned with this initiative.

-**The Ministry of Health of the Republic of Slovenia** – this initiative is implemented under the leadership of the Ministry of Health which supervises its implementation – SCTC is required to regularly submit the reports about each

²⁵ <https://www.wrike.com/project-management-guide/faq/what-is-a-stakeholder-in-project-management/>

indicator, all confirmations, and expenses (receipts) ... concerning the results of the initiative as well as some possible changes of some indicators. SCTC is directly responsible to the Ministry of Health which also co-finances the initiative. By conducting smoking cessation and prevention workshops, supervising the implementation of the Slovenian Tobacco Law (ZOUTPI) in the field ("Yellow Card") SCTC is taking a great deal of burden of the Ministry of Health.

-National Institute for Public Health (NIJZ) – NIJZ developed some smoking cessation programmes which are now being implemented by SCTC under this initiative. SCTC and NIJZ are in constant cooperation regarding educational health materials and the implementation of some workshops.

-WHO – SCTC regularly keeps in touch with the newest publications on the WHO webpage, translates its key messages and uses WHO materials for the education of the general public. In commemoration of special days related to health, WHO publishes some materials and information about a certain day together with a slogan or topic which is different every year (e.g. World No Tobacco Day). SCTC translates such documents and communicates their messages while commemorating these special days in Slovenia. WHO also publishes some documents related to tobacco use in Slovenia (Tobacco Control Fact Sheet for Slovenia and Tobacco Taxation Policy in Slovenia) which are translated into Slovenian by SCTC and are of great help with our work (e.g. with advocacy for comprehensive tobacco legislation).

-ENSP – SCTC and ENSP are in constant cooperation regarding the translation and the implementation of the EPACTT project and the *Guidelines for Treating Tobacco Dependence* for every year (translation and revision). They are supervising the SCTC work and provide it with materials for the execution of the EPACTT project. ENSP is happy to see its work transferred into many different countries as it is a best practice model for smoking cessation education of professional healthcare workers. ENSP also issues letters in support of EU smoke-free legislation which SCTC endorses and tries to implement in Slovenia with national governing bodies.

-SFP – SFP is working in the field of smoke-free legislation and helps SCTC take appropriate measures to advocate for smoke-free legislation on the national level, issues advocacy manuals which SCTC translates and implements in the Slovenian environment. SFP also issues letters of support EU smoke-free legislation which SCTC endorses and tries to implement in Slovenia with the national government.

-UICC – UICC is working in the field of cancer control and helps SCTC with the programme "My Non-Smoking Vow". Every year for the commemoration of No Cancer Day (February 4), UICC issues materials regarding smoking, health and cancer which are translated by SCTC and used in our events and programmes.

-The youth – primary and secondary school students are involved in our programmes within this initiative. They participate in "My Non-Smoking Vow", "Smoke-Free Classes", "Free Hands – Clean Lungs" "Festival of Non-Smoking", "Oksimobil" and "Have Health Fun". Many are interested in leading a healthy lifestyle and readily participate in the before mentioned activities.

-Parents – they can take part in the lecture "Tobacco and Alcohol Traps" and benefit from the useful information they get there.

-Smokers – those who want to quit smoking are invited to participate in the SCTC workshop "Yes, I'm Quitting!" They can also participate in the "Festival of Non-Smoking" or "Oksimobil" where they can measure the CO in the exhaled air to visualize the severity of the health effects of their "habit".

-Pregnant women (who smoke) – they can participate in the "I'm pregnant, I don't smoke" programme which is usually part of the antenatal school for parents.

-the Roma population – they have the possibility of participating in "Oksimobil" – the SCTC mobile unit in the field which visits them regularly to promote smoking cessation and smoke-free homes.

-Companies, employees – as part of the employees' regular education, companies are offered free smoking cessation workshops "Yes, I'm Quitting!" in promotion of healthy workplaces and public health.

There are many other stakeholders involved in this initiative that are cooperating with SCTC in the implementation of this initiative:

Društvo Mladi in tobak (Association Youth And Tobacco)

Studio 12 (video production)

Center za krepitev zdravja Celje (Public Health Promotion Centre Celje)

Center za krepitev zdravja Sevnica (Public Health Promotion Centre Sevnica)

Posavsko in obsoveljsko društvo za boj proti raku (Cancer Association for the Posavje and Obsovelje Regions)

Društvo onkoloških bolnikov Slovenije (Cancer Patients' Association of Slovenia)

Društvo pljučnih in alergijskih bolnikov Slovenije (Pulmonary and Allergic Patients Association of Slovenia)

Društvo nekadilcev in zdravega življenja Ljubljana (Non-Smokers' Association for Healthy Life Ljubljana)

Društvo za zdravje srca in ožilja Slovenije (Slovenian Association for Cardiovascular Health)

Društvo za ozaveščen način življenja Orenda (Association for an Informed Lifestyle Orenda)

Zbornica zdravstvene in babiške nege Slovenije (Nurses and Midwives Association of Slovenia)

Mladinska zveza Brez izgovora (Youth Organisation No Excuse)

CNVOS (national NGO umbrella network)

Središče Rotunda (Social Centre of Primorska, Koper)

Zavod PIP (Legal and Information Centre)

Zveza prijateljev mladine Slovenije (The Friends of Youth Association Slovenia)

Planinska zveza Slovenije (Alpine Association of Slovenia)

Slovenska kolesarska mreža (Slovenian Cycling Network)

Mestna občina Maribor (Municipality of Maribor)

Zveza romskih društev za razvoj romske manjšine (Romani Union)

Konzorcij vsebinskih mrež NVO (Consortium of NGOs)

EPHA
FCA
ASH Ireland
Danish Cancer Society
European Commission

Estimation of the human resources, material and budget requirements

Based on previous projects and work done by SCTC in the past 15 years SCTC estimated the needed human resources, material and budget requirements. The estimation is listed below:

Employees and other co-operators in the SCTC initiative:

-**project manager**: managing the project, helping with the organization and all activities;

5840 hours, contract work; payment according to the contract

-**the chairperson**: support with all activities;

4300 hours, volunteer, €5,106.4

-**public workers**: administrative works, helping with youth activities; **2 persons**, financed by the Municipality of Maribor and Agency for Employment (Zavod RS za zaposlovanje)

-**employee 1**: FB campaign moderator, monthly newsletter, publishing news on website, "Yellow Card" activities; 5750 hours, €47,512.35

-**employee 2**: working on the motivation for smoking cessation workshops, conducting lectures for parents, organizing counselling for pregnant smokers, conducting smoking cessation workshops;

4750 hours; €36,043.59

-**employee 3**: working on "*My Non-Smoking Vow*", smoking cessation workshops, "Yellow Card" activities; 5,680 hours, €46,666.08

-**contract worker 1**: a health professional offering professional help with the preparation of health-related educational materials, revision of the ENSP Guidelines translations:

166 hours; €1,500.00

-**contract worker 2**: a pharmaceutical professional offering help with the smoking cessation workshops and counselling:

57 hours; €2,000.00

-**contract worker 3**: a pedagogic worker and health professional offering help with the implementation of the smoking cessation programmes;

50 hours; €450.00

-**contract worker 4**: a professional for the help with "*Free Hands – Clean Lungs*" workshop, focusing on the region of Pomurje;

50 hours; €450.00

-**contract worker 5**: a representative of the Roma population offering help with smoking cessation counselling focusing on 3 big Roma communities in Slovenia (Prekmurje, Dolenjsko, South-Eastern Slovenia);

345 hours; €3,000.00

-**student worker 1**: a student of medical sciences offering help with "Free Hands – Clean Lungs" workshop, "Yellow Card" activities;

166 hours; €830.00

-**student worker 2**: a student of linguistics offering help with "Free Hands – Clean Lungs" workshop, "Yellow Card" activities, "*My Non-Smoking Vow*";

166 hours; €830.00

-**student worker 3**: a student of linguistics offering help with translation (English-Slovenian);

70 hours; €350.00

-**student worker 4**: a student of linguistics offering help with translation (English-Slovenian);

50 hours; €250.00

-**contract worker 6**: a health professional offering help with the revision of educational health-related materials, support with all activities;

90 hours; €500.00

-**contract worker 7**: a professional psychiatrist offering support with FB campaign "Quit and Win" and all other activities;

90 hours; €500.00

-**contract worker 8**: a photographer for different events;

116 hours; €1,000.00

-**contract worker 9**: a public relations manager:

200 hours; €5,000.00

Partner organizations, tasks, hours, estimated budget:

-**Društvo Mladi in tobak**: help with all activities destined directly for users, help with activities "Free Hands – Clean Lungs", smoking cessation workshops; youth camps etc.

2555 hours; €23,000.00

-**Studio 12**: professional help with Facebook campaign "Quit and Win"; dissemination of the information on social networks;

250 hours; €5,500.00

-**Center za krepitev zdravja Celje** (Public Health Promotion Centre): help with dissemination of important tobacco-related facts to general public; professional help with the smoking cessation workshops for adolescents, pregnant smokers, and employees, implementation of EPACTT and all other activities.

60 hours; for free, mutual help

- **Center za krepitev zdravja Sevnica** (Public Health Promotion Centre): help with dissemination of important tobacco-related facts to general public; professional help with the smoking cessation workshops for adolescents, pregnant smokers and employees, implementation of EPACTT and all other activities.

60 hours; for free, mutual help

-**Posavsko in obsoveljsko društvo za boj proti raku** (Cancer Association for the Posavje and Obsovelje Regions): help with dissemination of important tobacco-related facts to general public; professional help with the smoking cessation workshops for adolescents, pregnant smokers, and employees, help with media campaign.

60 hours; 1,000.00

-**Društvo onkoloških bolnikov Slovenije** (Cancer Patients' Association of Slovenia): help with the smoking cessation workshops for vulnerable groups.

60 hours; for free, mutual help

Other volunteers:

-volunteer 1: conceptual work; 342 hours

-volunteer 2: conceptual and other work: 110 hours

-volunteer 3: conceptual work: 500 hours

-volunteer 4: organizational and conceptual work: 4300 hours (chairperson)

-volunteer 5: conceptual work: 450 hours

-volunteer 6: conceptual work: 20 hours

The estimated budget of the initiative:

€344,365.00

The co-financed budget part of the initiative by the Ministry of Health of the Republic of Slovenia:

€249,000.00

Costs structure (all values in EUR)

Year/ Cost type	2017 ²⁶	2018 ²⁷	2019 ²⁸	Total
Salaries and refunds costs for the performed work	30,110	68,655	62,934	161,699
Mission costs (travelling)	7,910	5,010	7,910	20,830
Indirect costs with the percentage use	6,000	7,000	7,000	20,000
Costs for services (costs for informing, communicating and external staff)	30,680	6,485	9,306	46,471
Total eligible costs²⁹	74,700	87,150	87,150	249,000

The results of the initiative

One of the outcomes of this initiative is that all layers of population are informed about the dangers of smoking and about the smoking cessation instruments – what they are and where can be accessed.

While managing educational workshops in schools some students thank for the SCTC work, ask for materials to take home as an aid to help their parents stop smoking. Many pupils and students are resolved to never start smoking and are shocked to hear how many pregnant women smoke and how this affects their unborn children. It is very delightful to experience that.

In Slovenia, diseases attributable to smoking cause 10 deaths per day or 3600 per year. It was great to learn that the smoking prevalence among the users of SCTC programmes has decreased by 30% which is the main goal of this initiative and makes a big difference in comparison with the starting point. If people, especially younger population, quit smoking, this will increase their life span and decrease health problems related to tobacco use.

The costs of diseases attributable to smoking, loss of productivity and costs due to premature mortality caused by smoking are estimated at 5% of Slovenia's GDP or €1,800,000,000 per year. SCTC advocates for a higher increase in taxes on tobacco and related products which will reduce the accessibility of tobacco products especially to young

²⁶ The costs are written for the period from 1. 1. 2017 until 2. 11. 2017

²⁷ The costs are written for the period from 3. 11. 2017 until 2. 11. 2018

²⁸ The costs are written for the period from 3. 11. 2018 until 4. 11. 2019

²⁹ Total eligible costs must equal the requested amount by the Ministry of Health.

people, and reduce costs for medical expenses and bring more government revenues which can be then used for tobacco prevention programmes (tobacco fund). One problem that has to be overcome is the opposition of the Slovenian Ministry of Finance to the increase in the tobacco taxes increase by stating that this measure does not help reduce the smoking rate and that it would lead to an increase in illicit trade with tobacco products. Tobacco industry is fighting against the introduction of stricter measures regarding tobacco products (plain packaging, increase in tobacco taxes, restriction of tobacco use in public, etc.) and is finding new ways to penetrate the market with its new products and technologies.

One of the goals is also forming partnerships with other NGOs and health organisations that work in the health field – this helps cover wider population and contributes to a relief of burden of the governmental health sector. Partnerships also help connect to vulnerable groups – SCTC especially focuses on the Roma population (reducing health inequalities) and pregnant smokers.

The communication about the initiative

The strategy regarding the communication about the initiative comprises many methods, each corresponding to programmes and activities within this initiative. The communication and dissemination methods are the following:

- sending offers for workshops to schools throughout Slovenia (emails, telephone contacts)
- publication of the invitation to smoking cessation workshops in local and national media (newspapers, magazines)
- SCTC website posts
- dissemination of the information on social networks (Twitter, Facebook)
- personal contacts (business cards)
- visiting different companies and offering smoking cessation workshops for their smoking employees
- media campaigns (TV shows, interviews, newspaper articles about our activities)
- during Festivals of Non-smoking: dissemination of health-related educational materials to general public
- Have Healthy Fun – youth camps
- schools and youth organisations: dissemination of health-related educational materials
- Health Promotion Centres: help with dissemination of important tobacco-related facts to general public; professional help with the smoking cessation workshops

Educational materials were designed, composed and printed by SCTC for different target populations: pregnant women (*Smoking and Pregnancy*), youth (*The Youth and Tobacco*), smokers who want to quit smoking (*Smoking Cessation Manual*). There are also many great materials about smoking, drinking and drugs published by NIJZ (National Institute for Public Health). SCTC was asked to disseminate also these materials (*The Myths about Smoking – Miti o kajenju* (2017); *What Would Be Good for Parents and All Working with the Youth to Know about the Electronic Cigarettes, Hookahs and New Tobacco Products* (2018)). There are also some materials published by the Slovenian Ministry of Health which SCTC was asked to distribute during its workshops and events (e.g. *Marihuana – The Facts Parents Should Know* (2005); *The Communication between Children, Adolescents and Parents – How to protect the Youth from Drugs* (2006))

Results: many have been grateful for the useful information they read in booklets. School guidance counsellors often request these materials to keep for pupils and students who ask for help regarding smoking. Many are unknowledgeable about the facts what is in a cigarette and how all these substances harm the body.

SCTC booklets and tracts:



Considering the reduction of inequalities and all measures for sustainability & inter-sectoral work

According to WHO vulnerable groups encompass “children, pregnant women, elderly people, malnourished people, and people who are ill or immunocompromised etc.”³⁰

SCTC has included vulnerable groups from Slovenian territory in this initiative; these are the Roma population, pregnant smokers, early school leavers, young unemployed people, patients with COPD who smoke, children etc. Some of the measures are covered with the activities of this initiative like *Oksimobil* which is especially useful for the Roma population. SCTC has connected with the *Romani Union* which helps SCTC get in contact with the Roma to inform them about tobacco-health related issues, to enable them measuring CO in their exhaled air and to promote smoke-free homes in protection of their children from second-hand smoke. “*Free Hands – Clean Lungs*” is also very useful with early school leavers who continue their education in early school-leavers’ centres. These institutions help SCTC get in contact with these young people and help them with workshops and educational health-related materials.

Another very important measure for the reduction of inequalities is significantly increasing tobacco taxes – some scholars suggest it is the single most effective way to reduce the health and economic devastation caused by tobacco because it makes tobacco products less affordable. Tobacco use is particularly harmful to the poor and is a key cause of socioeconomic health disparities. Tobacco kills disproportionately more men in the lower socioeconomic groups.

- The same trend is starting to appear among women.
- Tobacco is responsible for up to 56% of socioeconomic inequality in mortality.

Higher tobacco taxes lead to the greatest reductions in tobacco use among the poor and are very effective in reducing inequities in health and income.

Why not educate the poor about the harm of tobacco use? Therefore SCTC is trying to educate the poor and the Roma about the harms of tobacco use. However, poor people tend to have lower response to health education, therefore patience and persistence is needed. Prevention and tobacco cessation programmes are very important to be implemented among these groups.³¹

All SCTC workshops and programmes are free of charge for their users, they are open for all – everybody has the right to take part.

The SCTC staff who conduct these workshops and programmes have received training on the SCTC premises or in the field. New co-workers are taken in the field together with the already trained staff and receive practical training. Regarding the workshops “*Yes, I’m quitting!*” that was established according to the CINDI programme the SCTC staff received training from the NIJZ (National Institute for Public Health).

Another extensive training programme was conducted by ENSP – a transmission of how to implement EPACTT programme in the Slovenian territory.

There were also other trainings from SCTC participation in other European projects like Access.

This initiative has a secured funding until 4/11/2019, the funding is executed by the RS Ministry of Health.

As shown in the **Stakeholder involvement** and **Human resource** sections, SCTC cooperates with different associations from different sectors and is active in the Consortium of NGOs in Slovenia. The goal is to connect with as many NGOs as possible to create synergy, more involvement and broader scope of action which also brings more results.

Instruments used with the target group and/or stakeholders

Ministry of Health and National Institute for Public Health provided SCTC with detailed manuals for implementing this initiative and some of its programmes.

ENSP provided SCTC with a detailed description of EPACTT e-learning modules and how to implement them in the Slovenian territory.

SCTC has provided its own manuals, brochures, flyers, Power Point presentations, questionnaires, oral instructions and “learning by using” methods to implement the activities of this initiative.

“**Yes, I’m quitting!**” – SCTC provided a manual “*You can stop smoking!*”, and uses additional materials encompassed in the CINDI project.

“**My Non-Smoking Vow**” – online materials and questionnaires, Power Point presentations

“**Free Hands – Clean Lungs**”; “**Smoke-Free Classes**” – Power Point presentations, description and main conclusions of a book “*Golden Holocaust*” by R. N. Proctor, questionnaires about the knowledge and usage of tobacco and related products.

FB Campaign “Quit and Win” – as this has now only been a pilot project; more has to be done to make a detailed description of this campaign; questionnaires were used at the end of the campaign to measure the results.

Festival of Non-Smoking”, “**Have Healthy Fun**”, “**Oksimobil**” – Power Point presentations, display of the SCTC educational materials on a stand, CO measuring forms and a flyer “*What should you know about CO?*” (composed by SCTC). Our tools were Smokerlyzer (a device for measuring CO in the exhaled air) and drunk-buster glasses (to illustrate the (in)abilities of a drunk person).

³⁰ http://www.who.int/environmental_health_emergencies/vulnerable_groups/en/

³¹ Ross, Hana: The Economics of Tobacco Control Project. Tobacco Tax and Development. School of Economics, University of Cape Town, May 2017

Literature:

- ESPAD, 2009 The 2007 Espad Report, Substance among students in 35 European countries. www.espad.org
- Di Franza et al (2007). Symptoms of tobacco dependence after brief intermittent use. *Arch Pediatr Adolesc Med*, 161, 704-710.
- Wittchen et al (2008). What are the high risk periods for incident substance use and transitions to abuse and dependence? Implications for early intervention and prevention. *Int J Methods Psychiatr Res*, 17 (S1), S16-S29
- O'Loughlin et al (2009). Milestones in the Process of Cessation Among Novice Adolescent Smokers, *American Journal of Public Health*, 99, 499-504
- Bancej et al (2007). Smoking cessation attempts among adolescent smokers: a systematic review of prevalence studies. *Tobacco Control*, 16, e8
- P.Dalum, Events for Adolescent smoking cessation-the Development, Implementation and Evaluation of a Danish Adolescent Smoking Cessation Intervention. Danish Cancer Society, 2009
- WHO Framework Convention on Tobacco Control (FCTC) , www.who.int/fctc/en/
- Forster et al (2007). Strategies to Prevent Tobacco Use in Adolescents and Young Adults. *Am J. Prev Med*, 33 (6S), S335-339
- Quentin et al (2007). Advertising bans as a means of tobacco control policy: a systematic literature review of time-series analyses, *Int J Public Health*, 52, 295-307
- Sussman & Sun (2009) Youth tobacco use cessation: 2008 update. *Tobacco Induced Diseases*, 5, 3
- Backinger et al (2008). Factors associated with recruitment and retention of youth into smoking cessation intervention studies – a review on the literature. *Health Edu Res*, 23, 359-368
- Dalum et al (2010). Recruitment to Adolescent Smoking Cessation Interventions – A literature review. ACCESS Project
- <http://nvozdravje.si/arhiv/datoteke/projekti/access/Access%20poroilo.pdf>
- <http://nvozdravje.si/arhiv/datoteke/projekti/access/analiza%20ankete.pdf>
- www.zadiahaj.net
- Lovše, M. Application for a Public Tender: Reducing the Consumption of Tobacco and Related Products and Alcohol among the Inhabitants of the Republic of Slovenia, 2017
- Trofor A, Mihaltan F, Pop M, Todea D, Mihaicuta S. Romanian Society of Pulmonologists Guideline for Smoking Cessation and Smokers' assistance. Tehnopres Publishing House, Iasi. 2010.
- The Network: European Network for Smoking and Tobacco Prevention 1997-2017 – 20 Years of Tobacco Control History in Europe, ENSP. 2017
- http://www.wpro.who.int/mediacentre/factsheets/fs_201203_tobacco/en/
- Koprivnikar H. Kajenje tobaka. V: Jeriček Klanšček H, Roškar S, Koprivnikar H, Pucelj V, Bajt M, Zupanič T (ed.). *Spremembe v vedenjih, povezanih z zdravjem mladostnikov v Sloveniji v obdobju 2002-2010*. Ljubljana: Inštitut za varovanje zdravja RS, 2012.
- EPHA Recommendations On tobacco taxation. Accessed 29. 11. 2017 on webpage: <https://epha.org/epha-recommendations-tobacco-taxation/>
- https://ec.europa.eu/health/sites/health/files/tobacco/docs/tobacco_liability_final_en.pdf
- Ross, Hana: The Economics of Tobacco Control Project. Tobacco Tax and Development. School of Economics, University of Cape Town, May 2017.
- The Network: European Network for Smoking and Tobacco Prevention 1997-2017 – 20 Years of Tobacco Control History in Europe, ENSP. 2017