CONSEJERÍA DE SALUD

Andalusian Public Health System

COMPREHENSIVE TOBACCO ACTION PLAN FOR ANDALUSIA 2005-2010

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PRESENTATION

The Institutional Declaration on Smoking, in which the Cabinet of the Andalusian Regional Government stated its resolve to forge a Smoke Free Andalusia, stands as the Administrations' official support for what has been an ongoing concern in society, as well as for the Andalusian Health System.

Indeed, the Regional Ministry of Health is firmly committed to effectively tackling the most prevalent health issues that have been earmarked as priorities in our region. Among these, smoking is certainly one of the main problem areas. The region's Comprehensive Plan, developed to this specific end, entail targeted actions aimed at attaining optimum health-related and quality of life outcomes for the men and women of Andalusia.

In this regard, the 2005-2010 Comprehensive Tobacco Action Plan for Andalusia (Plan Integral de Tabaquismo de Andalucía), which I am pleased to describe in this paper, is a strategic instrument with which the Andalusian Health Authority wishes to pool all efforts to overcome one of today's major public health problems in our region i.e. smoking. In Andalusia, this epidemic causes 14.6% of all deaths every year and more than 25 different diseases.

The III Andalusian Healthcare Plan, which is the framework of reference for all regional comprehensive plans, places particular emphasis on health promotion policies, which obviously include anti-smoking measures. Thus, Health Promotion plays a leading role in the Comprehensive Tobacco Action Plan. The Plan combines strategies for prevention and cessation as set out in the Andalusian Smoking Prevention Plan, together with other actions undertaken by the Andalusian Regional Government in order to control the advertising of cigarettes and impose smoking restrictions in certain public places.

Also, in view of the fact that smoking is a multi-dimensional issue, it must be tackled with a co-ordinated and integrated approach in terms of prevention and care. The plan has been conceived as an instrument which may be used by all areas involved as a comprehensive approach, enabling the most appropriate measures for prevention to be put in place; providing optimum standards of available scientific evidence-based care; defining and implementing actions aimed at model and underprivileged groups; fostering inter-departmental co-operation, and ensuring the participation of all those associations actively involved. It is also important that training and research be carried out to guarantee the evaluation, monitoring and communication of all these strategies.

Likewise, this Comprehensive Plan has been conceived as an instrument to facilitate the co-ordination of healthcare actions and available resources. The aim is to improve healthcare delivered to smokers, while at the same time protecting the health of the general population by promoting healthier life-styles and better options and alternatives to smoking. It goes without saying that these actions are to be implemented in a climate of conciliation, freedom and mutual respect, promoting the participation and engagement of the Andalusian people.

In closing I would like to acknowledge all those professionals, members of the group responsible for the drafting of this valuable document, as well as scientific and civic associations, NGOs, economic and social stakeholders, as well as the local Corporations for their contributions of the utmost importance to the positive outcome of this project. Indeed, their contribution will be decisive in improving the health of the men and women of Andalusia and to making Andalusia a healthier, smoke free environment where better social well-being is definitely in the air.

María Jesús Montero
Regional Minister for Health,
Regional Government of Andalusia

INTRODUCTION

Smoking is not only the direct cause of diseases such as lung cancer, stroke, ischaemic heart disease, but also accelerates degenerative processes, both directly and indirectly, thus increasing the risk of premature death. According to the data provided by the 2003 Andalusian Health Survey (Encuesta Andaluza de Salud 2003), **in our region 33% of the population smokes** while 14.66% of the deaths in Andalusia in 2002 are attributed to this habit, accounting for 21.44% of deaths amongst men and 7.31% in women. Approximately 10.000 people die every year in Andalusia from smoking. In Spain, the annual death toll rises to 55,000, which is 16% of all deaths among the over 35. This implies that smoking causes more deaths than AIDS, alcohol, illegal drugs and road accidents together.

The World Health Organisation considers smoking to be an epidemic - one of the world's main public health issues – and points out that, in addition to sickness, the loss in years of life and the deaths this habit indisputably causes, healthcare expenditure generated by smoking all add to the economic burden of the Public Health System. In Andalusia, in 1999, smoking cost the Andalusian Healthcare System (SAS) in hospitalisation cost almost 135 million euros. At national level, it is estimated that the direct costs of smoking amount to about 3,918,44 million Euros a year. These costs are at least 80% of the revenue derived by the State in tobacco taxes. If we add on the indirect costs of other tobacco-related diseases and the complications smoking entails for other diseases, then tobacco-derived revenue would fail to meet the expenditure required.

What is more, cigarette smoke is not only harmful to those who are smoking (mainstream smoke) but also to those who and involuntarily inhale it during exposure (passive smokers). In this regard, WHO has stressed that tobacco smoke – as well as being unequivocally carcinogenic – is particularly damaging to children, and has also been associated with childhood pneumonia, ear infection and asthma.

In 2002, in recognition of the above, the Regional Ministry of Health initiated an **Andalusian Action Plan for Tobacco Control** (Plan de actuación sobre el tabaquismo) to tackle this serious public health problem within the framework of the II Andalusian Health Plan. The **Comprehensive Tobacco Action Plan for Andalusia 2005-2010** has been devised thanks to the actions undertaken since 2002. The objective of the current Plan, which forms part of the III Andalusian Health Plan 2003-2008, is to coordinate healthcare provision and available resources so as to improve the care provided to smokers and to protect the Andalusian population's right to health by promoting healthy life-styles and the creation of smoke free spaces as areas of well-being. Thus, the Comprehensive Tobacco Action Plan for Andalusia is a comprehensive and cross-departmental strategy for prevention, care and monitoring, encompassing different strands of action in several areas as summarised below:

- Prevention of smoking in schools.
- Promotion of health in the workplace.
- Co-operation with local stakeholders (civic groups, scientific and professional groups, NGOs, etc.)

- Offer the general public a model of care delivery.
- Attention to socially relevant groups (practitioners in healthcare, education and public administration).
- Specific actions aimed at tackling situations deemed to require special attention (poverty, imprisonment, mental illness, pregnancy).
- Training in smoking for all professionals involved.
- Promotion of research, production of scientific literature and the creation of Andalusian research groups by setting up a Centre for the Study of Smoking.

All the measures proposed under the Plan shall be implemented from a perspective of conciliation, with respect for non-smokers and for those who exercise their right to smoke in designated areas. The aim is to promote healthy life-styles whilst protecting peoples' right to health and ensuring harmonious co-existence for all.

The Plan uses an open methodology which allows for continuous assessment of all the activities envisaged, ensuring that the highest standards of quality can be attained while, at the same time, accommodating the incorporation of new proposals for improvement as and when seen fit.

The present national and international situation will lend full support to these measures. For instance, Spain ratified (Official State Gazette (BOE) February 10th 2005) the World Health Organisation's Treaty "Framework Convention on Tobacco Control". While this Plan was being drafted, broad consensus led to the approval by Spain on October 5th 2005 of the draft public bill on Health Measures against Smoking, after substantial headway had been made in raising public awareness on this issue. Following the publication of this Plan, Law 28/2005, of 26th December, came into effect on January 1st 2006 providing control-related healthcare measures and regulating the sale, supply, consumption and advertising of tobacco products.

II. SMOKING IN ANDALUSIA TODAY

An analysis of the situation

Spain ranks fourth in Europe in terms of tobacco consumption, behind Greece, France and Holland, with a prevalence of 33.1%.

According to the 2003 Andalusian Health Survey (Encuesta Andaluza de Salud), 33% of the population in Andalusia over 16 were smokers in 2003 (41.1% of men and 24.9% of women).

The use of tobacco in the Region of Andalusia is lower than the Spanish average for both men and women, with an uneven distribution by province. The differential between the percentage of smokers in the two provinces with the most extreme values (Jaén and Málaga) is 10%. Jaén (39.7%) has the highest percentage of smokers, followed by Córdoba (37.9%) then Cádiz (33.5%), and at the other end of the scale, below the average, are the provinces of Málaga (with the lowest smoking population 29.7%), Granada, Almería, Seville and Huelva.

In 2003, the highest percentage of smokers continued to be in the 25 to 44 year-old age group (46.2%, three points lower than in 1999). The figures for the 16 to 24 year-old group are also high (40%, five points up on 1999). According to Andalusian Health Surveys, the mean age when smoking for the first time is around 17 years of age (17.08 in 1999, 16.89 in 2003). However, other studies (WHO, 2004; DGSPP, 1999) indicate that initial contact with tobacco, tends to occur between 12 and 16 years of age, the percentage being proportionately greater as age increases.

Between 1987 and 2003, the number of male smokers dropped in Andalusia by 17 percentage points. This decline can also be observed (although not evenly) in all the provinces with the exception of Jaen. However, there has been a general increase in the number of women smokers (6 percentage points). Once again, there are provincial differences, and between 1999 and 2003 there appears to have been a decrease in the percentage of women smokers in Almeria, Malaga and Cadiz. At present, there does not seem to be any difference in percentages of young men and women who start smoking.

The number of former smokers in 2003 represented 14.3%. The provinces of Granada and Malaga by far boast the highest number of male ex-smokers while the highest number of females who have given up smoking was recorded in the provinces of Almeria, Granada and Malaga. In the province with the highest number of ex-smokers (Granada), these figures are almost double those of the province with the fewest (Cadiz).

The rate at which the tobacco use has dropped among men is even greater among the more socially privileged. Smoking has increased among women at a slower rate in the more socially privileged classes. Men and women who have difficulties making ends meet at the end of the month tend to smoke more.

II.1. Organisation of healthcare delivery and available resources

Smoking is a chronic disease with a tendency to relapse, but it can be treated and thus contribute to

avoiding excessive morbidity and mortality. However, the care delivered to smokers varies enormously both between healthcare centres and even within the same health centres.

Over the years (particularly towards the end of 2001, when smoking was banned on all Regional Ministry of Health premises), the **Smoke Free Health Centres (SFHC)** project was introduced. Its aim was to make the Andalusian Public Health System (APHS) smoke free and to develop and implement a strategy to help prevent and treat smoking. The project's objectives are to:

- Apply an effective model of intervention to foster and reinforce behaviour to control smoking.
- Reduce the prevalence of smoking and offer smoking cessation therapy to health centre workers.
- Effectively fulfil the role of Health Promoter.
- Further compliance with international standards of Smoke Free Centres.

1. Primary Healthcare

Since 2002, "healthcare for smokers" is included in the portfolio of services provided by district health centres within the remit of the APHS and at present, according to the APHS central services data (October 2005), care is being delivered at 1,478 existing primary healthcare centres[1] and by all the health practitioners at this level (GPs, nurses, social workers, paediatricians, midwives). This care is offered when smokers visit the health clinic for health reasons or if they are specifically seeking help to stop smoking. Such assistance has become known as **minimal intervention** (MI) at the clinic, or opportunistic advice on smoking, which is complemented with back-up literature and a commitment to follow-up.

More recently, some primary healthcare centres have started to deliver **advanced intervention** (AI), which consists of personalised smoking-cessation programmes. These involve periodic check-ups with a health practitioner as well as psychotherapy and pharmacological therapy, carbon monoxide measurements etc. These Advanced Intervention programmes against tobacco use are available at 158 primary healthcare centres, albeit unevenly distributed throughout the health districts in our Region.

In 2004, in all 73,983 people were seen and monitored within smoking cessation programmes. The primary healthcare districts which saw the highest number of patients were Malaga (23.665), Seville (13,915) and the Costa del Sol (10,560).

In primary healthcare settings, there are also many other actions currently under way targeting different groups for whom tobacco poses a special risk. Perhaps one of the most salient examples is the protocol devised for care of pregnant women who smoke as part of the general Ante-natal, Birth and Post-natal care programme. The network of outpatient clinics for drug-dependency treatment is also running programmes to help people stop smoking in 60 of the public and private, Ministry-approved hospitals in the Andalusian system, mainly in the Provinces of Cordoba and Jaen.

[1] This includes health centres, local and ancillary outpatient clinics

A framework for cross-departmental co-operation between the Regional Ministries of Health, Education and Equality & Social Welfare is currently offering therapy to professionals in the public education system in Andalusia. This same process has been launched to help health practitioners and other public employees to stop smoking. All these activities are linked to the *Smoke Free Centres* strategy.

Finally, one primary healthcare district, Malaga, launched an initiative to set up a referral unit for the healthcare centres to train, co-ordinate, supervise and provide care for model or particularly vulnerable groups.

2. Specialist care

The APHS has 32 Specialist Care hospitals at different levels (Regional, District and specialised centres). All practitioners are expected to deliver some form of minimal intervention to treat tobacco dependence, both to the public attending outpatient clinics and those already hospitalised. Visits for smoking-related health problems and pre-op anaesthesia consultations are particularly important.

At present there are **18 smoking-cessation and tobacco-dependence treatment units** at different hospitals in the Region. The vast majority of these units belong to the Pneumology Department although certain hospital departments of Preventive Medicine are also referral clinics. For the most part, these units specialised in the treatment of tobacco dependence provide individualised advanced intervention, but they also offer group therapy. They also set the benchmark for training and supervision for those Centres which have included this intervention in their portfolio over the last few years.

3. The Healthcare Circuit

Access to therapy is widespread and smokers can access counselling via four different routes:

- The smoking information hot line (900 850 300), the first toll free number of this kind in Spain. The service is available 24 hours day, 365 days a year.
- Through the Pharmacist, by agreement reached between the Regional Ministry of Health and several organisations and related foundations, by virtue of which the pharmacist can provide minimal counselling and refer the individual to his/her local health centre or reference clinic.
- Visit to the health care centre, either of one's own volition or by physician referral.
- Through the hospital or outpatient clinic, during check-ups for chronic illness or as a result of hospital admittance. In some cases the user may also go directly to the hospital unit on his/her own initiative.

4. Prevention of smoking in schools

The Regional Ministry of Education, in co-operation with the Regional Ministry of Health and the Regional Ministry of Equality & Social Welfare have, for a number of years now, been implementing

smoking prevention strategies in schools, with content and objectives varying according to the age of the target audience. Some of these programmes are focused on prevention of drug dependency "Prevenir para vivir" ("Prevention for Life"), "¿Y tú que piensas?" ("What do you think?"), or "DINO (SAYNO) whilst others are aimed more directly at smoking, such as "E.S.O. sin humo" (Smoke- free Compulsory Secondary Education) "Déjalo y Gana" (Quit and Win) or "Clase sin humo" (Smoke free classroom). The most widely implemented programme to date is **"E.S.O. sin humo"**, which included the participation of 51,471 students from 810 secondary schools in the academic year 2004-05.

The **"Forma Joven"** programme, which ran throughout the academic year 2000-2001 at Andalusian High Schools (I.E.S.), is backed by several regional ministries (Education, Health and Equality & Social Welfare) with support from the Andalusian Federation of Municipalities and Provinces as well as Andalusian Parents Associations. The programme provides a common forum in which professionals from the health and education sectors can discuss health problems affecting young people with the support of peers who can act as youth-mediators.

5. Social Participation and local action

The Ministry of Health's action plan on smoking was launched in 2001. A number of actions were undertaken in conjunction with civic associations, scientific and professional organisations, Town Councils, NGOs and Universities. It was firmly believed that joining forces at this level would give greater impetus to tackling the issue of smoking, which is a major social problem. There has been a great deal of institutional support that has materialised in the form of several official agreements and subsidies.

II.2 Tobacco Legislation.

The Plan has been developed within a legislative framework comprising many different types of norms and regulations. These range from the WHO International Treaty to European Community legislation and National and Regional laws on different levels. These are reviewed below in that order.

INTERNATIONAL LAW:

- **The WHO Framework Convention on Tobacco Control.**

COMMUNITY LAW:

ADVERTISING:

- Commission Decision 5-9-03 on pictures on packaging.
- Directive 2001-37 on manufacture, presentation and sale of tobacco products.
- Directive 2003-33 on advertising and sponsorship of tobacco products.
- Council Directive 89-552 on Radio-broadcasting.
- European Parliament and Council Directive 97-36-CE of 30 June 1997 which modifies Directive 89-552-CEE.

RESTRICTION OF TOBACCO COMSUMPTION, HEALTH IN THE WORKPLACE

- Council Directive 89-654-CEE, of 30th November 1989. Minimum provisions on health and safety in the workplace.
- Council Directive 92-85-CEE, of 19th October 1992, to promote improvements in health and safety in the workplace where there are pregnant women.
- Council Recommendation, of 2nd December 2002, on the prevention of tobacco consumption and a series of initiatives aimed at enhancing the fight against smoking.
- Council Resolution, of 26th November 1996, on the reducing tobacco consumption in the European Community.
- Resolution by the European Council and Ministers for Health of the Member States, of 18th July 1989, on the ban on smoking.

NATIONAL LEGISLATION

Royal Decree 1079/2002, of 18th October. Regulates the maximum nicotine, tar and carbon monoxide yield in cigarettes, labelling of tobacco products and the measures concerning ingredients and denomination of tobacco products. Enforced by Order SCO/127/2004.

Law 28/2005, of 26th December, on tobacco control-related health measures, also regulating sales, supply, consumption and advertising of tobacco products encompassed in EU Directive 2003/33/CE which calls for the harmonisation of national laws setting down the legal requirements, regulation and administrative provisions in the Member States concerning advertising and sponsorship of tobacco products.

REGIONAL LEGISLATION

Law 4/1997, of 9th July. Prevention and provision of care for drug users including tobacco.

Order of 21st December 2001, banning smoking in the offices of the Regional Ministry of Health.

In successive terms of office, the Regional Government of Andalusia has adopted a firm position on smoking. This was evidenced in 2001, when a suit was filed against the tobacco manufacturers, the first of its kind ever filed by a Public Administration in the European Union. The Andalusian Ministry of Health was also the first to publish the Order of 21st December 2001 which bans smoking in all Offices of this Regional Government. For the 2004-08 term of office, the initiative still stands and is expressed in both the Health Minister's address to the Parliamentary Health Commission in June 2004 and in the Institutional Declaration by the Cabinet of the Regional Government in May 2005.

II.3. Needs and expectations among Andalusians on tobacco related policies and strategies.

There are many ways to measure standards of care delivered; one of these is to survey public opinion. By understanding the public's perception of the issue, activities can be tailored to the population's demands. As a result, the aim has been to build the expectations of the different segments of the

population concerning tobacco control into the draft of the Plan. To this end, the Andalusian School of Public Health, at the behest of the Directorate for Public Health of the Regional Ministry of Health, conducted a survey of the public's expectations with the following main objectives in mind:

- To ascertain the opinion of the various population segments regarding current strategies for prevention, restrictions on use and cessation of smoking implemented at the workplace (groups of professionals) and in other areas of daily life (the general public). The survey also explores the opinions and expectations held on available healthcare services.

- To learn what expectations and proposals for improvement the different population segments would like to see built into future intervention measures.

The survey applied a **qualitative method,** through workshops, semi-structured interviews and questionnaires. Detailed below are the outcomes of the cross-cutting analysis of the areas where there was agreement or disagreement in terms of the expectations and opinions pinpointed in each group.

- The different groups agree that smokers, former smokers and non-smokers have little difficulty in living side by side peacefully.

- There is a unanimous opinion that people are smoking less these days, and that the rights of non-smokers are being respected much more. So much so in the opinion of some of the individuals surveyed, that it is almost as if "smokers are being persecuted". Most of the groups interviewed felt that the reduction in tobacco use is attributable more to greater civic respect for others, rather than to an increased awareness of the associated health risks.

- According to the different working environments there are varying degrees of regulation (from the total absence of norms to workplaces which have been designated "Smoke Free Centres"). There are also varying degrees of compliance. However, in some cases the introduction of a ban on smoking is justified because of the nature of the work, health implications and hygiene, as well as safety considerations.

- At the same time, the advantages of making workplaces Smoke Free have been highlighted. The potential effects of a total ban on smoking at work have been discussed, with varying opinions expressed about the impact this would have on productivity and down time at work. A proposal was made as to the appropriateness of designating specific areas for smoking according to the specificities of each workplace.

- The different groups interviewed expressed wide-ranging opinions on the future Law on Tobacco Control. While some of those interviewed are in favour of greater regulation as foreseen in the new law, others stress the fact that it might generate more conflict, that it may be difficult to enforce, and that restrictive measures alone are not effective in tackling the problem.

- In most workplaces there have been no prevention or cessation programmes implemented, with the exception of certain public administrations and large corporations. Some workplaces do provide information about activities to help people stop smoking, delivered by other organisations. Most of the professionals interviewed agree that there is a contradiction between imposing stricter rules in the workplace and an absence of programmes to help personnel give up smoking.

- With regards the healthcare services delivered by the Andalusian Health Service, there is evidently a lack of knowledge of what is on offer and how to access these services along with a feeling that the existing Tobacco Control clinics are overcrowded.

- Healthcare professionals in Primary Care, aware of their obligation to provide minimal intervention, complain of a lack of information about referral channels, and highlight that this hinders them from providing appropriate guidance to patients wanting to give up smoking who come to their practices.

- Among the tobacco cessation activities implemented in the workplace and the public health service, Group Therapy is very highly appraised. But there is a lot of criticism of the fact that drugs and other methods (nicotine patches and gum) are not available free on prescription.

- According to different professional and social perspectives, smoking is considered conceptually as a decision of free will or as addictive behaviour. The importance attributed to advocating treatment and the desired degree of regulation varies according to different perceptions. University faculty members and white-collar salaried workers stressed the importance of respecting people's decision to smoke, whereas employees in the healthcare sector, education (primary and secondary) and public employees place greater emphasis on the need to recognise smoking as a disease.

- The principal aspects highlighted in terms of expectations and suggestions for improvement are related to rules and their enforcement, smoking cessation programmes delivered at the workplace, and improvements in available healthcare services.

II.4. Opportunities for improvement.

As a result of the situation analysis carried out, a number of priority areas for tobacco control in Andalusia were identified:

1. Provision of Information and Public Awareness Campaigns concerning problems related to smoking, prevention and the designation of "smoke free areas" as places of social well-being. Education in decision-making skills and acquisition of alternative healthy behaviour to eradicate smoking.

2. Model Groups and those with social responsibilities should act as health promoters; their actions and decisions have a multiplier effect on the rest of society.

3. All healthcare professionals should mainstream minimal intervention into their daily praxis and endeavour to implement prevention and therapeutic strategies to help people succeed in giving up smoking as a means to a better quality of life.

4. Preventive actions aimed at promoting healthy life-styles, with specific emphasis on factors relating to how people take up smoking and why they continue to smoke, particularly targeting vulnerable segments of the population.

5. Actions targeting young people and adolescents, using effective health promotion and

prevention strategies tailored to the different age groups and to help them recognise and resist peer pressure.

6. Make workplaces healthy, "smoke free" places where a climate of social well-being and mutual respect prevails. Conciliation is paramount here.

7. The existing healthcare delivery model needs to be re-designed so as to facilitate the delivery of appropriate interventions according to the individual's progress in smoking cessation. The aim of this alternative approach is far broader as its objective is to ensure that the smoker who is trying to give up receives the necessary support and ongoing healthcare to do so successfully. This necessarily means that:
    - Resources must be made available on the basis of where they are needed.
    - Effective healthcare delivery should be guaranteed and the circuit to be followed should be clearly defined and activities properly planned.
    - There should be easier access to services.
    - There should be less variation in clinical practices.
    - There should be closer co-ordination among professionals at the same level.
    - Tools must be provided to enable monitoring (a system to record and monitor patient progress at all times) and recuperation of patients who have dropped out of programmes.
    - An indicator-based quality control system with metrics that can be used to suggest appropriate improvement strategies should be fostered.

8. Improved information systems are required with the capacity to provide data that can be used by the regional authorities to better pinpoint existing inequalities and the most vulnerable segments of the population. A Centre for Studies on Smoking could contribute along these lines by furthering research in the field and providing comprehensive advice on smoking.

9. Pre-certification, post-graduate and continuing education must be devised and delivered to ensure that all the professionals involved acquire the necessary skills and competencies (both theory and practice).

10. Healthcare centres are to be appropriately equipped to deliver the prevention, diagnosis, treatment and follow-up required of tobacco control programmes.

11. Andalusian regulations need to be adapted to national legislation. Current legislation on tobacco must also be updated.

12. The general public must be engaged in generating social commitment (i.e. this is an issue which affects us all, everyone can take part; compliance can be achieved if everyone agrees)

III. OBJECTIVES

The objectives of the Comprehensive Tobacco Action Plan for Andalusia are to:

1. Curb the incidence and prevalence of smoking in Andalusia.

2. Reduce the complications and morbi-mortality associated with tobacco among the men and women of Andalusia.

3. Improve the quality of life of both smokers and non-smokers.

4. Create a "Smoke Free" future, in a climate of social well-being and mutual respect, favouring healthy life-styles and upholding the right to health for all.

5. Foster the participation of the general public by engaging society in the development of each area of intervention contained in this Plan.

6. Guarantee smokers the highest standard of healthcare based upon available scientific evidence.

7. Ensure continuity of care as an essential element of comprehensive quality.

8. Effectively and efficiently tailor services to the population's needs.

9. Improve the general public's knowledge and education on smoking, with special attention to model groups and socially relevant segments of the population as well as other particularly vulnerable groups.

10. Further the training of professionals and promote research into smoking as ways to improve the understanding and treatment of this disease and its consequences.

IV. LINES OF ACTION

The following lines of action have been set up in order to attain the aims and objectives set out above:

1. Social communication, information and awareness raising campaigns.

2. Prevention of smoking and health promotion in different settings: schools and work and in the local community.

3. Delivery of care for smokers.

4. Provision of care to groups of particular social relevance (healthcare professionals, teachers and public employees).

5. Situations requiring special care (pregnant women, the mentally ill, the prison population and immigrants)

6. Professional training and career development.

7. Research.

8. Evaluation, quality and information systems.

9. Legislation

IV.1. Social communication, information and awareness raising campaigns

If people are to adopt healthy life-styles, personal and collective training and communication on health issues are crucial. In the specific case of tobacco/smoking, information and communication are powerful strategies which can go a long way to influencing the prevention and cessation of smoking, or in the creation of a climate of conciliation and mutual respect among smokers and non-smokers.

The actions set out in the Comprehensive Tobacco Action Plan pursue three general aims and objectives:

1. Acknowledge smoking as Andalusia's most significant public health problem.

2. Promote an attitude of conciliation and mutual respect to minimise conflict between smokers and non-smokers, and advocate the protection of the right to health for all.

3. Generate favourable public opinion towards tobacco control in Andalusia.

LINES OF ACTION FOR 2005-2010.

1. Health institutions and healthcare centres shall promote information and awareness campaigns on smoking. To this end, co-operation shall be fostered between associations of affected parties and scientific societies.

2. Smokers and the general population in Andalusia shall be guaranteed access to information on smoking and the healthcare resources available to help encourage people to give up the habit. Likewise, this channel of communication shall be reinforced by a web site containing up-to-date information on current legislation, methods and guides to stop smoking, the available healthcare services and cessation programmes, research papers and similar content.

3. Publication of guides and protocols containing information and advice. These shall be furnished to institutions and companies upon request.

4. Promote the "Smoke Free Company" programme through a series of co-operation arrangements as part of the "Healthy Companies Plan". A report must be published on the Project setting out the reasons why it should be promoted and extolling the overall benefits and the social aims of prevention and health promotion.

5. Draw up specific information and communications plans targeting different segments of the population.

6. Include information on smoking in the syllabus of education for health in schools.

7. Maintain the engagement of the education community (Parent Associations, teaching staff and students) in the prevention of smoking, and encourage the use of models from different groups (teachers, healthcare professionals, social leaders...) Ensure the widest dissemination and understanding of current legislation concerning the advertising, sale and consumption of tobacco.

8. Promote TV and Radio media coverage and discussion of tobacco and smoking-related problems.

IV.2. PROMOTION AND PREVENTION IN DIFFERENT SETTINGS

The following section provides a discussion of three main scenarios: the workplace, school and local action.

IV.2.1. Schools.

The purpose of intervention in this area is to stop, or delay, the uptake of smoking among school children and teenagers. Special attention is called for in the early stages of a child's life given that smoking at an early age is associated with a higher risk of addiction later on in life and thus a greater likelihood of health problems. Adolescence is a time of particular vulnerability to peer pressure to

smoke, and even more so to pressure from tobacco manufacturers' advertising ploys; and we must also bear in mind there is widespread smoking among adults, cigarettes are cheap, easy to access and socially accepted. Schools provide a suitable arena for outreach and to make contact with young boys and girls under the age of 16 and very often up to the ages of 18 to 20.

Smoking prevention programmes for schools should be mainstreamed into the broader measures targeting the education community with the purpose of promoting healthy life-styles. What is more, these should be backed up by enforcing a general ban on smoking in schools and the offer of help to members of teaching staff to give up smoking.

The most productive programmes are proving to be those based on the acquisition of skills to recognise and withstand social pressures (from peers, adults and the media) and which also contain information on the negative effects smoking has on health. This also helps by dispelling some of the myths surrounding the use of tobacco (the popularity of smoking among adults and young people, the benefits associated) bringing to light the individual and social costs of smoking. Irrespective of how long the interventions run, the most lasting effects have been achieved by programmes which have also included reinforcement and follow-up sessions.

The programme, "**A no fumar, ¡Me apunto!"** (I'll sign up to no smoking!), targets teenagers at secondary schools in Andalusia. The programme includes materials and strategies aimed at prevention of smoking among students and teaching staff, as part of the Centre's own plan, adapted to the schools' circumstances and any health promotion projects under way. A Centre's participation in the programme implies a minimum commitment to enforce current tobacco legislation at the school and to implement preventive actions in the first stage of Compulsory Secondary Education (E.S.O.) The school may also opt to participate in several European activities such as the competitions "Smoke free classrooms" or "Quit and Win".

The programme comprises three different strategies. The first and most basic of the three addresses the whole school, while the remaining two are targeted at different levels of secondary education. Beginning by setting up a working group, each school may opt for just one or all three strategies depending on its interests and specificities.

Following are the strategies encompassed in the programme "I'll sign up to no smoking"

1 - Addresses the whole school:
    - "Smoke free Schools".
2 - First level of Compulsory Secondary Education (ESO):
    - "Smoke free secondary education".
    - "Smoke free Classrooms".
3 - Second level of ESO/Baccalaureate[2]/training cycles:
    - Prevention-related activities.
    - "Quit and Win" (15-19 year olds).
    - "Theatre – Forum" (Training for mediators):
      baccalaureate and training cycles, mediation using drama/theatre or role play.
4 - Programme Support Network:
    Education practitioners, Healthcare professionals, and "Forma Joven" teams.

[2] Translator's note: In Spain, this stage of schooling is for entry to higher education.

LINES OF ACTION 2005-2010.

1. Offer an comprehensive smoking prevention plan for schools, within the framework of the Plan set out by the Andalusian Network of Health-Promoting Schools, which should gradually be extended to all secondary schools in Andalusia and which is to be systematically evaluated.

2. Encourage teachers to co-operate in the support network for schools.

3. Put in place stable measures enabling professionals from the education and health sectors to co-operate closely in a more co-ordinated fashion.

4. Organise and implement training programmes for education and health practitioners and youth mediators at provincial level.

5. Put in place the organisational measures to ensure that the smoking prevention programme can be implemented in all schools throughout Andalusia.

6. Promote the figure of Health Educator in the primary healthcare districts providing the necessary resources to encouraging the education community into proactive prevention of smoking.

7. Include smoking prevention in schools in the health district's portfolio of services and contract programme.

8. Consolidate and extend the "Forma Joven" programme to all secondary schools in Andalusia and other places frequented by young people, outside school.

9. Promote research on school children to evaluate the changes in trends in tobacco consumption among Andalusian teenagers.

10. Further the definition of strategies in other areas which receive less attention such as:
    a. Mainstreaming smoking prevention programmes into health promotion strategies.
    b. Convey the need for similar programmes to be conducted on smoking prevention among students at particular social and educational risk and likewise for Primary Education.
    c. Consider integrating the prevention programme within other drug-dependency programmes in the education sector.
    d. Devise strategies specifically targeting youth outside the sphere of education.

IV.2.2. In the workplace.

The smoking prevention plan of action at the workplace known as **"Smoke free companies"** falls within the remit of the Healthy Companies Plan. Its aim is to develop ways to encourage companies to put Public Health objectives into practice by promoting a culture of health as a social value and encouraging people to enjoy healthy life-styles.

The main objective of this tobacco-control programme is to create a smoke free workplace in a climate of mutual respect and social well-being. At the same time, everyone's right to health must be ensured and, as far as possible, people should be helped on their way to succeed in giving up smoking.

The basic principles of the programme are:

- Effective participation of all sectors and institutions, workers and management is one key to success.

- The combination of numerous strategies: individual (training); environmental (reduction and elimination of cigarette smoke pollution in companies) or healthcare provision (offering smoking cessation counselling and therapy to employees who wish to give up) all aimed at facilitating the move towards healthier behaviour.

- All these activities should be mainstreamed into the company's organisation and working conditions.

Any company that wishes to do so may voluntarily take part in the programme. Following the initial application and the introductory meeting, the company must enter into a specific agreement with the Regional Ministry of Health signifying both parties' commitment to introducing whatever means are required to ensure proper implementation of the programme.

Company management shall inform all its staff of the introduction of the programme and its content through the usual channels. Before launching the programme's activities, an initial assessment using an anonymous questionnaire is to provide an overview of smoking patterns in the company. This will also furnish other essential information leading to the definition of measures to be introduced in each company on a case by case basis. This information shall also serve as a baseline for the monitoring and later evaluation of the programme.

LINES OF ACTION 2005-2010.

1) Implement the Smoke Free Companies programme in all Andalusian companies that wish to participate, beginning with those with more than 50 employees.

2) Elicit the commitment and engagement of all sectors and institutions involved (management, workers, stakeholders) to ensure a successful outcome.

3) Ensure that professionals receive the necessary training and counselling from the occupational health and safety services.

4) Provide smoking-cessation programmes to those workers who wish to stop smoking; and, for those who wish to continue smoking, provide strategies to cope with their tobacco-free working day.

5) All participating companies shall undergo progress evaluation and monitoring.

IV.2.3. Inter-departmental co-operation, participation and local action.

Here, civic organisations and consumer groups, together with professional and scientific bodies and official institutions should pool all their efforts to ensure that the objectives of health protection and reduction of tobacco and smoking-related problems are met. As a result, one of the Comprehensive Tobacco Action Plan's strategic measures is to pursue co-operation across the different areas of the administration as well as to extend the public's commitment and consolidate local action through the local authorities and associations.

As set out in the in III Andalusian Health Plan, it is extremely important to engage the Local Authorities, defined as:

- Local Government, mainly the Departments of Health, the Environment and Civic Participation.
- The regional health authorities.
- Economic and social stakeholders: workers and enterprise.
- The education community: students, teachers, administrative staff, parent associations.
- Civic (non-governmental) organisations: volunteer associations, self-help groups and affected parties, consumers and users, youth, the elderly, men and women, environmentalists, residents associations, among others.
- The media.

The joint initiative, run by the Andalusian Federation of Municipalities and Provinces (Federación Andaluza de Municipios y Provincias -FAMP-) and sponsored by the Regional Ministry of Health, Healthy Cities (Ciudades Saludables), highlights the need for further local commitment if health objectives are to be met.

Highly successful experiences with excellent levels of community participation in tackling tobacco and smoking have already been reported (Plan Alerta, Southern Seville). In this respect, the role played by some associations of sufferers of tobacco-related diseases should be stressed, as should the efforts made towards ensuring enforcement of the law in health centres and other public places, as well as in raising public awareness of the severity of the problem and the various ways in which it can be tackled. Also worthy of mention is an initiative that has been set up in one province in the region whereby pharmacists provide minimal intervention and protocol-based patient referral to available resources, which is proving to be very successful.

LINES OF ACTION FOR 2005-2010

1. With the aim of encouraging participation of local authorities, associations, NGO's and other economic and social agents in the Comprehensive Tobacco Action Plan, a policy will be developed to deliver financial support.

2. The strategy aimed at fostering collaboration for smoking prevention will be part and parcel of global, health-promotion policies at local level. For this purpose, local governments will contribute to the training of those involved in the scheme, capitalizing on provisions for development of the Healthy Cities Network.

3. Given their decisive position in the community, local authorities will enhance their commitment to advocating "smoke free municipalities", through inspection and control of sales outlets, consumption, advertising and, in general terms, compliance with tobacco legislation.

4. Co-operation with citizen and professional associations will be encouraged in the design, publication and development of prevention and care strategies, to ensure that each individual may receive sound information –relevant to his or her natural environment– while bringing services and resources as close as possible to citizens.

5. Of particular importance is the establishment of collaboration strategies reaching out to the most vulnerable: youth, teenagers, immigrants or individuals at risk of social exclusion.

6. With the support of experts involved in the Comprehensive Plan –especially the Andalusian Public Healthcare System's Support Units, and professional associations– a training programme is to be developed, targeting economic, social and community stakeholders.

7. With the aim of strengthening and sharing good practices and to support multi-centre strategies, a virtual network for exchange of information or local action projects will be deployed, encompassing practitioners involved in the implementation of the Comprehensive Plan at local level.

IV.3. SETTING PROTOCOLS FOR HEALTHCARE PROVISION FOR SMOKERS

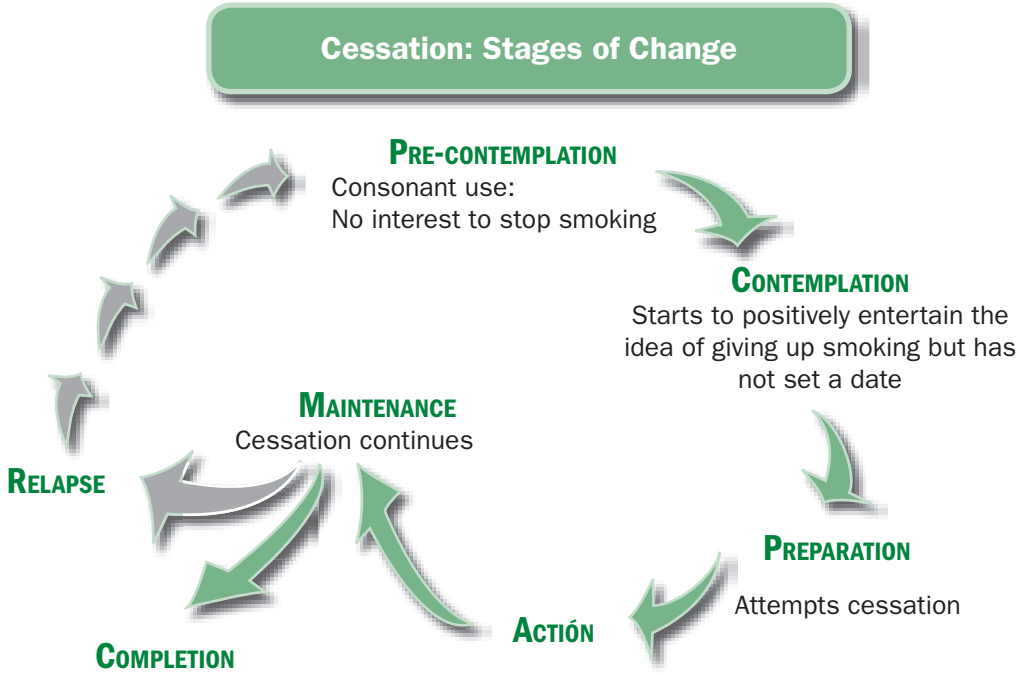
The Comprehensive Tobacco Action Plan proposes the setting-up of healthcare for smokers through the Andalusian Public Health System, on the basis of a multidisciplinary, integral healthcare model focusing on permanent care, and coupling the range of services available with the public's needs.

Smokers wishing to give up their habit are thereby guaranteed the best possible healthcare, based on the latest scientific evidence. Nevertheless, as a starting point, healthcare practitioners –both in primary and specialised healthcare– should provide minimal intervention at their medical practices, i.e. cessation therapies will be offered at both healthcare levels, according to the features of each, while ensuring that health centres remain smoke free.

To ensure that interventions are as efficient as possible, it is vital to assess each patient's degree of motivation for change, or more precisely a smoker's current *stage of change* (trans-theoretical model by Prochaska and DiClemente, 1994; Figure 1). From this perspective, intervention is aimed at helping a smoker to make progress in line with his or her process of change. This is its main advantage; i.e. interventions are designed on the basis of each smoker's stage of change, whether it be advanced stages –*preparation and action*– or others, in which smokers are not entertaining the idea to quit immediately –*pre-contemplation and contemplation*. In addition, this approach provides a point of convergence for the various treatment strategies. This model will be implemented at all the Health Centres throughout the Andalusian Public Health System.

Health Centres, given their characteristics (namely accessibility, an integral approach focussing on prevention, family and community approach, the trusting, frequent contacts between practitioners and the people in their care) are seen as the ideal, highest quality venues to implement anti-smoking measures targeting the public at large. On the other hand, the nature of hospitalised patients and

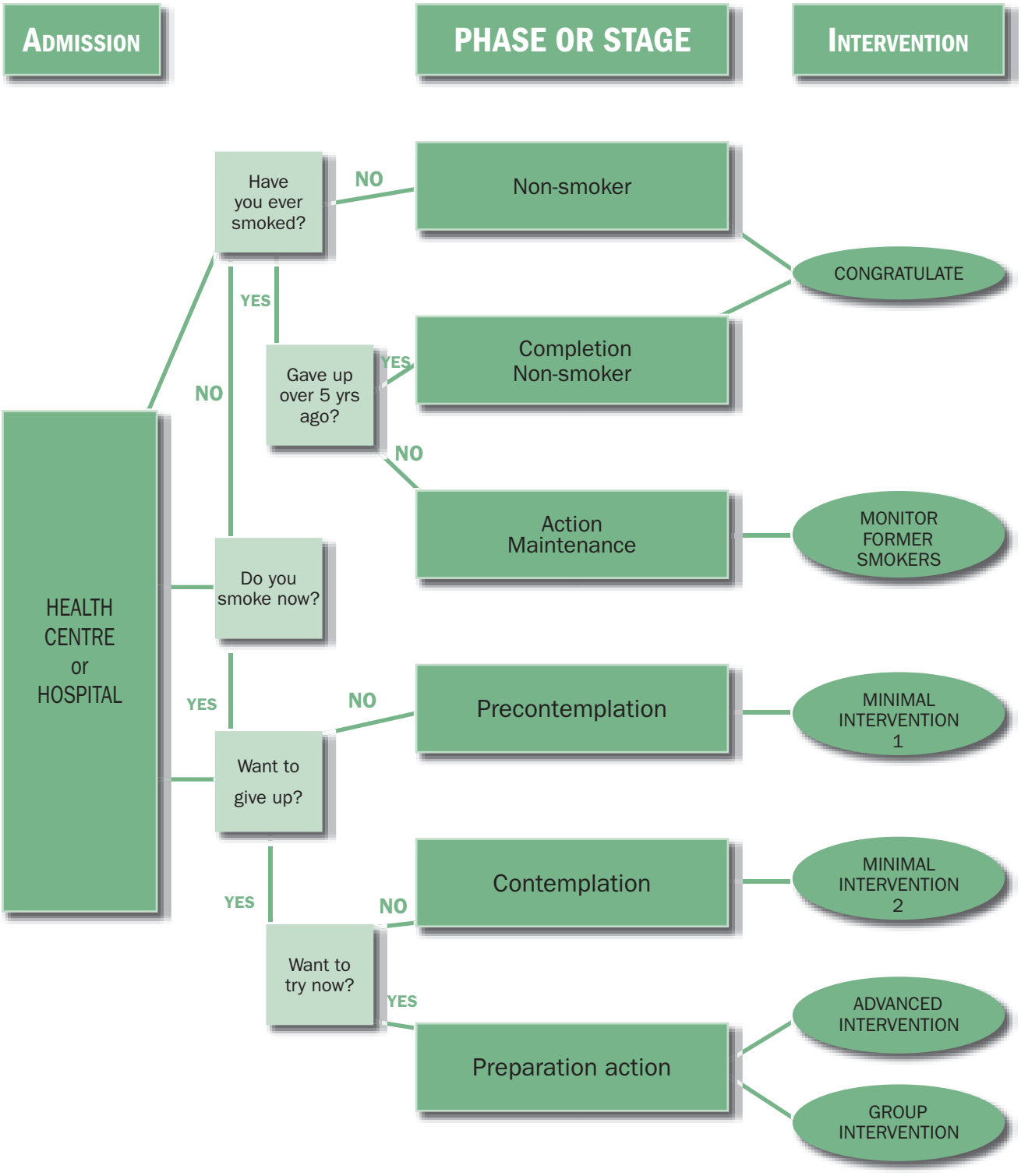
Figure 1. Stages of change in the model by Prochaska & DiClemente 1994



the opportunity that can be leveraged when patients are admitted to hospital to undergo intensive treatment (both group and individual therapies) render hospitals a privileged vantage point to tackle the issue of smoking as early as possible with patients and their relatives. Among other initiatives, the Plan envisages publication of a specific tobacco cessation action guide for hospitalised patients which takes account of their special circumstances.

Detecting and delivering care to smokers at any time when they come into contact with the health system is a process which is described in Figure 2.

Figure 2. The process for detecting and delivering care to smokers



The above model is to be adapted to health services through a series of interventions (Table 1) that take account of the different operational contexts and typology of smokers.

Table 1. Interventions foreseen by the APHS Tobacco Cessation Programme

Who to target? Stage of change	Which Intervention?	Whom?	How? Strategies	When?	Where	Which materials?
Pre-contemplation Stage. Consonant male/ female smokers (do not wish to give up)	Minimal Intervention 1	All specialised and primary healthcare professionals.	Provide information on tobacco, with individualised warning on risks, benefits of cessation, in line with reasons for consultation. Prompt patient to give up and monitor patient. Two possible areas of therapy: - Individual consultation (doctor, nurse or social worker) - Regular informative group sessions at health centre or other community establishment.	On occasion of any consultation or hospital admission.	APHS Health Centres, Specialised care centres and Hospitals.	Medical records. Brochures. Transparencies.
Contemplation Stage. Dissonant male/ female smokers (do not intend to cease smoking before 6 months, or have not set a date)	Minimal Intervention 2	All specialised and primary healthcare professionals.	Provide information on smoking, personalise risks and benefits, according to reasons for consultation. Explore obstacles and difficulties that hinder cessation attempts. Give motivation for decision making and offer help. Monitor. Two possible areas of therapy: - Individual consultation (doctor, nurse or social worker) - Regular informative group sessions at health centre or other community establishment.	On occasion of any consultation or hospital admission.	APHS Health Centres, Specialised care centres and Hospitals.	Medical records. Brochures. Transparencies.

Table 1. (continued) Interventions foreseen by the APHS Tobacco Cessation Programme

Who to target? Stage of change	Which Intervention?	Whom?	How? Strategies	When?	Where?	Which materials?
Preparing for action. Smoker has decided to give up in a month	Advanced Intervention- Individual	All professionals engaged in the Tobacco Control Programme at primary healthcare centres. Professionals at hospital support units.	Reinforce motivation to quit smoking. Assess type of cessation (radical vs. gradual) and need for pharmacological treatment. Work on expectations and self-efficiency perceptions. Set cessation date. Requires at least three sessions: - Assess smoker and design customised plan. - Immediately after cessation date, analyse obstacles and propose solutions. - Fortnight after cessation, reinforce, prevent relapses, review treatment, and set dates for follow-up sessions. Follow-up sessions according to customised plan.	- At personal request: patient wants to take cessation treatment. - Referral. - On occasion of consultation or hospital admission of patient or relative	Primary healthcare centres. District or hospital support units. Out-patient centres for drug dependency treatment.	Medical records. Guide to give up smoking. Pharmacological treatment (depending on circumstances).
	Group Intervention	Person responsible for Tobacco Cessation Programme at primary healthcare centres. Support unit professionals, both primary and specialised care.	Multi-component treatment. Group therapy supervised by trained healthcare professional with regular supervision. Conduct 6 x 2-hour sessions, every week.	After referral by healthcare professionals.		Medical records. Transparencies. Video. Group support material (Guide to give up smoking).
Maintenance. Former smokers up to 5 years after cessation	Follow-up of former smokers (Preventing relapses)	All healthcare professionals at primary and specialised care.	Congratulate patient for his/her achievements. Prevent and deal with relapses Trace difficulties Schedule follow-up Conduct individual consultation sessions At least three follow-up sessions (at 2 weeks, 3 months and 12 months after cessation) and seize opportunities for follow-up when patient comes in for other reasons.	On occasion of any consultation or hospital admission.	APHS health centres, specialised centres and hospitals.	Medical records.

It is important to stress that, among the range of proposed activities, minimal intervention (compared to advanced or group intervention) is the most cost-effective, given its impact on the population. Moreover, note that both minimal and advanced intervention require involvement of all practitioners in the field. Assigning specific areas of care at health centres or hospitals should therefore be avoided, as should placing the burden of care on a given practitioner.

The healthcare model proposed in the Plan is based on scientific evidence available on the proven efficiency of the various anti-smoking treatment measures (Table 2).

Table 2. Efficacy of psychological and pharmacological intervention vs. non-intervention or placebo.

Intervention type	OR Efficacy (IC 95%)	Reference
Self-help manuals		
o Non-personalised materials	1.24 (1.07-1.45)	Lancaster and Stead (2003b)
o Personalised materials	1.80 (1.46-2.23)	Lancaster and Stead (2003b)
Minimal interventions		
o Medical counselling	1.69 (1.45-1.98)	Sylagy and Stead (2003)
o Nurse counselling	1.50 (1.29-1.73)	Rice and Stead (2003)
o Telephone counselling (trained personnel)	1.56 (1.38-1.77)	Stead, Lancaster and Perera (2003)
Psychological interventions (multi-component)		
o Individual Therapy	1.62 (1.35-1.94)	Lancaster and Stead (2003a)
o Group Therapy	2.19 (1.42-3.37)	Stead and Lancaster (2003)
o Aversive procedures	1.98 (1.36-2.90)	Hajek and Stead (2003)
Pharmacological Interventions		
o Nicotine chewing gum	1.66 (1.52-1.81)	NICE (2002)
o Nicotine patches	1.74 (1.57-1.93)	NICE (2002)
o Nasal nicotine spray	2.27 (1.61-3.20)	NICE(2002)
o Nicotine inhaler	2.08 (1.43-3.04)	NICE (2002)
o Sublingual nicotine tablets	1.73 (1.07-2.80)	NICE (2002)
o Bupropion	2.75 (1.98-3.81)	NICE (2002)
o Nortiptylene	2.80 (1.81-4.32)	Houghes et al. (2003)
o Clonidine	1.89 (1.30-2.74	Gourlay et al. (2003)

Data taken from the Health Technology Assessment Agency, Instituto de Salud Carlos III and Ministry for Health and Consumer Affairs (2003)

*Efficacy of Individual psychological therapy increases according to treatment intensity:

1. Duration of contact: 91-300 minutes (OR=3.2); >300 minutes (OR=2.8)
2. Number of sessions: 4-8 sessions (OR=1.4); >8 sessions (OR=2.3)

Support Units

Considerable experience in Andalusia points to the importance of support units – at district and hospital level – to co-ordinate, support and supervise the work carried out by practitioners in health centres or hospitals in order to tackle smoking.

All the Support Units will perform the same tasks regardless of their location in a Hospital or Primary Healthcare Centre. However, they will take account of the nature of demand and opportunities that arise as a result of their scope. Major tasks include:

Training practitioners. Units will provide basic, initial training to all health professionals in their area, as well as training for individual advanced intervention (workshop motivational interviews) and group intervention (theoretical and practical training for therapists via group co-therapy). This form of capacity-building can be extended also to other centres under the Andalusian Health System and Academia.

Setting up the smokers' care programme: This includes creating a network of managers which will engage in regular contacts and meetings to deal with daily issues, conflicts with other programmes or priorities at the health centre, supply of materials, regular assessments and the introduction of innovations. Co-ordination with other leading institutions, namely drug dependency out-patient treatment centres, Association for the Fight against Cancer, among others.

Clinical care. Support Units will deliver direct care in a number of cases (group therapy for pregnant women, hospitalised patients, treatment of therapy failure at Centres and Services, company plans, model groups….), or through clinical supervision of cases dealt with at health centres and hospitals.

Research. This includes establishing priority research projects in tobacco control - as defined in the Comprehensive Plan - as well as involvement in multi-centre studies, designing projects for funding applications and later implementing them, and producing reports and scientific articles for publication.

Health Promotion. Support Units are seen as the logistical foundations for the deployment of community-based strategies, as institutional areas to orchestrate local social action, in terms of local, regional- and nation-wide initiatives (SemFYC Smoke Free Week, "World No Tobacco Day", etc).

LINES OF ACTION FOR 2005-2010

1. To ensure that all practitioners in the Andalusian Public Health System apply minimal and advanced intervention for tobacco control – with high quality criteria.

2. To include minimal, advanced and group intervention in the portfolio of services available within the Andalusian Public Health System, both in primary care and specialised centres.

3. To extend the Tobacco Cessation Programme to 100% of health centres, both in primary care districts and hospitals.

4. To include development of the Tobacco Cessation Programme in clinical management agreements, both for primary care and specialised centres.

5. To ensure that implementation of the Tobacco Cessation Programme be used as a criterion for accrediting a Clinical Unit, both in primary and specialised care.

6. To define tobacco control and smokers' care using the methodology pertaining to healthcare processes, in accordance with the guidelines laid down in the Andalusian Public Health System's II Quality Plan, with special emphasis on the implementation of agreed protocols for multi-component group therapies and medication use.

7. To set-up Support Units in those hospitals and primary care districts where they are missing. To complement the eighteen existing hospital units, the initial stage will involve setting up at least one Unit in the districts of Almeria, Cadiz, Cordoba, Granada, Huelva and Jaen, and two Units in Seville and Malaga.

8. To define the portfolio of services available at district and hospital Support Units.

9. To establish accreditation criteria for existing and future Units. The accreditation process will be conducted progressively, starting with those that have been up and running longest.

10. To provide human and material resources for accredited Support Units and co-oxymetry devices at centres initiating programme activities.

11. To design a tobacco control and smokers' care action plan for hospitalised patients and their relatives.

12. To promote the creation of a Network of Health Centres to conduct the programme, in order to exchange experiences and to unify intervention criteria.

IIV.4. HEALTHCARE FOR PARTICULARLY RELEVANT SOCIAL GROUPS

With the purpose of achieving a multiplier effect on the general public, the Comprehensive Tobacco Action Plan furnishes specific strategies targeting professional groups who play a special social role, while continuing and enhancing the approach adopted by the Smoke Free Centres' Project, as well as other initiatives in the field.

The major policies proposed in the Plan are as follows:

- To raise awareness and increase motivation among all practitioners involved while providing them with training regarding the impact of smoking on the population, and to emphasise the relevance of their role -as health promoters- in tobacco control plans.

- To promote seamless changes that may help achieve "smoke free" public administration buildings and educational centres, as areas of shared well-being, favouring healthy habits, in a climate of respect towards health for all.

- To make available specific assistance to model group professionals who wish to give up smoking, as well as techniques to face withdrawal symptoms for those who might not have given up, but cannot smoke during working hours.

- To ensure practitioners' commitment to conducting health promotion activities, prevention of smoking, and support for cessation for peers in the workplace.

Health services' collaboration will be sought in order to fully attain these goals.

LINES OF ACTION FOR 2005-2010

1- In collaboration with reference district or hospital units, the Public Authorities are to organise and implement healthcare measures for their employees, as well as the necessary strategies for the premises to become "Smoke Free Centres". Collaboration agreements will be arranged, in which the parties clearly reflect their commitments and evaluation criteria.

2- Collaboration agreements shall be subscribed between health centres and schools in order to offer teachers cessation treatment. Schools and other academic establishments will commit to retaining their status as "Smoke Free Centres" and to implement and assess strategies for smoking prevention among students. These measures are part of the initiative to launch the "Andalusian Network of Health Promotion Schools".

3- All healthcare centres will offer their employees who smoke, treatment for smoking cessation, and will be "Smoke Free Centres", thus continuing with the progress achieved with the "Smoke Free Centre" project, maintaining actions earmarked for the development, monitoring, and continuous assessment stages, with a view to identifying improvements on the basis of the results obtained.

4- All healthcare practitioners will conduct activities for health promotion and prevention of tobacco use, and will assist the smoking population with cessation therapy, within the building or work premises.

5- The Comprehensive Tobacco Action Plan, together with other institutions involved, commits to providing the necessary training and resources to fully accomplish the above goals.

IV.5. CASES DESERVING SPECIAL ATTENTION

IV.5.1. Smoking during pregnancy

Smoking during pregnancy is detrimental to foetal development and neonate health. Implementation by the public health system of specific strategies to assist pregnant women to give up smoking may significantly enhance results in terms of curbing or eradicating the habit among expectant mothers who, moreover, need to stop smoking in a very short period of time.

Interventions aimed at helping pregnant women to stop smoking should be systematic in nature, tailor-made for them, offered both during visits to the clinic and home visits, and applied by properly trained staff, using specific support material, with biochemical validation. In addition, spouses or partners - regardless of whether or not they are smokers - should also be included in the therapy.

LINES OF ACTION FOR 2005-2010

1- To extend to the entire region of Andalusia the intervention protocol of the Ante-natal, Birth and Post-natal care programme:
   a. Urge pregnant women or future mothers to give up smoking.
   b. Pregnant women who smoke must be engaged as early as possible.
   c. Devise interventions for women who continue to smoke during pregnancy, encouraging cessation or harm reduction, avoiding relapses, and adopting guilt-free strategies at all times.
   d. Pregnant women's spouses or partners should also be engaged in therapy.

2- To assist health practitioners in acquiring the necessary skills to deal with tobacco use among pregnant women, both during under-graduate and post-graduate.

3- To conduct prevalence studies in order to fully grasp and describe this problem in our Region.

IV.5.2. The mentally ill

The myth that irrevocably couples smoking with mental disorders must be revisited to then move on to careful assessment of cessation alternatives among this population group, within the therapy plan prescribed to treat each mental disorder.

A number of studies show that the percentage of individuals with depression-related conditions is higher among smokers. In addition, the links between smoking and a variety of anxiety disorders have been well known for years. Moreover, prevalence of tobacco use among schizophrenic individuals is between two to three times greater than among the general public.

LINES OF ACTION FOR 2005-2010

1. Ensure that primary healthcare and mental health practitioners conduct minimal and advanced interventions among smokers affected by mental health conditions, applying the same quality criteria as those for the general public.

2. Involve Support Units in providing care to psychiatry patients with special difficulties.

3. Develop agreed protocols for multi-component group therapies and use of recommended medication to tackle tobacco use in this population group.

4. Extend tobacco control measures to Mental Health centres and facilities to turn them into Smoke Free Areas.

5. Include minimal, advanced and group interventions in the portfolio of services available to patients with mental conditions, within the Andalusian Comprehensive Plan for Mental Health.

6. Practitioners who deliver care to these patients will be trained so that they become acquainted with specific smoking cessation strategies for various mental disorders.

7. Establish the necessary routes for referral and communication between Primary Healthcare/ Mental Health and Support Units.

8. Promote a specific research line to identify co-morbidity between smoking and mental disease, and innovative therapeutic strategies.

IV.5.3. The immigrant population

A variety of studies point to the relationship between smoking and social inequality. No studies or specific data are available on tobacco use among immigrants, but in the light of other cultural elements it may be inferred that not all immigrant groups and families behave in a similar manner, as the traditions, beliefs and cultures of the different countries of origin are, to a certain extent, decisive.

In Andalusia, geographical and temporal distribution of the foreign population –immigrants and non-immigrants– is highly disparate, with significant concentrations in the provinces of Almeria, Malaga and Huelva, although some of these population groups are extremely settled now. In primary healthcare districts with a large fraction of immigrants, it appears that tobacco use among them is more widespread than among the native Spanish population, perhaps due to more acute levels of stress or greater access –especially financially– to tobacco. Should this situation be verified, and should the trend continue, in a decade the prevalence of smoking-related diseases among immigrants will be far greater.

LINES OF ACTION FOR 2005-2010

1. Enhance tobacco control and healthcare for smokers in culturally, socially and/or financially underprivileged groups, bearing in mind the specific traits of immigrant groups, helping them access and take part in public health services, with the resources available in each area.

2. To begin surveys on tobacco-use prevalence in order to shed some light on the genuine effects of this problem on the immigrant population. We know that there are no homogenous patterns, and that culture and traditions pertaining to each country of origin are crucial.

3. Adapt minimal, advanced and group interventions proposed in the Plan to the marked multi-cultural environment in Andalusia, and prepare specific material on tobacco use with distinctions according to language and/or cultural considerations.

4. To train practitioners in areas with more widespread presence of immigrants.

IV.5.4. The prison population

Smoking and use of other illegal drugs is proportionately higher among the imprisoned population than among the general public.

The National Plan on Drugs, and its Nationwide Drugs Strategy 2000-2010, foresees interventions for prison inmates, although it does not include any specific measures regarding nicotine addiction.

LINES OF ACTION FOR 2005-2010

To launch a joint action plan to foster collaboration with the Ministry of Justice under the auspices of the agreement for healthcare, together with other participating institutions, in order to:

- Assess the prevalence of smoking among this population group, consumer profile, etc.
- Design a model of feasible interventions to be implemented jointly.
- Ensure joint co-operation in the use of training and counselling resources.

IV.6. TRAINING AND CAREER DEVELOPMENT

The Regional Ministry for Health is fully committed to a career development model based on skills management. This entails, firstly, identifying so-called "skills maps" for each job placement. Maps have been drawn up in an attempt to meet the requirements of a healthcare system that focuses on the citizens it serves, with a deep sense of social responsibility in the management of public resources, emphasising the importance of prevention and health education, as well as research, among its professionals.

The Training Plan is a process which identifies three areas of work: graduate and under-graduate training; post-graduate or specialisation stage; and continuing education. These are perfectly aligned with the aim of acquiring final skills (basic clinical profile, advanced clinical profile, Support Unit Co-ordinator profile) and, likewise, with existing European initiatives.

Training of professionals as a whole is vital to extend the scope of the Tobacco Control Programme, and to ensure high quality and relevant contents of the practical side of courses.

IV.6.2. Job profiles and skills mapping.

Defining the necessary required to implement the Plan gives rise to a series of job profiles which include shared skills together with specific skills, unique to each profile.

1. Basic Clinical Profile (for all practitioners at the APHS) (Table 3)

"Each practitioner should be capable of identifying female and male smokers in the different contexts of medical practice; of clinically assessing smokers; of establishing diagnosis and prognosis of a patients' dependency; of adapting treatment to the patient's stage of change; of implementing minimal and advanced interventions; and of monitoring former smokers".

Table 3. Basic Clinical Profile Skills Map.

Attitudes	Knowledge	Skills
Acknowledges that smoking is a chronic illness with relapse tendencies. Adjusts medical practice to patients' needs and pace, without triggering resistance and avoiding confrontation. Acknowledges that motivation to quit smoking is a dynamic process that can be influenced. Tolerates ambivalence without self-blame or frustration. Acknowledges the importance of patients' social support network.	Natural history of smoking. Epidemiology and consequences of smoking on human health. Principles governing the motivational interview. Parameters to assess smokers. Minimal counselling contents and features. Effective non-pharmacological techniques in advanced therapies. Follow-up of former smokers -contents and features.	Use of the Programme's registration system. Conducting motivational interviews. Completing specific medical records. Co-oxymetry measurements. Performing minimal counselling. Techniques for advanced intervention. Achieving patient compliance with therapy and proposed monitoring sessions. Monitoring techniques for former smokers.

Should non-medical practitioners appreciate the need for pharmacological treatment, they will refer the user to a healthcare professional in order to confirm medical indication, to assess risks and benefits, prescription and follow-up of pharmacological therapy.

2. Specialised Clinical Profile (for all practitioners in the system conducting group interventions) (Table 4)

"In addition to the above mentioned profile, ability to conduct multi-component educational groups".

Table 4. Specialised Clinical Profile Skills Map

Attitudes	Knowledge	Skills
Sees the group as a different entity in terms of each individual participant. Stimulates accounts of personal experiences during the cessation process, acknowledging self-help as the main resource for therapy. Stimulates participation to accomplish session tasks and goals. Encourages active participation and commitment, especially for non-participatory individuals. Identifies and neutralises individual contributions that may hinder group development. Supervises the group in a flexible, non-reactive nor authoritarian manner.	Group dynamics. Advanced techniques for motivational interviews. Multi-component group therapy protocol. Group techniques employed: 1. Contract (commitment to completing programme tasks). 2. Self-registration and graphic representation of tobacco use. 3. Information on tobacco. 4. Gradual reduction in nicotine and tar intake. 5. Control of stimuli. 6. Measures to diminish/ eradicate withdrawal symptoms. 7. Strategies to deal with anxiety and relapse control. 8. Physiological feedback. 9. Training in relapse prevention strategies.	Experience as co-therapist with at least two groups. Co-oxymetry measurements. Performing adequate techniques for specialised group intervention. Performing adequate techniques to ensure patient compliance with therapy and proposed follow-up sessions. Management of session registration.

3. Support Unit Manager Profile (Table 5)

"In addition to the two profiles described above, the ability to set up the Tobacco Cessation Programme at the centre and to co-ordinate the resources available, as well as train healthcare professionals, perform clinical supervision of cases and groups, and implement community intervention and research programmes in the field".

Table 5. Skills Map for the Support Unit Manager Profile

Attitudes	Knowledge	Skills
Community-based attitude: Holds belief that the main resource for health is the individual and the human groups with which he/she interacts. Acknowledgement of role played by health services as community agents. **Epidemiological attitude:** Understanding of the community dimension of individual consultation. Values the need to gather quality information via adequate procedures. Understanding of how services are currently oriented and the need for community re-orientation. **Attitude towards services' management:** Acknowledgement of the vital role played by healthcare professionals in developing services.	Advanced techniques in Community Health Promotion: 1. Development of community programmes. 2. Management of professional practice. 3. Development of healthcare networks. 4. Dealing with organisational change and innovation. Smoking as a public health problem: 1. Epidemiology of tobacco use. 2. The tobacco Industry's strategies. 3. Tobacco control policies. 4. Clinical and public health research into smoking. 5. Approach to smoking in specific contexts. Tobacco use among particularly relevant groups: 1. Women 2. Teenagers 3. Other groups under special circumstances. Training of professionals in the approach to smoking	Developing a community-based intervention programme for tobacco control. Experience working in a Support Unit for Tobacco control. Involvement in a research project on smoking.

IV.6.3. Training Strategies

Training for tobacco-control and smokers' care should be extended not only to all practitioners in the system – through permanent training; it should also be provided in graduate and undergraduate courses in health and education. As a result, the curricula and academic contents of such degrees should be adapted accordingly to ensure future professional performance. The same applies to post-graduate training.

Graduate and under-graduate training. Objectives and actions:

While the plan remains in force, endeavours will be made to attain the following goals:

- To strengthen the relationship and to enhance communication between the Regional Ministries of Education, Innovation and Health, amongst others.

- To establish collaboration agreements between Faculties and Higher Education Colleges and the healthcare system of the Andalusian Public Health System.

- To adapt curricula to meet the said objectives.

- To provide services and units with the necessary resources to deliver practical and theoretical courses.

Post-graduate training. Objectives and actions

The following actions have been established:

- Academic or teaching commissions at health centres and post-graduate training institutions in the Autonomous Region will be reinforced, with the aim of delivering an accredited, unified training programme for tobacco use and control throughout educational establishments.

- Technical experts at Support Units for treatment of smokers (profile 3) will be trained at the Andalusian School of Public Health on a number of issues pertaining to Public Health. To this purpose, during the implementation stage of the Plan, a specialised course will be designed and delivered in order to train those responsible for existing Units.

- Courses organised by Universities and Scientific Societies may also be resorted to, provided they meet adequate standards of quality and are endorsed by those responsible for training under the auspices of the Plan.

Permanent training. Objectives and actions

Starting with profiles 1 and 2 defined above, and with endorsement from the Support Units, the permanent learning strategy proposed for smokers' care and tobacco control should bear in the mind the following:

1. *Basic profile training*

2. *Training those responsible for delivering smokers' care and/or those in charge of group therapy (profile 2).*

3. *Training those responsible for infant and school health programmes, for pregnancy, cardiovascular risk and COPD programmes among others – both for primary and specialised care.*

While the Plan remains in force, at least one course will be delivered per programme/process and health area (including primary and specialised care).

LINES OF ACTION FOR 2005-2010:

- Training in smoking cessation techniques will be provided to all healthcare professionals. Course contents will focus on knowledge and skill acquisition, through easy to implement protocols.

- Adequate curricula will be established, covering minimal and advanced intervention techniques, in undergraduate, graduate and postgraduate training courses for all health practitioners.

- All practitioners at the Andalusian Public Healthcare System will be encouraged to take training in group therapies and smoking cessation skills.

- Collaboration agreements will be set up between Faculties, University Colleges and the health network of the Andalusian Public Health System.

- While the Plan remains in force, teaching/academic commissions at health centres and post-graduate education institutions in the Autonomous Region will be strengthened with the aim of delivering a unified training programme in the care of smokers at all the accredited teaching centres.

- Training activities will be designed and delivered ("teacher training" courses) to all healthcare professionals that are key to the Plan. Also targeted will be individuals who are seen as opinion leaders within the community, as well as "social stakeholders" who play a relevant role in the Plan's community actions.

- The Professional Skills Maps of the different categories involved in the Plan will take into account the considerations expressed in this document.

IV.7. RESEARCH

The Andalusian Comprehensive Tobacco Action Plan seeks to become the leading light in research on smoking in the Region, by identifying, promoting and co-ordinating research resources. At the same time, the Plan aims to pool the financial resources required to give full backing to research teams, capable of obtaining results that may have an impact in terms of curbing the harm caused by tobacco use.

The Plan's major strategy is to boost the development of stable, multidisciplinary, networking research teams. The general principles guiding research on tobacco use are as follows:

- Research projects must take full regard of the policies contained in the Andalusian Comprehensive Tobacco Action Plan.

- Research must be multidisciplinary and multifactorial.

- Research must take consideration of the various issues surrounding smoking and health, from the individual, group, or general public perspectives.

- Public and private resources will be co-ordinated to support research endeavours. A network for research on smoking will be created in Andalusia, to foster an atmosphere of innovation, and inter-institutional, interdisciplinary collaboration.

- Participation in trans-national research networks will be encouraged, both at European level (Programme of Community Action in the Field of Public Health) and globally (especially following approval of the WHO Framework Agreement on Tobacco Control).

- Public health policies based on scientific evidence will be supported. Those responsible for establishing such public policies will be provided with relevant knowledge.

- The public will be kept abreast of research results, which will be publicised in a comprehensible and adequate manner.

Bearing in mind the above considerations, the following research lines on tobacco use and control shall be developed:

1. Basic research.

In order to implement and extend tobacco-control strategies throughout the Region, it is necessary to understand the real picture of tobacco use in Andalusia. This will allow future comparisons to be conducted, the effectiveness and impact of the Plan's interventions to be assessed, and trends in tobacco-use to be monitored over the coming years. Priority research lines are as follows:

- Prevalence, drop-out rates, data on first-time smokers in the general population, especially relevant groups, the underprivileged and social model groups. Trends and analyses on social and gender inequalities.

- Social, demographic features and consumer behaviour of smokers in Andalusia.

- Specific characteristics and determining factors of tobacco use in special interest groups: females, adolescents, pregnant women and smoking after giving birth.

- Morbimortality attributable to tobacco use in Andalusia.

- Genetic epidemiology and surveys on the interaction between genetics and the environment.

- Andalusian Public Health System's expenditure for treatment of smokers.

2. Applied Research

Emphasis will be placed on investigating the impact of initiatives launched in Andalusia, from a two-fold perspective – efficiency and efficacy – and to compare those initiatives with others put in place globally. Priority research lines are as follows:

- Estimating the impact of public policies in Andalusia and comparison with those in other EU member states.

- Monitoring implementation of rules and regulations.

- Assessing health promotion and tobacco use prevention strategies at schools.

- Assessing initiatives for tobacco control in the workplace.

- Estimating the impact of communication and awareness raising policies.

- Monitoring intersectorial collaboration and community participation.

- Evaluating the Health Care Model for smokers within the Andalusian Public Health System:

    - Effectiveness and/or cost-effectiveness of minimal, advanced and group interventions.

    - Compliance to treatment and factors associated with treatment response.

    - Applying treatment strategies to specific population groups: immigrants, prison inmates, individuals with mental conditions.

    - Gender impact on cessation and health promotion strategies.

- Assessing the impact of education/training in a number of areas (health practitioners, health sciences' university students, other professionals).

3. Research on cigarette structure and composition.

From the point of view of engineering, physical structure and chemical composition, cigarettes

are one of the most complex products in daily use. Over the last fifty years, significant changes have been made to cigarette composition and structure. Far from contributing to safeguarding public health, these changes have contributed to increasing addiction and, therefore, the lethal nature of cigarettes. The tobacco industry has modified the structure and composition of cigarettes precisely to favour addiction.

Alternative methods for analysis are called for. In addition, it is necessary to extend scrutiny of components and additives to others currently not included in routine checks. The WHO has taken the lead in this respect, echoing the work carried out at the Andalusian Regional Government's tobacco laboratory.

It is also vital to understand the impact of tobacco components at a molecular and physiological level; how they are absorbed by human tissue, what the effects on addictive potential are and, in short, their impact on human health and a number of diseases. Also pending elucidation is whether different smoking patterns may lead to varying biological outcomes.

As a whole, these research areas may lay the foundations for legal action against tobacco companies, for initiatives aimed at regulating tobacco-based products and to guide health promotion initiatives.

Priority research lines:

- Analysing cigarette structure: air holes for ventilation, filter performance, etc.
- Analysing cigarette components, as a function of different smoking patterns.
- Analysing cigarette components that may increase nicotine availability.
- Analysing carcinogenic and highly toxic tar components and the gaseous phase of tobacco smoke.
- Analysing bio availability and biological markers.

4. Research on tobacco companies' in-house documents.

The WHO has recommended that documents produced by tobacco companies be scrutinised to discern the industry's modus operandi and its influence on public opinion.

Priority research lines. Analysing the contents of internal documents produced by the tobacco industry in relation to:

- Effects of smoking on human health.
- Cigarette use among adolescents, young people and women.
- Smoking in the workplace.
- Publicity and promotion of tobacco-based products.
- Communication channels.
- Legal issues.
- Cigarette composition and design.
- Mechanisms to raise nicotine bioavailability.
- Mechanisms governing nicotine addiction.

5. Centre for Studies on Smoking

Research on smoking in Andalusia will be supported by the creation of a Centre for Studies on Smoking, aimed at boosting research in this field and fostering institutional co-operation, by promoting and co-ordinating initiatives emerging from different bodies and organisations.

The Centre will examine tobacco use from a number of viewpoints (health policies, harm reduction, organising services, effects on health, legal aspects, regulations and laboratory testing). It will become a central hub for research on smoking in Andalusia, in collaboration with other public and private organisations and institutions. As part of the network "Research Centres of Excellence" - which is being promoted by the Regional Ministry for Health - it will heed the principles of research excellence and technological innovation which are defining features of these centres.

The Centre for Studies on Smoking in Andalusia with establish synergies with various centres and institutions, favouring the creation of research groups and promoting participation, in collaboration networks, of existing groups at Andalusian universities and health centres. In addition, collaboration agreements will be encouraged and support will be given to multi-centre, multidisciplinary initiatives, attaching great importance to collaboration under the auspices of the European Union and WHO Collaborating Centres.

IV.8. EVALUATION AND QUALITY CONTROL. INFORMATION SYSTEMS.

Offering high quality health services, that fulfil citizens' needs and expectations, and the adoption of a model based on standards of excellence are all part of the social commitment enshrined in the Andalusian Public Healthcare System's Quality Programme. The Agency for Healthcare Quality in Andalusia will be responsible for launching an Accreditation Model which will define a set of quality requirements to be met for implementation of actions contained in the Comprehensive Tobacco Action Plan for Andalusia. From this stance, criteria will be established for continuous assessment, quality standards, and reference patterns with the purpose of guaranteeing both compliance with, and permanent improvements to the actions laid down in the Plan from a rigorous and independent perspective.

1. Continuous assessment of strategic actions. The following issues will be examined:

   - Health promotion and smoking prevention strategies at schools.

   - Tobacco control initiatives in the workplace: assessment of the "Smoke Free Company" Programme.

   - Impact of communication and awareness raising policies.

   - Intersectorial collaboration and community participation.

   - The healthcare model for smokers within the Andalusian Public Health System, both at primary care and hospital level.

   - Training and education initiatives in different areas.

2. Quality standards for tobacco dependence treatments - setting quality standards or reference patterns for the various interventions - in terms of the healthcare technologies proposed in the Plan, and compliance with standards of excellence.

3. Accreditation of tobacco cessation and tobacco dependence treatment centres and units. The Comprehensive Plan proposes criteria for accreditation as per the specifications included in the Organisational Model for Healthcare Delivery to smokers, bearing in mind the following considerations:

    - All health centres – primary and specialised – will deliver a Healthcare Programme for Smokers.

    - All healthcare professionals will implement minimal and advanced interventions, referring the patient to the most appropriate services – Tobacco Control Support Units – for group therapy, if necessary.

4. Tobacco related healthcare scheme. It is important to design healthcare for smokers following the guidelines contained in the Andalusian Public Health System's Quality Programme. Special emphasis will be placed on the creation of broadly agreed protocols for multi-component group therapies and the use of pharmacological procedures in cessation treatments.

5. Information systems on tobacco use and control. The plan puts forward a number of priority actions: the development of citizen-friendly information technologies and systems, including vital elements to allow monitoring and continuous assessment of the objectives contained in the Plan, and assessment – in terms of health - of the results obtained following implementation of the Plan's broad range of actions.

LINES OF ACTION FOR 2005-2010.

1- To set up a continuous assessment programme to monitor activities implementing each of the strategies.

2- To identify the best treatment standards and promote cost-effectiveness analyses, while introducing elements to curb inequality.

3- To establish accreditation criteria for Units offering treatment for smokers.

4- To discern which tobacco-related criteria are to be included in the accreditation of clinical centres and units.

5- To review existing healthcare schemes, guidelines, plans, programmes and protocols to introduce the objectives and strategies for tobacco related healthcare. To incorporate quality standards in relation to this top priority care.

6- Specialised external assessments are required for intersectorial actions since, given their diversity, these call for complex analyses of the current state of play in order to explain the results genuinely obtained (observed).

7- To analyse the current situation of tobacco use in relation to social, economic and cultural variables in Andalusia with a view to subsequently measuring the impact of these policies on underprivileged groups.

8- Routine information systems at the Andalusian Public Healthcare System should include entries and indicators that enable this kind of care at primary and specialised healthcare centres to be measured and assessed.

IV.9. THE LEGAL FRAMEWORK

1. Adapting regulations in Andalusia to state legislation

The Autonomous Region retains the right to exercise legislative powers, to draft and ensure compliance with regulations. Given the sheer magnitude of the problem surrounding smoking, and heightened social awareness, Act 28/2005 – on health measures to tackle smoking – should be adapted to regional legislation, by passing a new bill that focuses exclusively on tobacco use and control, as a completely different phenomenon to that of other drugs.

2. Cigarette content analysis and surveillance of tobacco companies

One of the priorities of the Comprehensive Tobacco Action Plan for Andalusia is to request authorisation for accreditation of the laboratory on cigarette composition operated by the Regional Ministry for Agriculture, Fisheries and Food, in Seville. The accreditation will be fostered by the Comprehensive Tobacco Action Plan and managed by the Regional Ministry for Agriculture, Fisheries and Food, which is responsible for the laboratory.

3. Strategies to control illegal traffic

The aim is to foster joint co-ordination with the relevant authorities to put in place the necessary measures to control illegal traffic, by establishing common policies and urging public authorities to take action whenever necessary.

LINES OF ACTION FOR 2005-2010.

1. Rules and regulations in force in Andalusia will be adapted to state legislation, by passing a new bill exclusively devoted to tobacco. The bill should promote “Smoke Free Areas”, particularly in Regional Government administrative buildings. It should also update provisions regarding inspections and sanctions, with full engagement of all the stakeholders involved.

2. Cigarettes on sale in Andalusia will be subject to systematic analysis. In the event of irregularities or non-compliance, legal action will be taken.

V. SUMMARY

Introduction

Tobacco use has been linked to over twenty-five different diseases, and is the leading cause of death in Andalusia. Smoking causes in excess of 10,000 fatalities per year, reducing life-spans by twenty-three years per each of the lives lost in population groups ranging between thirty-five and sixty-nine years of age. At present, there is absolutely no doubt that tobacco smoke is harmful not only for smokers, but also for those who involuntarily inhale it when exposed. In 1999, hospitalisation expenditure at the Andalusian Health Service as a result of smoking-related disease rose to almost 135 million euros. These reasons fully justify the need to establish and implement an Comprehensive Tobacco Action Plan in Andalusia, aimed at co-ordinating healthcare initiatives and the resources available to treat smokers, safeguarding the right to health for all Andalusian citizens, promoting healthy lifestyles and creating Smoke Free areas as spaces for social well-being.

This Comprehensive Plan is intended to become a tool that will allow the best approaches to the various phases in the natural history of smoking to be provided, deploying global and intersectorial strategies to promote the most adequate initiatives towards prevention, care and monitoring, as well as training and research on the causes of and ways to address this condition.

Analysis of the current state of play

According to 2003 data, in Andalusia the prevalence of smoking among individuals over sixteen years of age was 33% (41.1% of males and 26.9% of females were smokers). The largest percentage of smokers remained stable in 2003, in the age group between twenty-five and forty-four (46.2%, three points below the 1999 figure). Individuals between sixteen and twenty-four years of age also show high prevalence (40%, five points above the 1999 figure).

According to Andalusian Health Surveys, the mean age when smoking for the first time is around 17 years of age (17.08 in 1999, 16.89 in 2003). However, other studies (WHO, 2004; DGSPP, 1999) indicate that initial contact with tobacco, tends to occur between 12 and 16 years of age, the percentage being proportionately greater as age increases. Between 1987 and 2003, the number of male smokers dropped in Andalusia by 17 percentage points. Conversely, the trend among female smokers shows a steady rise 6 percentage points. The percentage of former smokers in 2003 was 14.3%.

Organising healthcare and available resources

There are currently 1,478 primary health centres in the Autonomous Region, all of which deliver minimal intervention through their health professionals. Advanced intervention for tobacco control is delivered at 158 primary care centres, in various health districts in the region. All specialised healthcare professionals are obliged to deliver minimal intervention at the thirty two hospitals under the Andalusian Public Health System, where there are a total of eighteen units providing cessation treatment.

On the other hand, the out-patient centres network, devoted to drug dependency treatment, also deliver smoking cessation treatments at sixty public and private, Ministry-approved centres operating under the Andalusian healthcare network, mainly in the provinces of Cordoba and Jaen. In addition, the options for therapy available are being now offered to professionals at state schools in Andalusia, to health professionals throughout the system, and to employees at the Regional Government of Andalusia (this provision of cessation treatments is closely associated to the Smoke Free Centres strategy).

Smokers may access smoking cessation therapies on request either to their health centre, by calling the tobacco hot line (900 850 300), through pharmacies or the hospitals operating under the Andalusian Public Health System.

As to strategies for smoking prevention at educational centres, the Regional Ministries for Education, for Health, and Equality and Social Welfare have been working on the programme "Smoke Free Secondary Compulsory Education" (E.S.O. Sin Humo) and "*Forma Joven*", among other initiatives.

Objectives of the Comprehensive Tobacco Action Plan

1. To curb the incidence and prevalence of smoking in Andalusia.

2. To reduce complications and morbimortality asociated with tobacco among the men and women of Andalusia.

3. To improve the quality of life of smokers and non-smokers.

4. To create a "Smoke Free" future, in a climate of social well-being and mutual respect, favouring healthy lifestyles and up holding the right to health for all.

5. To foster the participation of the general public by engaging society in the development of each area of intervention contained in this Plan.

6. To guarantee smokers the highest standard of healthcare based upon available scientific evidence.

7. To ensure continuity of care as an essential element of comprehensive quality.

8. To effectively and efficiently tailor services to the population's needs.

9. To improve the general public's knowledge and education on smoking, with special attention to model groups and socially relevant segments of the population as well as other particularly vulnerable groups.

10. To further the training of professionals and promote research into smoking as ways to improve the understanding and treatment of this disease and its consequences.

Priority actions

1. **Communicating, informing and raising citizen awareness,** to place smoking as the main public health problem in Andalusia, while favouring a conciliatory and respectful stance among smokers and non-smokers.

2. **Smoking prevention and health promotion:**

    - **At schools:** *"A no fumar, ¡Me apunto!"* **("I'll sign up to no smoking!).** This programme covers a number of strategies, one targeting school and educational premises (Smoke Free Centres), while the remainder target different educational levels at secondary schools ("*E.S.O. SIN HUMO*", competitions...) and high schools ("*Forma Joven*").

    - **At the workplace:** "Smoke Free companies in Andalusia"**.** The primary goal is to achieve smoke free workplaces, in a climate of mutual respect and social well-being, protecting the right of workers to health, while favouring smoking cessation and ensuring that individuals stay off cigarettes.

    - **In the local arena:** heralding intersectorial collaboration, involvement of local corporations, associations, NGOs and other interested social sectors.

3. **Delivering smokers' care** through a multidisciplinary, integrated healthcare model based on healthcare continuity, and on the latest scientific evidence available. Health Centres and Hospitals operating under the Andalusia Public Health System will deliver a programme to tackle tobacco control, co-ordinated by the Support Unit of the agreed district or service.

4. **Caring for particularly relevant groups** may bring about a multiplier effect in the remainder of society, given the model-setting nature of those groups (i.e. healthcare professionals, teachers and public administration employees).

5. **Situations deserving special attention.** Prevention and control initiatives foreseen in the Comprehensive Tobacco Action Plan for Andalusia should take into account gender and social inequalities. In addition, the Plan will herald lines of research and initiatives to ensure the best possible care is delivered to groups such as pregnant women, immigrants, individuals with mental disorders, prison inmates, etc.

6. **Training and career development,** to favour the acquisition of knowledge and skills. Three areas are identified: graduate and under-graduate education; post-graduate or specialisation training; and continuing education stage.

7. **Research on smoking,** by supporting the setting up and development of research groups to focus on the priority actions defined in the Plan, while favouring incorporation of these groups into international research networks, especially in the European Union and the WHO. Also planned is the creation of a Centre for Studies on Smoking which will provide guidelines on the integral approach to tobacco use.

8. **To establish continuous assessment criteria,** as well as quality standards or reference patterns to guarantee full compliance with and permanent improvements to the actions laid down in the Plan.

In addition, an information system on smoking in Andalusia will also be set up to allow monitoring and assessing results in terms of health. Furthermore, an accreditation system for services and health professionals will also be promoted (Andalusian Agency for Healthcare Quality).

9. **To adapt Andalusian legislation to State legislation** and to update legislation currently in force for tobacco control, establishing inspection structures and sanction measures to guarantee compliance with the law.

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VII. ABBREVIATIONS

AETS:	HTAA	Healthcare Technology Assessment Agency
ACV:	CVA	Stroke
CCOO:	(Trade Union)	Comisiones Obreras
CEA:		Andalusian Business Confederation
CLH:		Smoke Free Centres
CNPT:	NCS	National Committee for Prevention of Smoking
CO:		Carbon monoxide
CVA:		Upper respiratory tract cold
DUE:		University Nursing Qualification
EASP:		Andalusian School of Public Health
ECERS:		Schoolchildren's health-related lifestyles
ENS:		National Health Survey
ENYPAT:		European Network of Young People and Tobacco
EPOC:	COPD	Chronic Obstructive Pumonary Disease
ESO:		Compulsory Secondary Education
FAMP:		Andalusian Federation of Municipalities and Provinces
GAD:		Care Group for Drug Dependency
IA:	AI	Advanced Intervention
IAM:	AMI	Acute Myocardial Infarction
IES:		Secondary Education School
IM:	MI	Minimal Intervention
OMS:	WHO	World Health Organisation
SAS:		Andalusian Health Service
SSPA:	APHS	Andalusian Public Health System
UCI:	ICU	Intensive Care Unit
UGT:	(Trade Union)	Unión General de Trabajadores
VCH:	HCV	Hepatitis C Virus
VIH:	HIV	Human Immunodeficiency Virus
WFME:		World Federation for Medical Education

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