

# Where There Is Smoke

## CPHA's Involvement in International Tobacco Control



CPHA  ACSP

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## Overview

The Canadian Public Health Association has been involved in tobacco control since 1959. That year saw CPHA pass a pioneering resolution urging health agencies to support anti-tobacco educational campaigns in the hope of preventing tobacco addiction amongst youth. After four decades of work in the national arena, CPHA took its tobacco control expertise international in 1995. Since that time the Association has worked in over a dozen countries countering the addictive power of nicotine and the serious effects of smoking on health.

CPHA's first major initiative in international tobacco control was a workshop entitled "Tobacco as a Public Health Issue" held in Ottawa in 1996. The workshop brought together international representatives from public health associations (PHAs), health sector representatives and Canadian experts, to develop frameworks for future action on smoking and tobacco in these countries. Eight years later, several of the groups represented at the workshop (in particular, the public health associations of Costa Rica, Russia and Tanzania) are acknowledged in their respective nations as leaders in the field of tobacco control.

CPHA subsequently expanded its involvement in international tobacco control. In 1999 CPHA became an associate partner in the Global Youth Tobacco Survey (GYTS), bringing into the survey framework partner PHAs from several countries as participating organizations. That same year CPHA also participated in the International Youth and Tobacco Conference (Singapore) and at the 2nd GYTS Researchers' Data Analysis Meeting.

In 2000, CPHA worked with the World Federation of Public Health Associations (WFPHA) to organize an international workshop on "Tobacco and Smoking as a Public Health Issue" at the Triennial International Congress of the WFPHA (Beijing, October 2000). The workshop informed and obtained support from national public health associations around the world to advocate for the adoption of the Framework Convention on Tobacco Control (FCTC). PHAs were encouraged to become active in global tobacco control efforts.

In 2001, CPHA commenced a new 5-year phase of the CIDA-funded Strengthening of Public Health Associations (SOPHA) Program, which provides technical and financial assistance for the creation and organizational nurturing of national PHAs in Latin America/Caribbean and Africa. One of the central thematic foci of the current phase of SOPHA is tobacco control. CPHA extended its support to the GYTS by providing financial and technical support for the participation of PHAs in Burkina Faso, Niger, Haiti and Cuba. Through another CIDA-funded initiative, CPHA also helped develop and enhance the tobacco control efforts of PHAs in Central and Eastern Europe, most recently in the Balkans region.

In 2002, CPHA convened a working group to help guide its work on international tobacco control, with specific reference to capacity building and technical assistance with public health associations and Institutes of Public Health in developing countries and countries in transition. The group advises CPHA and its international partners to better understand how to build alliances, engage the medical community and other relevant sectors, design and conduct relevant research, conduct advocacy, educate and involve youth, initiate and/or improve legislation and achieve compliance.

Throughout 2003, CPHA worked with its partner PHAs to advocate for the signature and eventual ratification of the FCTC. Many countries look to Canada for advice and support for FCTC-ratification as they recognize Canada's vast experience in achieving a comprehensive tobacco control framework and the active engagement of both governmental and non-governmental actors in anti-tobacco campaigns.

In early 2004, CPHA organized a session at the 10th WFPHA International Congress in the UK on the experiences of the GYTS in several developing countries and countries in transition and the use of GYTS results for policy/programming development. CPHA also became a member of the WHO/TFI and CDC-sponsored working group to develop the research methodology and protocol for a proposed Global Health Professionals Survey. CPHA also provided technical and financial support to the implementation of the Global Youth Tobacco Survey in the UN-administered province of Kosovo. This marked the first public health intervention undertaken conjointly by representatives from the Institutes of Public Health in Pristina (which oversees public health services in non-Serb areas of the province) and in Mitrovica Kosova (which serves the Serb community in Kosovo). CPHA also supported the first study of pregnancy-associated smoking and post-partum smoking cessation relapse in the Balkans region (Republic of Serbia), conducted by the Public Health Association of Serbia.

In 2005, with financial support from Health Canada, CPHA organized a meeting of Canadian and international tobacco control advocates to stimulate further thinking and discussion leading to development of a strategy for action on international tobacco control involving the broad NGO community and government. CPHA, in association with the InterAmerican Heart Foundation, conducted three workshops in the Americas Region, for the purpose of forging stronger links among tobacco control officials and advocates in the Americas region, as a means of reinforcing advocacy and action related to the ratification and implementation of the Framework Convention on Tobacco Control (FCTC). Health Canada also approved a small grants project implemented by CPHA in partnership with national public health associations in seven countries to enhance their organizational capacity to advocate for the ratification and application of the FCTC in their respective countries. Furthermore, Health Canada funded the Canadian Global Tobacco Control Forum (CGTCF, a coalition that besides CPHA includes Physicians for a Smoke-Free Canada, the Heart & Stroke Foundation, Canadian Cancer Society, Canadian Lung Association, Healthbridge and la coalition québécoise pour le contrôle du tabac), a multi-agency consortium for which the CPHA was the coordinating and administrative agency.

Between December 2005 to June 2009, the CGTCF, with a grant from Health Canada, provided technical and financial support to partner organizations in a number of countries, including Burkina Faso, Cameroun, PDR China, Congo (Brazzaville), Colombia, Ethiopia, Jamaica, Ecuador, Mexico, Mozambique, Niger, Tanzania, Uganda and Vietnam. The CGTCF has also collaborated with regional initiatives, through the Commonwealth Secretariat and the Inter-American Heart Foundation.

These activities achieved a number of important results. The social, cultural, governmental, and logistical issues developing countries face, how these differ between countries, and how they influence tobacco control approaches became better understood. Intra-regional collaboration in Francophone Africa and the scope of the tobacco control movement in Mozambique was increased. In Latin America, tobacco control capacity was built and/or re-energized and an online tobacco control course was established. Additionally, an action plan for Canadian government and NGO action to promote more effective tobacco control in China was developed. The CGTCF also supported the travel of individuals from Peru and Uruguay to the 1<sup>st</sup> FCTC Conference of the Parties (COP), a workshop on package labeling issues at the COP1, and support to tobacco control experts from Mozambique, Niger and Nepal to participate at the COP2. Furthermore, a monitoring report on FCTC implementation in the Commonwealth and DVDs containing tobacco control public service announcements were produced and distributed to the Commonwealth Health Ministers.

CPHA, through the Health Canada funding, supported a meeting in June 2007 in Mozambique of African public health associations. The outcome was the publication of the Maputo Declaration, a

statement confirming the commitment of the participating PHA to engage fully in tobacco control advocacy and action efforts at both the national and continental levels. CPHA also supported the participation in November 2008 of representative of 11 PHAs from Africa to attend the COP-3 in Durban (South Africa). Prior to this event, CPHA, in association with the Public Health Association of South Africa, hosted a meeting of the PHA representatives to share their experiences and the challenges they face as tobacco control advocates, and to map out “next steps” for an African PHA approach to tobacco control.

Through the CIDA-funded regional public health project in the Balkans, CPHA provided technical assistance to public health institutes and the public health associations in the Republic of Serbia and in the Federation of Bosnia & Herzegovina (BiH) in support of their tobacco control efforts. CPHA continues its collaboration in the WHO/CDC-led Global Tobacco Surveillance System (GTSS) management committee, and hosted in September 2008, at PAHO and CDC’s request, a GHPSS training workshop for research coordinators from over 40 countries.

### **Future CPHA International Tobacco Control Initiatives**

The public health association movement plays an important leadership and advocacy role in tobacco control. It galvanizes the public health community on the issue; it conducts important research on tobacco-related issues and transforms the knowledge generated into policy and program inputs; it helps to initiate and nurture alliances amongst diverse groups and gives voice to civil society’s perspective on tobacco control issues; and it helps move tobacco control onto the global public health agenda.

Over the next several years, CPHA plans to enhance the tobacco control efforts of its partner PHAs. CPHA will provide technical assistance to formulate national tobacco control strategies and legislation; to generate new data (quantitative and qualitative) on smoking prevalence, knowledge, attitudes and the determinants of smoking for a variety of population groups, including health professionals; to use these data to develop and assess the effectiveness of smoking prevention and cessation programs; to enhance the knowledge and competence of public health professionals with regard to tobacco control; to advocate for the development and application/enforcement of sound public policy on tobacco control and to promote and support the exchange of experience and knowledge within the international public health community.

In 2009, CPHA assumed a leadership role within the WFPHA on the tobacco control issues. It hosted two sessions during the 12<sup>th</sup> World Public Health Congress on the issue, and as well helped re-launch the Federation’s Tobacco Control Working Group. It will continue to collaborate closely with the WFPHA on the development of a public health approach and strategy on tobacco control for national public health associations.



*Tobacco product advertising is often aimed at young people, promoting a false lifestyle image – as this billboard advertisement in Belgrade demonstrates*  
Photo: J Chauvin, CPHA

## Country Highlights

### Bosnia & Herzegovina

CPHA has been working since 2003 with colleagues in Bosnia & Herzegovina (BiH) in support of their efforts to strengthen tobacco control policy and legislation. CPHA provided technical and financial support to conduct the Global Youth Tobacco Survey (GYTS) in both entities (the Federation of Bosnia & Herzegovina (FBiH) and the Republika Srpska). The results indicated high prevalence of smoking among youth (approximately 14% of respondents were current smokers), high exposure to environmental tobacco smoke (ETS), and a high proportion of young smokers who want to quit smoking. CPHA also worked with partners to produce and distribute to teachers a booklet on the results of the GYTS to be used as a classroom teaching aid. CPHA provided in 2007 through the Public Health Association of Republika Srpska and the Partnership for Public Health of the FBiH financial support for a repeat GYTS in both entities. The results from this survey were compared to those of the previous GYTS to determine changes over time in smoking prevalence, knowledge/attitudes and behaviour with respect to tobacco consumption and the health risks related to smoking and exposure to second-hand tobacco smoke among youth. The results were used to inform decision-makers for new tobacco control policy and programs.



Photo: Public Health Partnership FBiH

*A poster produced by the Public Health Partnership in Bosnia & Herzegovina to increase public awareness about ETS and infant health risks.*

The pilot Global Health Professionals Student Survey (GHPS) was conducted in the FBiH in early 2005 among 3<sup>rd</sup> year nursing students. This was the first time that data were collected through an international survey methodology to assess smoking prevalence, and tobacco control knowledge and attitudes among students enrolled in health professional faculties. The survey demonstrated high smoking prevalence among this group and a need to introduce an effective formal smoking prevention and cessation component to the nurse training curriculum. The GHPS was repeated in both entities in 2006, covering medical, nursing and dental students. The results were shared with both government and university representatives and were published in an issue of the US CDC's Mortality and Morbidity Weekly Report.

The *Tobacco Industry Poster Child* poster was translated into the local language and scripts (Latin and Cyrillic) and reprinted in Bosnia & Herzegovina. This poster was distributed to primary and secondary schools throughout the country and used as a teaching aid about the health risks associated with smoking. Canadian experts were deployed on short-term missions for skills-building among medical doctors and nurses on smoking cessation

for patients, as was a technical mission to Canada by the tobacco control coordinators from BiH for skills-building in smoking prevention and cessation strategies and practices.

Between 2007 and 2009, CPHA provided technical assistance to the two public health associations in BiH for the implementation of the adaptation of the Canadian-generated Leave the Pack Behind strategy to promote smoking prevention and cessation among university students in Republika Srpska, and efforts to establish the first smoke-free hospital and public awareness campaigns about ETS in FBiH. These efforts provide to be very effective.

### Burkina Faso

Since 2001, CPHA's collaborative work with the *Association Burkinabè de Santé Publique* (ABSP) helped strengthen the Association's operational capacity through the implementation of the GYTS in Ouagadougou and Bobo Dioulasso, the country's two main cities, in 2001. This project represented the first time that an internationally recognized survey on youth and smoking was carried out in Francophone Africa.

With the results of the GYTS as a background, the ABSP helped organize a tobacco control coalition and an event to mark the 2003 World No-Tobacco Day to raise awareness on the issue of smoking and health. The coalition, which meets at the ABSP office, is known as *L'Union des Associations Contre le Tabac*. The group called for an end to tobacco company sponsorship of sports and cultural events, restrictions on tobacco advertising, and a ban on smoking in public places. ABSP's role is to facilitate the coordination of the Union as well as to provide medical expertise on the health risks of smoking. A sign outside the ABSP office identifies the site as an anti-tobacco office and as a research centre on tobacco control: "*Bureau Anti-tabac; Info Santé*".

In 2006, CPHA collaborated with ABSP to build a coordinated tobacco advocacy approach and action plan. Advocacy efforts were successful in creating a smoke-free hospital, drawing Ministry of Health interest in establishing a national tobacco control action plan, and in increasing visibility and cohesiveness of civil society in tobacco control.

Through the CGTCF's 2007 project, the ABSP educated hospital staff at the largest hospital in the country as well as all interns on smoke free hospitals and tobacco control. It also implemented a curriculum which educates children about the dangers of smoking and held a contest for schools to be smoke-free. The winners were presented with awards at a World No Tobacco Day event. The Association also released a report outlining activities and results of tobacco control in Burkina Faso.

In 2008-09 the ABSP carried out a study on the application of national legislation concerning smoke-free public places, specifically schools and health care facilities. Although a high proportion of respondents (students, teachers, health facility visitors and staff) indicated smoking as a health issue, and supportive of a ban on smoking in public places, there remains a high tolerance for smoking in public places. The study showed that the existing legislation is not applied adequately. A study on knowledge, attitudes and behaviours and access to information on smoking and tobacco control among university students and faculty confirmed that smoking occurs on school premises, knowledge about the health risks and effects of smoking and ETS was low, and agreement that smoking prevention and control should be integrated into school curricula.

### Cameroon

The Cameroon Public Health Association (ACASAP) conducted education sessions about tobacco control and the FCTC among administrative and civil society leaders (including leaders in religious communities), the media, and business communities. It also carried out a rapid assessment on the application of FCTC Article 11 and also proposed to members of Cameroon's tobacco control network to advocate for the incorporation of health risk warning labels on cigarette packages. Through its efforts, ACASAP confirmed the federal government's commitment to enact tobacco control policies and programs and its recognition of the role of civil society organizations to ensure the full application of the FCTC.

### Congo (Brazzaville)

In 2008-09, the Association Congolaise pour la Santé Publique et Communautaire (ACSPC) carried out a project supported through CPHA to assess the application of FCTC Articles 8 and 12. Its study found that for the most part, patients and health care professionals are knowledgeable about the health risks associated with tobacco, smoking and ETS, but although smoking bans exist, they are ignored and not enforced. Patients and staff smoke in the buildings or on the premises, and tobacco products are on sale near-by. While most people interviewed had never heard of the FCTC, the vast majority of health professionals would support tobacco control efforts in their establishments. Almost 70% of respondents who smoke indicated they wanted to quit.

The study also found that 90% of respondents indicated that they had heard about the health risks associated with tobacco and smoking through radio and television. However, few had actually taken the time to listen to a complete tobacco control awareness campaign or program. Nonetheless, they felt that public awareness about the health risks of tobacco products and smoking is very important.

### Costa Rica

Representatives from the Asociación Costarricense de Salud Pública (ACSP) and the National Association Against Tobacco participated at the 1996 workshop on Tobacco as a Public Health Issue, organized by CPHA. Together they developed a draft tobacco control strategy for the country. The ACSP thereafter advocated for the adoption of this strategy and became a member of the alliance of NGOs in Costa Rica involved in tobacco control. In 2002, the ACSP hosted the 2nd GYTS data analysis and report writing workshop for the GYTS research team from Haiti and Cuba.

### Cuba

With CPHA's support, the Sociedad Cubana de Salud Pública (SCSP) completed the GYTS in 2001. The survey indicated that 6 in 10 students live in homes where others smoke, are exposed to smoke in public places or have parents who smoke. Of current smokers, 55.8% declared that they wanted to quit smoking, while a substantial 85.1% have received some help with smoking cessation. Eight in 10 students think smoking should be banned in public places, while only 6 in 10 think smoke from others is harmful to them. In early 2004, SCSP conducted a repeat GYTS.

SCSP used the results of the initial GYTS to help design their tobacco control campaigns. Over the period 2002-2005, CPHA supported SCSP's implementation of a smoking cessation initiative in the city of Havana to reduce tobacco use among youth. These activities will also further support SCSP's role as defender and promoter of public health in Cuban society.

In 2006, the SCSP advocated for the enforcement of second-hand smoke legislation in Cuba. This led to several key outputs including Ministry of Health commitment to give more priority to second-hand smoke issues, commitment to hold future PAHO SFE workshops in Cuba, and a commitment to establish tobacco national networks. Technical assistance also helped reframe the public message surrounding smoke-free policies and encouraged bilateral cooperation on the issue.

### Ethiopia

The Ethiopian Public Health Association (EPHA) conducted in 2008 a study on the prevalence, risk factors and socio-economic and health consequences of smoking and the role of media in tobacco control efforts in Ethiopia. The EPHA held a workshop with media representatives to enhance their knowledge about tobacco control and the health risks associated with smoking/ETS. One output was the production of draft media reports for TV and radio shows and draft newspaper articles on the topic.

## Haiti

In 2000, CPHA collaborated with the Association de Santé Publique d'Haïti (ASPHA) to strengthen the institutional capacity of the Association and expand the research and public education aspects of its work. Given the increasing exposure of Haitians to tobacco advertising, ASPHA members determined that they could make a unique contribution to the area of tobacco control through the 2001 GYTS. Although smoking rates were lower in Haiti (12% of students currently smoke), the data were interesting insofar as the male/female ratio of smokers was equal. Also of note were the high levels of environmental tobacco smoke (ETS).

In light of the GYTS results, ASPHA held a series of workshops for teachers and students regarding the health risks of smoking. ASPHA sent a delegate to a GYTS training session in Cuernavaca, Mexico in September 2003, organized by the CDC and PAHO. The purpose of the event was to plan the repetition of the GYTS survey in 2004, which was carried out by the ASPHA and funded by PAHO.

## Montenegro

In Montenegro, CPHA supported the implementation of the GYTS in primary schools (in 2003) and secondary schools (in 2004), in cooperation with the Institute of Public Health of Montenegro. Other activities include providing technical advice on draft tobacco control legislation from Health Canada, as well as supporting World No-Tobacco Day events in Montenegro. CPHA further supported its local partners in Montenegro to advocate to the Ministry of Health for signature and ratification of FCTC.

## Mozambique

The *Associação Moçambicana de Saúde Pública* (AMOSAPU) is an excellent partner for tobacco control projects. In early 2003 AMOSAPU carried out a training workshop for 25 tobacco control activists in Maputo secondary schools. Meetings were held with the Ministry of Education to plan a tobacco and health education campaign in selected schools.

AMOSAPU has also played a key role in advising the Ministry of Health regarding the FCTC. With support from CPHA, the Association organized a conference in Maputo concerning the FCTC. The conference was attended by seventy parliamentarians.

Although Mozambique is a tobacco-producing country, its delegation at the WHO spoke in favour of the treaty, arguing that the FCTC was important for developing countries in order to deal effectively with the power of multinational tobacco companies. Mozambique became one of the first countries to sign the FCTC, on June 18, 2004, just two days after it was open for signature. AMOSAPU continues its lobbying efforts with the Government of Mozambique and the National Parliament in order to encourage ratification of the FCTC.

In May 2004 AMOSAPU received the World Health Organization's "Special



Photo: AMOSAPU

*Opening ceremony for the first regional meeting of public health associations on leadership for tobacco control in East and Southern Africa*

Director-General's Award" in recognition of its outstanding contribution to tobacco control. This award was one of only two granted annually by the WHO Director-General.

In 2006, AMOSAPU held 2 sub-national planning meetings with support from CPHA. These meetings resulted in increased scope of the tobacco control movement and for the first time, reach beyond the capital city. The meetings also led to the training of 65 tobacco control advocates and launch of tobacco control campaigns through press conferences, which led to adoption of smoke-free places and involvement of various populations in tobacco control, especially among women and youth.

In 2007, AMOSAPU organized 4 workshops to train local tobacco control advocates, produced and disseminated provincial reports from workshops and expanded national advocacy efforts to achieve ratification of the FCTC. The results included the adoption of a government decree that regulates the use and sale of tobacco products and the creation of groups to study agricultural cash crops and livelihood activities to help farmers shift from tobacco growing.

In May 2007, AMOSAPU hosted, in collaboration with CPHA, a workshop on Leadership on Tobacco Control for Public Health Associations in East and Southern Africa. This workshop marked the first occasion that public health associations in the east and southern Africa region met on the issue of tobacco control. The purpose of the meeting was to promote the active participation of public health associations in this region in the definition and development of strategies for tobacco control policy advocacy and action (programs and practice) at the national and regional levels. This workshop resulted in the identification of a common strategy and a desire for increased collaboration among PHAs in the east and southern Africa region to take a leadership role in tobacco control. The participating PHAs also considered a proposal by RITC to establish a PHA-based regional tobacco research centre. They also decided to develop a proposal to examine smoking prevalence among health sciences students and to carry out a study on the availability and quality of tobacco control curricula in post-secondary health sciences academic institutions.

### Niger

The *Association Nigérienne pour la Promotion de la Santé Publique* (ANSP) conducted the GYTS in 2001. The survey found that 17% of respondents currently smoke cigarettes (male = 24.8%, female = 6.5%), while only 4 in 10 students had been taught in class during the past year about the dangers of smoking. Seven in 10 smokers indicated they wanted to quit.

In April 2004, ANSP used CPHA-administered funding from Health Canada to organize a roundtable on tobacco control involving participants from government, civil society and the media. The roundtable focused on both the results of the GYTS and the FCTC. Two months after the roundtable, on June 28<sup>th</sup> 2004, Niger signed the FCTC.

CPHA recently supported a meeting in Niger to develop concrete action plans and declarations to increase NGO involvement and capacity for tobacco control. The meeting allowed for networking between PHAs in Francophone Africa on tobacco control, thereby planting the seeds for a network of Francophone PHAs working in tobacco control.

In 2007, the ANSP held workshops with students and teachers at primary and secondary schools in and around Niamey to increase their awareness and knowledge about the issue of youth and smoking. They demonstrated the value of locally-generated results from the Global Youth Tobacco Survey as a means of informing teachers and decision-makers about the importance of the issue of tobacco use among youth. The workshops also served to increase knowledge about and interest in the topic of tobacco control and youth among primary and secondary high school teachers in Niamey

region. One of the outputs was the demonstration of a school-based teaching module on smoking and health for young people. The workshop recommendations included proposals for the establishment of a tobacco control committee in each school (endorsed by the Ministry of Education) and the preparation and dissemination of tobacco control posters and teaching materials to all schools in the Niamey region.

The ANSP also carried out in 2008 and 2009 a study examining the application of FCTC Articles 8 and 12 in Niger. In 2006, the government of Niger approved a national tobacco control program, which included bans on smoking in public places, bans on the advertising of tobacco products, and a strategy to increase public awareness about the health risks associated with tobacco and smoking. The ANSP study found that despite the existence of legislation, there is little regard for or application of the law. Smoking takes place in primary and secondary schools, teachers and students smoke openly, and there is not signage or other measures at schools announcing the prohibition of smoking on school premises. Students expressed their discontent with teachers smoking on school grounds in front of them, citing them as poor role models. They also understand the concept of ETS and indicated that they are exposed to tobacco smoke on a daily basis.

The study found that information about tobacco control and the health risks associated with smoking are disseminated through the media, particularly through television and radio. There was widespread support among survey respondents to the implementation of a national tobacco control program, including the enforcement of smoking bans in public places. The ANSP did find that some efforts have taken place, such as signs indicating a ban on smoking in public transport and at the Ministry of Health. The ANSP continues its advocacy efforts to promote the adoption of measures that will contribute to the full application of Articles 8 and 12.

#### Romania

In 1997 the Romanian Public Health & Health Management Association (RPHHMA), in cooperation with the Institute of Hygiene and Public Health, convened a press conference to highlight the need for legislation in Romania to regulate the sale of cigarettes to minors and the advertising of tobacco products. The economic power of national and international tobacco companies was significant at that time. The industry employed several thousand Romanian workers, and tobacco companies offered to subsidize apartment rents and housing costs by mounting billboards and painting advertisements on the sides of residential buildings. Billboards advertising cigarettes and “the good life” were springing up throughout Bucharest and other major cities and towns on the sides of office buildings and along roads. With assistance provided through CPHA, RPHHMA obtained copies of actual and pending Canadian legislation on the sale and advertising of tobacco products, which was used as a model for similar legislation in Romania. In 1999, partly in response to the advocacy work of RPHHMA, the Romanian Parliament passed legislation requiring cigarette advertising to contain a health warning. In 2000, CPHA developed a project proposal wherein the RPHHMA would conduct the GYTS in Romania and also carry out an assessment of the effectiveness of school-based smoking prevention and cessation programs. Unfortunately, CPHA could not identify a donor to fund the project.

#### Russia

At the time that CPHA began its cooperation with the Russian Public Health Association (RPHA) on this issue of tobacco control, Russia had one of the highest smoking prevalence rates in the world. But adults who wished to quit smoking had nowhere to turn for cessation services. This situation contributed to an extremely high rate of relapse (only 7% achieve long-term success in quitting). In 1998, CPHA implemented a collaborative project with the RPHA, funded by the Canadian International Development Agency (CIDA). The project included health promotion activities aimed at addressing the issue of tobacco and smoking among youth. The Canadian book *Smoke & Mirrors: The*

*Canadian Tobacco War* was translated into Russian and was used as a resource text for medical students and as an educational resource for public health workers.

In 1999, the Research for International Tobacco Control (RITC), a secretariat located at the International Development Research Centre (IDRC), supported the RPHA to carry out the country's first GYTS in Moscow, and to bring GYTS researchers together to compare results and move the initiative's agenda forward.

In 2002, RITC provided further funding to CPHA in support of a collaborative study carried out by the RPHA and the Russian Cancer Research Centre (RCRC). The project aimed to strengthen tobacco control policies in Russia by enhancing the state of knowledge regarding the determinants of tobacco use and cessation among Russia's youth and adults. The project had two components. The first was a study aimed at addressing the problem of smoking prevalence among youths in Russia by providing additional scientific information to Russian policy makers on qualitative research capacity. Some key findings of the study were that (1) prevalence of smoking among children is very high; (2) most children are beginning to smoke at earlier ages; (3) health professionals are part of the problem as large numbers of them are smokers; (4) a significant number of citizens wish to quit; (5) the international tobacco industry is quickly making inroads into Russia.

The second component of the project focused on the development, implementation and evaluation of a cost-effective and popular method of smoking cessation assistance for adult smokers who want to quit smoking. This project revealed some interesting scope for policy change, including more emphasis on mass-media campaigns, gender and age-specific programs, including the need to target younger smokers. The project also made clear the need for a more holistic approach to tobacco control policy and program development. Finally, the research indicated that the Smoking Cessation Service (SCS) method employed by the RCRC project provides an effective and affordable smoking cessation strategy.

### Serbia

Since 2002, CPHA has worked with the Tobacco Control Commission of the Republic of Serbia. CPHA provided technical advice on and helped prepare the Republic's first tobacco control strategy. CPHA also supported the implementation of the GYTS in over 300 schools in the Republic of Serbia and as well provided financial support to events marking Republic No-Smoking Day (January 31<sup>st</sup>) and World No-Tobacco Day (May 31<sup>st</sup>). CPHA obtained copyrights from the Government of British Columbia and financed both the translation into Serbian and the reproduction of the *Tobacco Industry Poster Child* materials. These posters were distributed to primary and secondary schools as well as health facilities throughout the Republic of Serbia.

In December 2003, CPHA supported a Serbian technical mission to Canada on skills-building in smoking prevalence and cessation. The Public Health Association of Serbia became a member of the Republic of Serbia's National Tobacco Control Commission, and is co-hosting a series of seminars about the FCTC in the Republic of Serbia.

CPHA also supported in 2005 through the PHAS a pilot study on pregnancy-associated smoking prevalence and post-partum smoking cessation relapse. This marked the first time that a study on this particular population group was carried out in eastern Europe. The results of the study indicated very high smoking prevalence rates among pregnant and post-partum women and a high cessation relapse despite counseling on smoking cessation by doctors. In 2007, a national survey was conducted, with survey design and data analysis technical assistance provided by the Ontario Tobacco Research Unit. The survey's results are being used to inform decision-makers and health professionals about the

urgency of the issue and the need to improve the quality and effectiveness of smoking prevention and cessation services.

CPHA also provided technical advice to the Republic of Serbia's National Tobacco Control Commission with the preparation of a project proposal methodology for a study on exposure of hospitality industry employees to second-hand tobacco smoke. The study, which examined ETS exposure for staff employed in restaurants and bars in Belgrade, was funded through the Research for International Tobacco Control (RITC).

In 2006, the pilot Global Health Professionals Survey (GHPSS) was carried out in the faculties of medicine, dentistry and pharmacy at Belgrade University. The research results indicate high smoking prevalence among health professional students and a need to reinforce the formal smoking prevention and cessation training as a component of the university curriculum.

CPHA supported the participation of PHAS delegates to the 5<sup>th</sup> National Conference on Tobacco Control, which took place in October 2007 in Edmonton (Alberta). The delegates met with Canadian tobacco control policy-makers and researchers, and brought back new ideas and information about "best practices" in taxation, advertising bans, health package warnings and smoking prevention/cessation among youth.



*Photo: Public Health Association of Serbia*

*Exchanging cigarettes for fresh fruits and vegetables at National No Smoking Day (January 31) in Belgrade, Serbia*

In April 2009, representatives from the PHA of Serbia made presentations on that association's contribution to and the achievement of its tobacco control efforts at the 12<sup>th</sup> World Congress on Public Health in Istanbul (Turkey). The PHAS is also a member of the WFPHA's Tobacco Control Working Group, established in late 2009, and will work with CPHA to develop a strategy for future WFPHA-led initiatives on tobacco control.

### Tanzania

The Tanzania Public Health Association (TPHA), founded in 1980, has been a model for other PHAs in the Africa region, demonstrating how to mobilize the public health community on various public health issues. Since 1996, TPHA has been a major voice in advocating against tobacco production and use. Since 1999, TPHA has followed closely the development and eventual adoption of the FCTC. TPHA played an instrumental role in convincing the Tanzanian government to pass a tobacco control law in 2004. TPHA's strategy has been mainly to lobby the Ministry of Health directly. TPHA has further put pressure on the Ministry of Health and succeeded in getting Tanzania to sign the FCTC in January 2004.

CPHA continued its support to the TPHA's tobacco control efforts in 2006 and 2007. The TPHA focused its efforts on advocating for the ratification of the FCTC by the Government of Tanzania. It held workshops for and distributed FCTC information materials to parliamentarians. The TPHA also printed and distributed 2000 booklets of 'The Tanzania Tobacco Products Regulation Act, 2003' and

additional awareness enhancement materials in Kiswahili. It hosted workshops with the Tanzania Tobacco Control Forum and the Tanzania Youth Vision to strengthen collaboration and action on tobacco control. The Association also co-sponsored a study on the issue of the use of smokeless tobacco products by youth in the Morogoro region (results forthcoming).

In 2008-09, the TPHA organized a series of information meetings with district councilors, produced and distributed public awareness and educative materials related to smoking and tobacco control and facilitated the presentation of the results of Tanzania-based research studies on this topic at the TPHA's annual public health conference. Through its efforts, the TPHA is advocating to key government decision-makers for the adoption of stronger tobacco control legislation and the application of the FCTC Articles. It is also building public awareness about existing Tanzanian tobacco control legislation, and the need for stronger laws and their application. The association is also contributing to building local applied research capacity on tobacco and smoking, and promoting the use of research results to inform policy and program recommendations.

### Turkey

Founded in 1993 with technical assistance provided through CPHA, Turkey's Public Health Association, Halk Saglığı Kurumu Dernegi (HASAK) participated, along with representatives of the Turkish Medical Association and the Society for Health Promotion and Tobacco Control, at the 1996 workshop on "Tobacco as a Public Health Issue". A draft tobacco control strategy was prepared and submitted to the Ministry of Health. HASAK helped form and serve on the Executive Board of the National Smoking and Health Committee, a coalition of NGOs, professional associations and representatives from government ministries. Tobacco control legislation was enacted by the Turkish parliament in late 1996.

HASAK participated in and helped organize the country's first "Quit and Win Campaign and produced a compendium of the artwork prepared by the Turkish school children. Representatives of HASAK participated in a televised discussion about smoking and health. HASAK also co-sponsored the National Tobacco and Health Conference, long with several one-day public awareness-building workshops and campaigns.

### Uganda

The Ugandan National Association for Community and Occupation Health (UNACOH) has a keen interest in tobacco issues. In 1999, UNACOH started Tobacco or Health seed activities in the 16 districts with UNACOH branches, supported by the American Cancer Society. This support was coordinated by the President of UNACOH's who is also the focal point on tobacco within Uganda's Ministry of Health.

UNACOH conducted a school-based survey on tobacco use among youth, carried out in 10 secondary and 16 primary schools. Association branches came together on May 11, 2001 in Kampala to discuss the survey results and plan a dissemination strategy. In addition, UNACOH has organized Tobacco or Health sessions at its annual Scientific Conferences.

With CPHA's support, UNACOH embarked on an initiative in 2008-09 through which it focused on producing tobacco control and smoking prevention awareness materials and a training program for UNACOH's representatives in 12 districts to conduct tobacco control public awareness programs. It also developed and broadcast through national radio several broadcasts on various aspects of tobacco and smoking. It also featured several presentations on tobacco control and smoking at its annual conference, and conducted smoking and tobacco awareness campaigns in 20 schools.

UN-Administered Province of Kosovo

CPHA supported the GYTS in primary and secondary schools in 2004. The GYTS is being used as a means to promote collaborative work between public health professionals in the Albanian and in the Serb sections of this territory. The results of the GYTS will be used to prepare a tobacco control policy and to develop and monitor school-based smoking prevention and cessation programs.



Photo: CDC

*This is what we are trying to prevent – and we are making progress towards this global goal*

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