SILNE-R

Enhancing the Effectiveness of Programs and Strategies to Prevent Youth Smoking: A Comparative Realist Evaluation of Seven European Cities

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Preventing youth smoking in Finland: findings and recommendations (national, local and school)

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Work Package 3 (WP3)

DELIVERABLE REPORT D3.2

APPENDIX L

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Fine-grained (evidence-based, context specific) recommendations at national, local and school levels to prevent youth smoking in Finland

Finland: Context

Finland, the capital of which is Helsinki, has a population of 5.5 million. Tampere has a population of 220,000 and a physical area of 523 km^2. Finland had a national tobacco score of 55 in 2013 and 60 in 2016. In Tampere, weekly smoking prevalence in SILNE schools in 2013 was 15.2% and in 2016, in SILNE-R schools, it had decreased to 7.7%.

Data sources for findings and recommendations in this report

The fine-grained policy recommendations to prevent youth smoking in Finland that are contained in this report are based on findings and recommendations from many quantitative and qualitative data sources collected for the SILNE-R project (2015-2018). The fine-grained recommendations for Finland in this report should be read in conjunction with the reports containing cross-national, national, local, and school-level findings and recommendations (D3.2 Appendices A, B, C and D).

Overseen by WP8, surveys of more than 13,000 school students in 7 cities were carried out (2016/17) to examine student health, social networks, smoking (prevalence, access to cigarettes, attitudes to smoking, parental smoking, location of smoking, smoking in the home, e-cigarettes, *etc.*), perceptions of school tobacco policies, *etc.*. The general participation rate for student surveys was 89.6 % (all countries). In Finland, 1543 students participated (98.72% participation rate).

From late 2016-2017, overseen by WP9, 56 single-sex focus group interviews took place, 8 in each of the 7 cities, involving 319 participants. The focus groups paid particular regard to school smoke-free policies and age-of-sale laws. Participants were recruited by teachers, who identified students they believed to be smokers or at risk of becoming smokers. Half the focus groups were conducted with girls and half with

boys. Overall, 168 girls and 151 boys participated, with 3-9 participants per group. Half of all groups were conducted with students attending schools that served a predominantly high socioeconomic status (SES) population, and half in schools serving a low SES population. Adolescents were aged 14-19 (average age of participants was 15.2 years) with most focus groups having participants under the legal age limit. In Tampere, 4 focus groups were held with girls and four with boys in 2 participating schools.

Staff questionnaires regarding school characteristics, school tobacco policies, health promotion and prevention, *etc.* were also completed for WP8 and interview data with staff was collected for WP7. Consultations and focus group interviews (initial and follow-up) were held with policymakers and stakeholders from the 7 SILNE-R countries and also from other EU and non-EU countries, overseen by WP5 at the national level and by WP6 at the local level.

Data relating to enforcement and implementation costs of certain tobacco control measures (ban on sale to minors; point-of-sale advertising; ban on smoking in public places) was overseen by WP10. In some cases, school staff were interviewed regarding the cost of school bans and educational programmes for WP10 (cost questionnaires/interviews).

National-level findings and recommendations to prevent adolescent smoking

Finland is a progressive country regarding tobacco control and there is strong support for tobacco control policies. Within Tampere, outdoor smoke-free areas are being expanded. WP5's[1] analysis of policy monopolies of pro and anti-tobacco interest groups across six European SILNE-R countries found that one of the main factors influencing variation in tobacco control policies across European countries is the relative policy dominance of pro and anti-tobacco control interest groups. WP5 examined whether there are patterns and similarities with regard to framing of tobacco and institutional arrangements across countries that have a relative dominance by either one of the two groups. In doing so, they conducted 32 semi-structured interviews with relevant stakeholders in Belgium, Finland, Germany,

Ireland, Italy, and the Netherlands.

They found that, in countries like Finland where health Non-Governmental Organizations (NGOs) have a policy dominance in tobacco control, NGO communities are well developed and have tight links to government while the industry is largely economically absent. In addition, the health ministry plays a central role in the policymaking process, FCTC Article 5.3. is strictly interpreted and the framing of tobacco focuses on the health aspects of smoking. In contrast, in countries where the tobacco industry and associated businesses have a policy dominance, the industry is more strongly embedded in the domestic economy while NGO communities are weak or absent in the field of tobacco control. In these countries, the health ministry plays a subordinate role in the policymaking process, FCTC's article 5.3. is only interpreted in terms of transparency and tobacco is framed as a private problem. They concluded that the way tobacco is framed in a country and the way institutions are arranged correspond to the policy monopoly in place, with strong similarities across countries with the same policy monopoly.

The Department of Health in Finland takes an active role in the creation, adoption and implementation of policies. Health and advocacy organisations work closely with government departments to formulate, deliver and implement initiatives.

Finland relevant national-level recommendations

1. Adolescent smoking remains a problem

The problem of adolescent smoking has not disappeared in Finland, and must be kept high on policy agendas. SILNE-R data[2] showed weekly smoking among students in schools in Tampere to be 6%, ever-tried smoking 28%, and ever users of e-cigarettes 30%. Health initiatives are beginning to focus elsewhere, such as efforts to pass anti-alcohol legislation.

Recommendations:

- **There is no safe level of smoking and smoking prevalence among adolescents continues to be a problem. TC is in competition with, and in danger of being swamped by, priorities on other adolescent health**

problems. We recommend keeping tobacco at the top of policy agendas, with constant reminders of the death and disability uniquely caused by smoking.

2. Cognisance needs to be taken of dominant frames influencing policy

SILNE-R data (WP8 D5.2) show the importance of policy change processes in shaping TC policies within individual countries. For the most effective TC control policy enactment, cognisance must be taken of these processes by TC advocates and stakeholders.

The strength of the dominant frame (health side versus tobacco industry) influences the policy environment and the receptiveness to change within the policy system. In Finland the health-side of the framework is dominant, and there is an intersectoral approach to population health that engages with multiple sectors and actors[3]. Specifically, within this frame, the Ministry of Health is responsible for creating and introducing new policies. There is cross-party almost unanimous political support for TC measures. There is co-ordination between government health departments and health advocacy organisations to drive and develop policies. Finland's progressive TC environment is further assisted by having a broader framework in place that focuses on health, *viz.*, the Health in all Policies (HiaP) principle. Finland also has a specified end-game goal, to be smoke-free by 2040.

Recommendations:

- **It is recommended that, when developing TC policy and advocating in Finland, cognisance is always taken of the particularised complexity of the national policy context, and that uptodate data are maintained regarding dominant frames that shape TC within each country. Education in the complexities of policy change processes is recommended for tobacco control advocates, NGOs and health experts in Finland whose professional substantive areas of expertise cannot be expected to include policy change processes. This is particularly important in Finland where strides made by active and effective health NGOs could be further amplified by knowledge of the elements of a taken for-granted *tobacco control policy paradigm*.**

- **Further research is required to "fill out" the understandings gained by WP4 and WP5 regarding policy monopolies in SILNE-R countries and to keep them up-to-date. Such research would develop the concept of a *tobacco control policy paradigm* and explicate its particularised operation across Europe countries and (regional and other - demographic *etc.*) contexts.**

3. Gather data on dominant frames in Finland to support continued progressiveness in TC and use this in TC advocacy

As described above, dominant values and beliefs that underpin TC policy in Finland are supportive of a progress TC environment. Positive TC dominant frames notwithstanding, such frames may may be under-exposed, taken-for-granted, and unchallenged. Regular data collection about values and beliefs that are known to have an impact on TC policies in Finland, extending the work of WP4 and WP5, would be a valuable tool for TC advocates. This could be done by Finland's civil service[4] institute that is dedicated to science in relation to health behaviours.

In Finland, robust health advocacy organisations exist, and their role is central to progressive TC environments. In exposing these dominant frames, TC experts and advocates can direct their efforts to ensure that dominant policy frames in Finland continue to be supportive of progressive tobacco control policy environments. This latter could be done through the further development of intersubjective discourses (*e.g.*, focussed on evidence bases, health, child frame).

- **We recommend regular data collection about values and beliefs that are known to have an impact on TC policies in Finland so that those supportive of Finland's progressive TC environment may be protected and negative changes noted and challenged.**
- **In terms of a dominant governmental frame in Finland: Further develop public discourses that highlight tobacco harms, are protective of citizens, and emphasise child health.**
- **In terms of civil and business institutions in Finland: Make even stronger networks of health NGOs and provide example to countries where health advocacy groups are weak and/or non-existent.**
- **We recommend an audit of current TC-related organisations, and**

interventions (resources, development) in order to be able to support them individually and draw on their good practices in countries with less progressive TC environments. We further recommend that existing networks of international tobacco control organisations (ENSP/ SFP/ FCA) establish sub-groups charged with advocating for national-level transferability of knowledge that is based on the complex policy monopoly environment within which each country operates.

- **Provide encouragement for health advocacy groups in Finland to continue to forge close co-operation with government while supporting continued aligned policy stances between tobacco control and government views. This can be aided by dissemination of tobacco control research, to the public and the government, showing health benefits of highly cost-effective tobacco prevention interventions; by bringing novel practical interventions to general notice; and by showing the popularity with the general population (electorate) of good tobacco control legislation.**
- **Overall, strengthen further health monopolies and weaken further tobacco industry monopolies.**
- **Pay attention to moments of potential change when stable policy-making processes are disrupted by moments of crisis. At these times, policy change may be more likely to occur. Note Punctuated Equilibrium Theory Framework (D3.2 Appendix A).**

4. TC efforts showing success but must be continued, expanded and translated

Current TC policies are taking effect, evident in reduced adolescent smoking prevalence in Finland but gains are not homogeneous, with tobacco-related health inequalities evident in some population sub-groups. This is the time for continued, expanded and translated/ transferred TC efforts.

Recommendations:

- **In Finland where prevalence is lower and TC environments more progressive, two broad approaches are required.**
    - **1. Continue with existing policies and interventions, ensuring strict**

enforcement.

- **2. Expand tobacco control efforts by adding new interventions where they are lacking to support the endgame vision.**

5. Specific measures to increase TCP progressiveness

Progressive tobacco control policy environments are characterised by systematic transposition of, strong compliance with, and strict enforcement of the Framework Convention on Tobacco Control (FCTC) treaty; the "Big Six" MPOWER[5] policies; the EU Tax Directive and the EU Tobacco Products Directive (TPD). SILNE-R cities like Tampere that have lower youth smoking prevalence are characterised by such progressive tobacco control policies. We recommend continued strong encorcement of TC policies at national level in Finland.

Recommendations:

- **Continue Finland's progressive TC approach with strict implementation, enforcement and oversight of FCTC policies recommendations.**
- **Meaningful enforcement is the most important measure for smoke-free legislation is required. Continue strict enforcement of existing smoke-free areas, and expand smoke-free areas especially in areas where "child health" discourses more easily justify it.**
- **As a more progressive TC country, Finland has ambitious 'endgame' aspirations. Further efforts are recommended to support this vision, such as improvements in smoking cessation services and more consistent mass media campaigns.**

6. Access: enforcement and other measures needed

The vast majority of SILNE-R adolescents were unable to legitimately purchase cigarettes from retailers in Finland because they were under the legal age of purchase, *i.e.*, 18 years, as specified by National Minimum Age of Sale Laws (NMASLs). National Minimum Age of Sale Laws (NMASLs) are designed to prevent young people from accessing cigarettes, with the aim of reducing youth smoking uptake and prevalence. WP9's analysis of focus group research exploring adolescents' perceptions and experiences of accessing cigarettes across 7 cities found that access was largely in contravention of national minimum age of sale laws (NMASL).

Participants across SILNE-R cities including Tampere accessed cigarettes with ease, using a variety of methods to obtain cigarettes from: 'legitimate' retailers or vending machines; people above the legal age of purchase; friends; 'proxies' (known or stranger adults who purchased cigarettes on their behalf); stealing from family members; buying from other young people; and purchasing cigarettes abroad. Methods to access cigarettes differ across cities, reflecting variation in the implementation or enforcement of NMASLs at a national or local level. Adolescents in Finland generally reported being able to obtain cigarettes with ease, by utilising a variety of methods. Smoking prevalence appeared to be relatively low amongst participants although use of Snus was reported to be significantly more desirable or "trendy". In contrast with findings from every other study site, a handful of Finnish participants suggested that obtaining cigarettes was difficult. Most, however, felt that cigarettes could be obtained with relative ease. Participants very rarely discussed trying to buy cigarettes from legitimate retailers, suggesting that attempts to do so would be unsuccessful. Participants reported routine use of 'buyers' (strangers or acquaintance proxies). Anomalously, some participants suggested buyers would occasionally approach them to offer assistance. The routine use of the term 'buyer' seemed to suggest this was a recognised 'symbolic' position. No Finnish participant mentioned vending machines. Policy recommendations are based on WP9[6] and other SILNE-R findings.

Tampere relevant recommendations:

- **Meaningful enforcement is the most important measure. Enforce national minimum age of sale laws. Finland's progressive tobacco control policy environment is reflected in good enforcement regarding access.**
- **Finland should consider following the example of 6 states (California, New Jersey, Massachusetts, Oregon, Hawaii and Maine) and at least 350 localities in the U.S. that, as of 19th September 2018, have raised the minimum age of sale to 21 years[7]. As the vast majority of smokers start smoking before the age of 20, enforcement of such a law would likely result in further decreases in youth smoking prevalence.**
- **Strengthen supply side restrictions. Consider the introduction of a licencing levy or penalty to discourage smaller retailers from supplying cigarettes to underage purchasers.**

- **Take action on proxies via awareness raising. This is an area where Finland could make headway. We recommend, among others, an intervention to be included in tobacco-related health education. This could include making smokers aware of their responsibilities in promoting smoking, especially as older students generally do not want younger students to start smoking**
- **Policy-makers should consider how 'holding students back' (*i.e.*, requiring students to repeat an academic year) can change peer group configuration and dynamics – particularly with regard to accessing cigarettes - and shape their interventions accordingly.**
- **A trans-national European approach - the fluid borders of Europe and the mobility of its citizens - means that successful policy-making should be seen as a supra-national/international endeavour.**
- **Specific education and media campaigns on the health harms of tobacco are required in the context of stranger proxies and older (known) persons buying cigarettes for young students in breach of the NMASLs.**
- **Further context-specific recommendations are detailed in Appendix D.**

7. Costs and cost effectiveness of various TC policies

As regards the current landscape of tobacco control policies and their costs in 7 European cities / countries, the findings of WP10[8] provided a snapshot of costs for the implementation of various policies to prevent adolescent smoking. In Tampere/Finland:

- A year of implementation of non-school bans (bans on smoking in public places, bans on sales to minors, bans on advertising at point-of-sale) cost €0.74 per person covered (PPP).
- A year of implementation of school bans cost, in mean, €23.40 per student covered (PPP), if considering a conservative perspective. Considering a realistic perspective, the implementation of this ban cost €0.
- The implementation of a school smoking prevention programme cost, in mean, €1.88 per student covered (PPP).
- Long-term effectiveness estimates ranged from 34,500 to 1,724,000 healthy years gained after the implementation of a strategy with a short-term

effectiveness of 1 to 50% relative reduction of smoking prevalence, respectively

- For these cost and effectiveness estimates, the implementation of non-school bans, school bans (realistic and conservative perspectives), and school programmes was highly cost effective (according to the WHO threshold of 1 times the GDP per capita) for the reduction of at least 1% of the prevalence of smoking among adolescents.

Recommendations:

- **Data on cost and cost effectiveness are scarce but it is clear from WP10 that school tobacco control policies (STPs) are highly cost-effective.**
- **To maximise the potential for use of financial data to support a demand for appropriate STPs, it is important that cost and cost-effectiveness data collection be made a component of STP monitoring and be available to support policy makers.**
- **It is important that the cost effectiveness of smoke-free laws is emphasised and kept prominent when public health, and particularly disease prevention, is being considered.**
- **Cost-effectiveness is a valuable tool when advising policy-makers and may be particularly important when tobacco control policies are in competition with, and possibly getting a lower priority than, other prevention areas for resources and public (electoral) support.**
- **Cost-effectiveness should be included in intersubjective discourses being developed by tobacco control advocates.**
- **Collection of cost data for use in cost-effectiveness analysis should be part of monitoring of smoke-free laws.**

Local-level findings and recommendations to prevent adolescent smoking

WP3 synthesised and translated evidence from SILNE-R WP4-10 in order to make local-level recommendations for the prevention of youth smoking in Finland. Using the prism of WP4 policy models and briefs, and drawing on WP6's qualitative

assessment of expert interviews (n=56) with European decision makers and stakeholders, and a consultation group, we make some observations. These observations and resulting recommendations are described in detail in D3.2 Appendix C.

Local context

Separate from a national policy and legislative context, schools exist within local contexts that must be taken into account in order to reduce and prevent adolescent smoking. Local primary prevention in schools in Finland must be framed with adequate national tobacco control policies, such as effective tobacco taxation and advertising bans, but features of the local context may support or hinder reductions in smoking prevalence among young people. In particular, local factors can create environments that, rather than discouraging young people from smoking, serve to facilitate youth tobacco use. This occurs despite national legislative frameworks, as a consequence of poor local enforcement, or lack of specific policy or legislation at the local level.

A critical realist qualitative study of the implementation of smoking bans at the local level of 7 SILNE-R cities based on semi-structured expert interviews (n=56) with local decision makers[9] showed that existing implementation processes in Finland may be categorised as “moderate-rational” rather than “progressive-hungry”, "upper-saturated", or “lower saturated”. These types differ mainly in regard to their engagement in enhancing smoke-free environments as well as along their level of perceived tobacco de-normalisation and public smoking visibility. Smoke-free environments are adopted at national levels, but differently implemented at local levels due to varying contextual factors, such as the level of collaboration, enforcement strategies, and national policy environments. Different legislative and administrative conditions lead to four implementation types and binary mechanisms of “expansion” and “closure”. Major mechanisms to expand future smoke-free regulations were found to be intersubjective arguments, such as scientific evidence, public support, and the child frame. However, counter-mechanisms of closure, like data on declining prevalence or “new trends in addiction”, can result in low priorities. Four smoke-free trans-local types and two mechanisms of “expansion” vs. “closure” were identified. To support smoke-free expansion at the local level, a number of

approaches are recommended. In order to be able to enhance existing smoke-free areas at the local level in the EU, local levels must be assisted by national levels, better use must be made of intersubjective arguments, particularly around the "child frame", and ongoing monitoring and evaluation must be ensured. Therefore, they identified the following approaches to improve the implementation of smoke-free bans at the local level: 1. Local TCPs must be framed, as in Ireland and Finland, within adequate and ambitious national policy environments, such as effective tobacco taxation, comprehensive smoke-free laws, banned vending machines, plain packs, point-of-sale and advertising bans. 2. Smoke-free laws need to be adapted and modernized specifically for outdoor places (*e.g.*, playgrounds) and private contexts (*e.g.*, cars) that are frequented by children. 3. Regular and active smoke-free-monitoring enhances effective long-term enforcement of smoke-free environments. An implementation plan (based on Ireland and Finland) including tobacco-focussed long-term monitoring at local levels, and reported documentation of developments is needed. Regional differences should be considered here, since financial and personnel resources are often unequally distributed across different administrative districts.

Barriers at the local level

Barriers identified across the 7 cities to successful local-level implementation of tobacco control activities to prevent youth smoking are: lack of a unified structure that deals with implementation, monitoring and enforcement of national-level policy and legislation; lack of an ‘implementation plan’ or strategy or endgame vision for prevention of youth smoking; lack of resources for tobacco control at local level; uneven efforts regarding denormalisation and specifically, advertising bans; inadequate expansion of smoke-free spaces, especially those where children may be (all indoor and outdoor areas in schools, health facilities, crèches, recreational facilities, sports stadia); and need for increased efforts for population sub-groups suffering specific disadvantage regarding smoking prevalence (low SES groups; some school types and tracks).

Suggested solutions at the local level

Suggested solutions to mitigate these barriers at the local level include tobacco taxation, institutional structures, expansion of smoke-free spaces, and community involvement. The use of intersubjective discourses - especially regarding evidence bases and child frames - is necessary and health advocates must employ

intersubjectivity as a way of building support and achieving policy consensus around smoke-free (and other policy) initiatives at the local level as much as at (inter-)national and school levels. These suggestions and derived recommendations are detailed in D3.2 Appendix C.

Tampere relevant local-level recommendations

A summary of Tampere relevant local-level recommendations to support the prevention of youth smoking is listed here.

Recommendations:

- **Emphasise the continuing need to improve national-level tobacco control policies to avoid the emergence of complacency and achieve the tobacco control 'endgame'.**
- **Institute a national-level office of an ombudsman/woman charged with national, local and school-level oversight of tobacco control and particularly the prevention of youth smoking.**
- **Prioritise low SES groups as they have higher smoking prevalence than everyone else and pool limited resources for socially disadvantaged contexts.**
- **Expand child-related smoke-free contexts, such as cars carrying minors and certain smoke-free outdoor areas (e.g., playgrounds, public parks).**
- **Consider localised community-group interventions for tobacco control, e.g. in the arts arena.**
- **Use intersubjective discourses at the local level and ensure that there is continuing health education concerning tobacco and nicotine addiction.**

School-level findings and recommendations to prevent adolescent smoking

School-level findings and recommendations to prevent adolescent smoking focus on smoke-free schools, school tobacco policies (STPs), and tobacco-related health education.

Smoke-free schools

Smoking and tobacco use is denormalised within schools in Tampere and smoking is not considered a problem within schools. The use of snus within schools, however, poses specific challenges.

Implementation of school smoking ban in Tampere

In its report to WP3[10], WP7 provided a brief overview of the implementation of a school smoking ban in each of the 7 SILNE-R countries. Its report was based on topics that were discussed in the school staff interviews and did not aim to provide a comprehensive understanding on policies in each country/schools. In Finland, legislation on comprehensive smoking ban had been in place for a long time. In general, smoking was considered de-normalised both among staff and students, and it was not considered a problem in any of the schools. A clear enforcement structure was generally in place. Sometimes, the smoking of staff other than teaching staff members was mentioned as an issue. Snus was considered quite common among students in two schools. Snus use is hard to detect and this caused some problems as regards enforcement.

Adolescent adherence to smoke-free school policies

Focus group research carried out with 319 students in 17 schools across 7 cities to explore adolescents' reports of variations in adherence to smoke-free schools policies was analysed by WP9 and synthesised for WP3[11]. Participants were recruited from two schools (one low SES and one high SES) in Tampere. In both schools, Finnish participants reported very limited (if any) on-site smoking and limited covert off-site smoking. Many students reported not being allowed to leave the school premises during the school day. This policy limited opportunities to smoke – requiring students to break other rules in order to do so. However, the use of school-site snus use will need some interventions in Finland.

Recommendations:

- **School policies on smoke-free schools need to be clear about what is expected of students, and about the extent of smoke-free areas on school campuses (school boundaries) as well as about off-site smoking at the periphery of school campuses.**
- **Smoke-free policies should continue to be comprehensively communicated**

using multiple modalities (written / signage / talks etc.) and communicated over time so that students are clear about actual policies rather than reported ones.

- **Smoke-free school policies should include tobacco products other than cigarettes, including e-cigarettes, and specifically in the Finnish context, snus.**

School tobacco policies

Tobacco control policies at schools (STPs) were examined by WP8 and each school given a STP score [12]. The STP score comprises three dimensions, namely comprehensiveness (who, where and when the policy applies to, whether they have smoking rooms installed and whether students perceive that there is a policy), enforcement (whether students perceive the policy as strict and the different types of consequences applied if a student is caught smoking) and communication (whether the policy is formal and how it is communicated to others). Each dimension ranges from 0 to 10 and the STP score is an average of all three dimensions. Overall, there was a significant improvement in the implementation of STPs in Tampere between 2013 and 2016. In that time, there was a significant decrease between 2013 and 2016 in the comprehensiveness of the STP (8.9 to 8.8, $p<.05$), but a significant increase in its enforcement (3.1 to 3.4, $p<.05$) and in its communication (5.8 to 6.7, $p<.05$). Overall the total score of the policy increased from 5.9 to 6.3 ($p<.05$).

Tobacco-related health education

From an analysis of interview data with school staff members, WP7 provided for WP3 an account of the current landscape of tobacco-related health education within the seven SILNE-R cities [13]. In Finland, Health Education (HE) has been a compulsory part of the national school curriculum since 2004. All 12-15 year olds take three courses, each 38 hours long, of HE. The aim of the instruction is to promote students' competence regarding health, well-being, and safety, and to develop students' cognitive, social, functional, and ethical capabilities, along with their ability to regulate emotions.

Recommendations:

- **The Finnish model and materials could form part of a template to remedy deficits noted in other countries and cities.**

Teacher education in tobacco-related health education

In Finland, HE teachers are required to have the same university level teaching qualifications as teachers in other subjects. Since 2014, the curricular emphasis is on phenomena-based learning, meaning that selected phenomena - such as addiction - are examined from the perspectives of various subjects, and using co-operative and student-centred teaching methods.

Recommendations:

- **Excellent progress has been made in Finland in the area of tobacco-related health education, especially regarding initial teacher education programmes and pedagogical approaches. This progress should be protected and further developed.**
- **Finland teacher education should be used as an exemplar for other EU countries for tobacco-related health education teacher formation and application of suitable and successful content and pedagogies.**

Content of tobacco-related health education

Basic and necessary information is delivered to 12-13 year olds (7th grade). The information is deepened from an addiction perspective for 13-14 year olds (8th grade). In addition to HE, smoking harms are also discussed in Biology, included in both the curriculum and textbooks on lung anatomy, and physiology and cancer. Students are evaluated and given grades on health education at the end of each school period, as in other subjects.

Recommendations:

The effectiveness of tobacco control education discussed in the frame of general health education using general texts has been questioned by students and by some experts in SILNE-R. It would therefore be very beneficial to formally assess and publish the results of this model for consideration by the tobacco control community.

Teaching methods for tobacco-related health education

Teaching methods in health education lessons are mostly based on student involvement, using students' questions as a starting point (constructivist approach). Teachers try to use new scientific findings if possible, *e.g.*, concerning the health risks of e-cigarettes.

Recommendations:

- **Continue with and expand further existing good practices in health education pedagogical approaches.**

Materials and resources

A variety of tobacco-related teaching materials is available, targeted at secondary school students online, offered by the Finnish National Agency for Education (EDUFI) and various NGOs. Websites and YouTube videos made by adolescents are also available. Although many resource materials are available, teachers identify a lack of time as a challenge in getting the most out of these resources.

Recommendations:

- **Translate Finnish materials where appropriate and make available as resource materials in other countries. Materials developed by adolescents such as websites and YouTube videos may be particularly attractive to young people in other countries, and should be given particular attention.**

Extra module

In the city of Tampere, in addition to the curriculum-based HE, a module on sexual health, drugs, alcohol, tobacco and addiction is delivered for all 8th grade students (13-14 year olds) that lasts one day (6-7 hours). The module was developed and is organised by experts from the health care services, educational authorities, University of Applied Sciences, and health education teachers in schools.

Recommendations:

- **Learning from the Tampere experience, give consideration to developing extra modules for health education in other countries, focussing on tobacco and addiction.**
- **Publish evaluations for consideration by TC policy makers considering formalising tobacco related education.**

Endnotes

[1] WP5 (UNIMASS), D5.3, Article 3: Who calls the shots in tobacco control policy? policy monopolies of pro and anti-tobacco interest groups across six European countries. Paper submitted to 'Social Science and Medicine'. Final SILNE-R Report, September 2018.

[2] WP8 (UCL). D8.3. Report with general overview. Final SILNE-R report, September 2018.

[3] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

[4] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

[5] MPOWER: Monitor tobacco use and prevention policies, • Protect people from tobacco smoke, • Offer help to quit tobacco use, • Warn about the dangers of tobacco, • Enforce bans on tobacco advertising, promotion and sponsorship, and • Raise taxes on tobacco.

[6] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

[7] Campaign for Tobacco-Free Kids (2018). States and localities that have raised the minimum legal sale age for tobacco products to 21. https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf Accessed 29 September 2018.

[8] WP10 (NSPH) Policy Recommendations Template for WPs 8 & 10, Feeding back findings to WP3. Internal SILNE-R report from WP10 to WP3, 3 April 2018.

[9] WP6 (MLU). Appendix 3 Martin Mlinarić, Laura Hoffmann, SILNE-R study group, Matthias Richter, Enhancing smoke-free environments at the local level: a comparative realist study and qualitative type construction across 7 European cities. SILNE-R Draft paper, September 2018, Final SILNE-R report and Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

[10] WP7 (UTA). Smoking Ban. Final report on school smoking ban implementation in seven European countries. Internal SILNE-R report from WP7 to WP3, May 2018.

[11] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

[12] WP8 (UCL). The current landscape of tobacco control policies within seven European countries / cities. Internal SILNE-R report from WP8 to WP3, April 2018.
WP8 (UCL). D8.3. Report with general overview. Final SILNE-R report, September 2018.
WP8 (UCL). D8.3, Appendix 9.a. paper 1, Nora Mélard, Adeline Grard, Pierre-Olivier Robert, Mirte Kuipers, Michael Schreuders, Teresa Leão, Laura Hoffmann, Matthias Richter, Arja Rimpela, Anton Kunst and Vincent Lorant. School tobacco policies and adolescent smoking in 6 European countries. Final SILNE-R report, September 2018.

[13] WP7 (UTA). Education. Final report on tobacco related health education. Internal SILNE-R report from WP7 to WP3, May 2018.