

WHO's goal to reduce smoking is achievable – the national Tobacco-Free Finland 2040 project requires stronger action

Key Findings

- Daily smoking among the adult population has diminished in the 2000s.
- WHO's goal to reduce smoking by 30% by 2025 is achievable.
- The national Tobacco-Free Finland 2030/2040 goal will not be reached unless measures supporting the reduction of smoking are enhanced.
- In the attempt to reduce smoking and the health hazards connected with the habit, emphasis should be placed on both preventing adolescents from starting to smoke and supporting attempts by smokers to quit.

Authors:

Antero Heloma
Chief Physician, THL

Otto Ruokolainen
Researcher, THL

Pekka Jousilahti
Research Professor, THL

INTRODUCTION

The World Health Organization (WHO) has published its action plan for the prevention and control of noncommunicable diseases for 2013–2020. The action plan includes proposals for health policy and practical action. The objective is for the member states to reach as many as possible of the nine international targets pertaining to the prevention and treatment of noncommunicable diseases by the year 2025. The attainment of the said targets is being monitored through 25 indicators, which represent risk of premature mortality, levels of noncommunicable disease risk and protective factors as well as the potential for and realisation of prevention and treatment. The baseline of the monitoring is year 2010.

The WHO action plan is primarily focused on four important disease groups: cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. Disease prevention focuses on lifestyle factors: smoking, unhealthy diet, lack of physical activity, and harmful use of alcohol.

An evaluation has been conducted in Finland on the current state and previous development of noncommunicable diseases and their risk factors to estimate how realistic the targets set by WHO are for Finland. At the same time, national challenges have been identified along with possibilities for improving the prevention of noncommunicable diseases.

DEVELOPMENT OF SMOKING AND TOBACCO LEGISLATION IN FINLAND SINCE THE 1960'S

In the 1960s, approximately 60% of working age men in Finland smoked, but since then there has been a drastic drop in smoking among the male population. Smoking increased amongst the female population until the enactment of the Tobacco Act in 1976. After that, it decreased until the late 1980s, when it began increasing again. During the 2000s, smoking has declined amongst both men and women. In 2013, 19% of working age men and 13% of working age women smoked. Socioeconomic differences are significant in the prevalence of smoking. Smoking is clearly more common among those with a lower education than those with a higher education.

In addition to the Tobacco Act of 1976, essential measures on reducing the prevalence of smoking include the later reforms on the Act. The ban on workplace smoking from 1994 deserves special mention. The same law reform included a ban on indirect tobacco advertising and raising the age limit for buying tobacco from 16 to 18. Smoking in restaurants was banned in 2007.

The 2010 reform to the Tobacco Act extended the smoking ban to some outdoor areas. At the same time, a ban on displaying tobacco products was added to the Act, taking effect on 2012. In addition to this, the objective paragraph of the Act was revised so that the objective became to end the use of tobacco products rather than only reduce it. The Tobacco-Free Finland 2040 programme aims to reduce the total number of smokers in Finland to less than 2% by the year 2040.

WHO targets for 2010–2025

1. A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases.
2. At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context.
3. A 10% relative reduction in prevalence of insufficient physical activity.
4. A 30% relative reduction in mean population intake of salt/sodium.
5. A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years.
6. A 25% relative reduction in the prevalence of raised blood pressure.
7. Halt the rise in diabetes and obesity.
8. At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes
9. An 80% availability of the affordable basic technologies and essential medicines required to treat major noncommunicable diseases.

WHO indicators for the reduction in smoking

Smoking prevalence among adolescents

Age-standardised smoking prevalence among adults (18+)

WHO'S GOAL TO REDUCE SMOKING AND ACHIEVING THE GOAL

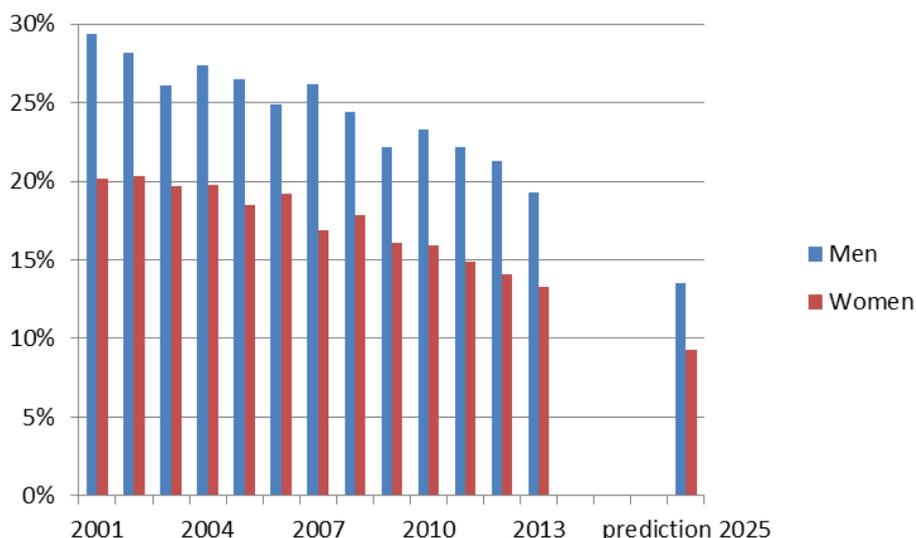
The objective set in the WHO implementation programme is to reduce smoking by 30% by reference to the current level by the year 2025. The indicator used in Finland is the prevalence of daily smoking amongst the population aged 15–64. Adolescent smoking will also be monitored.

Projections pertaining to the achievement of this goal are based on the assumption that the relative total change in smoking between 2013 and 2025 will equal that between 2001 and 2013 (12-year periods). Between 2001 and 2013, smoking dropped by 34.4% amongst men and by 34.2% amongst women. On this basis, WHO's goal to reduce smoking by 30% would be reached by 2025 for both men and women. The average annual percentage change between 2001 and 2013 was 3.4% for men and 3.3% for women. Should the same trend continue, by 2025 the percentage of smokers will be 13.5% amongst the male population and 9.3% amongst the female population (Figure 1).

The national objective – a tobacco-free Finland by 2040 (or even by 2030) – would not be reached should the trend keep dropping by the same annual average as between 2001 and 2013. In this case, more than 7% of men and more than 5% of women would still be smoking in the year 2040.

If the annual percentage reduction in smoking remains the same, the absolute reduction will slow as the prevalence of smoking decreases. On the other hand, if we were to assume that the same number of people were to quit smoking each year, the national objective could be reached for both men and women before 2040. However, the latter model is less likely in the light of experience so far.

The reduction in smoking amongst adolescents between 2001 and 2013 has been even more drastic than amongst the working-age population (Figure 2). This supports the projection that the WHO goal will be reached by 2025.



Source: Health Behaviour and Health among the Finnish Adult Population 2001–2013

Figure 1. Daily smoking amongst men and women 15 to 64 years of age in Finland between 2001 and 2013 (%) and the projection in accordance with the WHO goal for 2025 (30% reduction in daily smoking).

The materials used

Health Behaviour and Health among the Finnish Adult Population survey is a postal survey conducted by THL on an annual basis. A random sample of 5,000 Finns of 15 to 64 years of age are picked from the population register for the research material.

The response rate has dropped, which is a common trend for other general population surveys. Nevertheless, the survey has for the most part remained comparable year after year. The response rate to the 2013 survey was 51%.

Additional information

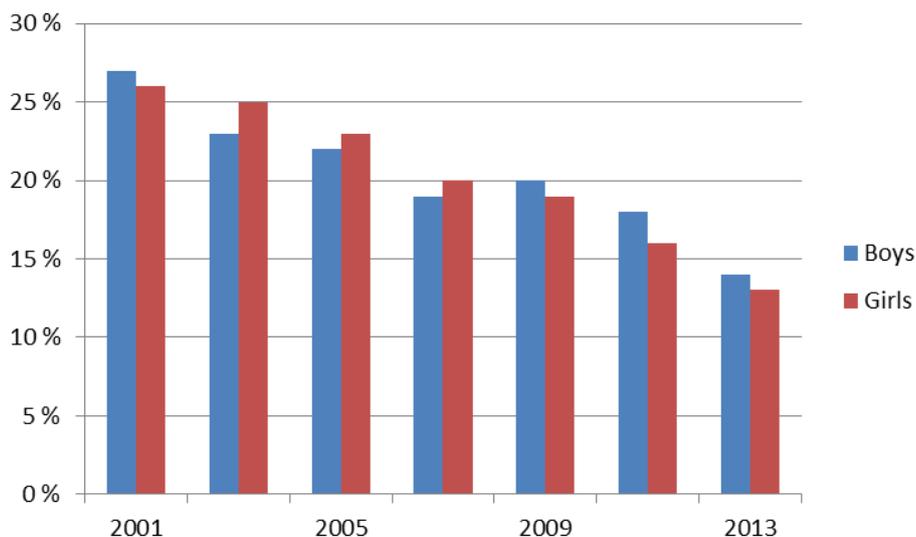
www.thl.fi/avtk

The Adolescent Health and Lifestyle Survey is a postal survey conducted every other year by the Tampere University, directed at young people aged 12-18.

The survey is conducted so that the results have remained as comparable as possible. The response rate to the Adolescent Health and Lifestyle Survey has also dropped. In 2013, 38% (N=3535) filled in the actual form. The response rate was 44% (N=4158), if those filling in the short form were included.

Additional information:

www.uta.fi



Source: The Adolescent Health and Lifestyle Survey 2013

Figure 2. Daily consumption of tobacco products by male and female young people 14–18 years of age between 2001 and 2013 (%), age- and gender-standardised.

DISCUSSION

Should the trend in reduced smoking in the 2000s continue, WHO's goal – a 30% drop in the smoking prevalence by 2025 – will be achievable. The national objective to create a tobacco-free Finland by 2040, however, would not be achieved. The average annual decrease in smoking should be approximately 8% in order to meet the national target.

The reduction of smoking can be advanced, for instance, by reforms to the tobacco legislation – e.g. by adding smoke-free facilities and increasingly extending smoking bans to outdoor areas. Neutral tobacco packages where brands and logos are not visible with the exception of the product name will probably reduce the brand value of tobacco brands and make smoking less appealing, especially to young people.

In addition to legislative measures, increasing the price of tobacco will reduce smoking. Increasing prices will have the greatest effect on young people and those with low income. For instance, the price of tobacco could be raised per annum by a somewhat larger percentage than between 2009 and 2015, without an increase in smuggling and tobacco brought into the country by those travelling abroad.

A clear increase in the consumption of electronic cigarettes may, at least to some degree, reduce the consumption of traditional tobacco products because, according to studies, the use of e-cigarettes may reduce smoking, even though its effect on reduced smoking is yet to be proved. Most commonly, these products are used side-by-side. However, the use of electronic cigarettes amongst the adult population of Finland has been low (2%). The daily use of snus amongst the adult population of Finland is very low (1%). The use of snus has not increased in any significant measure in recent years.

BIBLIOGRAPHY

Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. *Br Med J* 2004;328.

Hara M, Simonen O. (eds.) New era for tobacco control policy. Proposals by the tobacco policy development working group of the Tobacco-free Finland 2040 networks. *Directions* 21/2013. Helsinki. National Institute for Health and Welfare.

Heloma A, Helakorpi S, Danielsson P, ym. (2012) Suomen tupakkapolitiikka ja -lainsäädäntö – kehitys vuodesta 1976 nykypäivään. Teoksessa Heloma A, Ollila H, Danielsson P, ym. (toim.) Kohti savutonta Suomea. Tupakoinnin ja tupakkapolitiikan muutokset. Teema 16/2012, 24-35. Helsinki. National Institute for Health and Welfare.

Joossens L, Raw M. The Tobacco Control Scale 2013 in Europe. http://www.europeancancerleagues.org/images/TobaccoControl/TC_S_2013_in_Europe_13-03-14_final_1.pdf

Jousilahti P, Borodulin K. Suomalaisien tupakointi vähenee. *Research in a Nutshell* 3, November 2012. Helsinki:THL.

McRobbie, H., Bullen, C., Hartmann-Boyce, J., & Hajek, P. (2014). Electronic cigarettes for smoking cessation and reduction. *Cochrane Database of Systematic Reviews*, (12), CD010216.

Roadmap to a Tobacco-free Finland - Action Plan on Tobacco Control. Publications 10/2014. Helsinki. Ministry of Social Affairs and Health.

Ruokolainen O, Ollila H, Heloma A. Sähkösavukkeiden käyttö Suomessa 2012 ja 2013. *Research in a Nutshell* 16/2014. Helsinki. National Institute for Health and Welfare.

National Institute for Health and Welfare

P.O.BOX 30 (Mannerheimintie 166)
FI-00271 Helsinki, Finland
Tel. +358 29 524 6000

ISBN 978-952-302-510-3 (online publication)
ISSN 2323-5179

<http://urn.fi/URN:ISBN:978-952-302-510-3>

www.thl.fi/tupakka

Differences in smoking amongst various population groups have remained great, the relative difference between men and women remaining the same. Women with a lower education smoke more than men with a higher education. Differences between various education groups are particularly clear among the adolescents: smoking is three to four times more common amongst vocational school students than amongst students at general upper secondary education. Even though smoking has reduced in recent years within all education groups, it remains one of the most significant factors creating health inequalities between population groups. The reduction of smoking prevalence amongst the entire population could be greatly enhanced and accelerated by reducing the differences amongst population groups.

The reduction of smoking should emphasise both the prevention of smoking and the promotion of giving up smoking. The health benefits gained by reducing the commencement of smoking amongst adolescents will not be evident until years later. The health benefits gained by giving up smoking will, however, be evident relatively quickly. The risk of cardiovascular disease will be drastically reduced within a few years. Cancer risk will also be reduced, albeit more slowly.

Even though most smokers want to quit, few succeed without support. Nevertheless, there are effective tools which aid in quitting smoking. Smoking cessation therapy is part of the care of every smoker patient. Functional clinical pathways for tobacco dependence combine primary health care and special health care as well as the private and third sectors. Special emphasis should be placed on diminishing the differences between various education groups, both in the prevention of smoking and in supporting cessation.

According to a publication comparing tobacco control policies in a wide range of European countries, Finland ranks as the 9th best country in Europe in tobacco control. Finland has seen particular success in tobacco advertisement bans and smoking bans in public spaces, but clearly less success in information campaigns and in supporting smoking cessation. Tobacco prices in Finland are average.

Finland has been successful in implementing the objectives set in the WHO Framework Convention on Tobacco Control. Even though – based on our projection – we are well on course to meet the targets set in the WHO implementation programme, on a global scale we have set a very ambitious goal of eradicating smoking by the year 2040. Reaching the national goal requires more efficient further measures to reduce smoking.

The “New era for tobacco control policy” and “Roadmap to a Tobacco-free Finland” publications present a selection of measures to make smoking reduction more effective. At the core are the development of tobacco legislation and the pricing policy. However, it is also vital to better promote softer measures, such as more efficient support for those planning to quit smoking, in order to achieve the goals set in the Tobacco Act.

Reference for this publication: Heloma A, Ruokolainen O, Jousilahti P. WHO's goal to reduce smoking is achievable – the national Tobacco-Free Finland 2040 project requires stronger action. *Data Brief* 24 April 2015. National Institute for Health and Welfare (THL), Helsinki.