



# Healthy Living: Smoking, Alcohol and Drugs

## Abstracts

These abstracts were originally presented at the WHO European Healthy Cities Annual Business and Technical Conferences 2010-2014.

They are organised alphabetically by city and presentation year.

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Abstracts on other WHO European Healthy Cities Themes may be accessed [here](#).



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**CITY / NATIONAL NETWORK: CHELMSFORD**  
**ABSTRACT NUMBER: 149**  
**TITLE: ALCOHOL OUTREACH**  
**CATEGORY HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS -**  
**ALCOHOL/TOBACCO CONSUMPTION**  
**TAGS: ALCOHOL MISUSE, HOMELESSNESS, VULNERABLE GROUPS**  
**CONFERENCE: 2014 ATHENS (INTERNATIONAL CONFERENCE)**

## **Abstract**

Alcohol harm has become a key driver for the deployment of public services placing demand on resources and expenditure. Chelmsford City Council has developed an alcohol model that embraces education, intervention and enforcement while bringing together a variety of partners to engage in producing an alcohol strategy for the future.

In 2012, Chelmsford was chosen as one of the 10 alcohol pilot areas in the United Kingdom for the Baroness Newlove Alcohol Fund. As a result of this funding, Chelmsford has employed a alcohol outreach practitioner for two years hosted by Westminster Drug Project.

The alcohol outreach project allows the partnership to continue to address one of its key priorities – reducing violent crime and antisocial behaviour while also tackling key public health priorities – binge drinking and excessive alcohol consumption. This is achieved by the dedicated alcohol practitioner delivering education and outreach to young people. She also carries out key work and outreach with entrenched street drinkers. The practitioner also meets key objectives by offering arrest referral and ongoing support after prison release.

Most of the practitioner's work is carried out in the community to reduce the number of active street drinkers.

The cohort of entrenched street drinkers within the city has declined by 30%, with the remaining street drinkers all engaging with the alcohol outreach practitioner.

During the first 6 months of the project, 64% of clients reduced their alcohol consumption, 43% of clients reported improved relationships with family and friends, 43% of clients reduced their offending behaviour and 50% of clients have seen an improvement in their housing circumstances.

As a result of the alcohol outreach project, Chelmsford has recently launched a reducing-the-strength campaign in which retailers of high-strength low-cost alcohol have voluntarily removed alcohol from their shelves.

This particular project highlights strong partnership working while engaging with the most vulnerable members of the community to reduce their harmful drinking and chances of reoffending, making Chelmsford a safer place to work live and visit for all.

**CITY / NATIONAL NETWORK: CHELMSFORD**  
**ABSTRACT NUMBER:159**  
**TITLE: DRUG TESTING ON ARREST**  
**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS - DRUG USE**  
**TAGS: CRIME PREVENTION, DRUGS**  
**CONFERENCE 2014 ATHENS (INTERNATIONAL CONFERENCE)**

Reducing drug use and acquisitive crime such as dwelling burglary is a key driver for Chelmsford. The consequences of drug addiction are fundamental to the incidence of crime.

Drug testing on arrest is a voluntary programme designed for police forces and community safety partnerships across the country as a tool to engage offenders into treatment.

The aim was to determine the reduction in reoffending and drug-related crime, while engaging offenders into treatment and improving public health.

Since April 2013, Chelmsford has been the pilot area in the county for drug testing on arrest. If an offender is arrested for a trigger offence, then they are placed on a required assessment with the local drug intervention provider, which by law they are obliged to attend. Once the person has engaged in the process and appear in court, they will be given a more lenient sentence alongside their drug treatment programme.

The aim of the project is to reduce the number of drug-related crimes in the area while working with multi-agency partners in an approach to tackle class A-related drug misuse. The project also aims to integrate measures for directing adult drug-misusing offenders out of crime and into treatment while also working with integrated offender management to ensure the streamlined management of high-risk offenders.

Within the first year, 556 tests were conducted, with 128 of those being positive for cocaine or heroin. Four people failed to engage and were sentenced concurrently for this crime.

Due to the success of the pilot, with 73% of positive tests now engaging in services, there is a view to roll the project out county-wide within the next six months. The key success factor in this project has been the level of partnership working between all agencies to ensure a smooth delivery of services.

The drug testing on arrest pilot addresses the local public health agenda by entering the most vulnerable offenders into treatment while also aiming to reduce reoffending rates and serious crime within the area.

**CITY / NATIONAL NETWORK: COPENHAGEN**  
**ABSTRACT NUMBER: 59**  
**TITLE: SMOKE-FREE COPENHAGEN 2025 – COUNTERING SOCIAL INEQUALITY IN HEALTH**  
**CONFERENCE: 2014 ATHENS (INTERNATIONAL CONFERENCE)**  
**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS - ALCOHOL/TOBACCO CONSUMPTION**  
**TAGS: SMOKE FREE CITIES, YOUTH, CHILDRENS HEALTH**

## Abstract

The Copenhagen City Council has adopted the vision of Smoke-Free Copenhagen to reduce social inequality in health. The objective is to decrease the proportion of daily smokers to 4% of the population in 2025. In Copenhagen, there is a 7.4-year gap in mean life expectancy between the most and the least educated quartiles of men. Smoking is the primary cause.

Smoke-Free Copenhagen builds on a values-based approach that emphasize voluntariness and plurality. The activities exemplify the health in all sectors approach by embracing a wide range of audiences through manifold arenas and instruments and engages civil society by including partners such as organizations, nongovernmental organizations, local politicians and private businesses.

We promote smoke-free environments and carry out initiatives to avoid initiation of smoking among young people. We help low-income smokers quit smoking by providing free smoking-cessation courses for everyone, while removing financial restraints by providing nicotine substitution therapy free of charge. We carry out campaigns and social marketing activities targeting groups and arenas characterized by a high smoking prevalence.

We have already taken major steps towards a smoke-free future. Our initiatives to promote our various cessation offers have provided a remarkable increase in the number of users, the general smoking prevalence is declining and we have succeeded in entering the vocational schools – an arena characterized by a high smoking prevalence. In addition to this, making playgrounds smoke-free enabled us to raise awareness about second-hand smoke, causes of smoking initiation and harmful waste products from smoking among parents and other playground visitors.

The values-based approach is fruitful, both in promoting our cessation offers and in attracting partners other than organizations normally occupied with the smoke-free agenda. Engaging civil society enables us to reach groups and arenas in more suitable ways than via the regular channels.

Our next step is to form an international alliance of cities with ambitious goals on tobacco control.

The alliance was to be launched at a summit in June 2014.

**CITY / NATIONAL NETWORK: COPENHAGEN**

**ABSTRACT NUMBER:041**

**TITLE: SMOKE-FREE COPENHAGEN 2025 – THROUGH PARTNERSHIPS**

**CONFERENCE: 2013 IZMIR**

**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS -  
ALCOHOL/TOBACCO CONSUMPTION**

**Abstract**

*Context:* Nearly 1400 Copenhagen citizens die annually from reasons directly related to smoking. “Smoke-Free Copenhagen 2025” is an ambitious and innovative vision to bring the capital together for a future free from smoke and its hazards. Our end goal is not to ban smoking or have it clandestinely practiced, but have less than 4 per cent of citizens smoke by targeting the smoking secession rate. At present, 18 per cent of Copenhageners are daily smokers.

Our key challenge is reaching the demographic of smokers with precarious job stability and short educations. Previous campaigns and legislation have had limited success in reaching this population.

*Rational:* Compared to the rest of the Danish population, citizens of Copenhagen have a considerable shorter life expectancy. We have identified smoking as the single risk factor with the biggest preventive potential.

In Copenhagen, like most cities, smoking behavior shows a socially unequal distribution. Previous initiatives have not connected with key demographics and thus have not narrowed this gap in health behavior. Approximately 70% of the smokers in our identified “hard to reach” demographic would like to quit smoking, but due to a multitude of reasons haven’t succeeded yet. We believe that by addressing the issue of smoking in a new manner, we will be able to reach to this part of the population.

*Description:* “Smoke Free Copenhagen” is based on a set of core values. First, supporting the choice of living a smoke-free life; second, mutual respect between smokers and non-smokers; and third, voluntariness to quit smoking. Working within this set of values, our job is to shorten the distance between smoking citizens and quitting. Because we need to be where the smokers are “Smoke-Free Copenhagen” is a partnership between the municipality - a coordinating body facilitating secession courses and a knowledge resource - and organisations from the public, private and civic sphere.

Smoke-free Copenhagen 2025 is fully financed, with a budget of 1.2 mil € per year in the entire period.

*Achievements:* We successfully established a partnership structure with an advisory board of engaged participants.

*Conclusion:* It is our clear impression that a public health effort like this benefits greatly from being based on a grander vision than “just” working towards more people quitting smoking. The core values have served as guidelines for our own efforts, as well as a crucial instrument in creating partnerships. Union leaders, CEOs and heads NGOs have all pointed at the inclusive approach as being key in joining our vision of a smoke-free Copenhagen

**CITY / NATIONAL NETWORK: GALWAY**

**ABSTRACT NUMBER:094**

**TITLE: GALWAY CITY STRATEGY TO PREVENT AND REDUCE ALCOHOL-RELATED HARM, 2013–2017**

**CONFERENCE: 2013 IZMIR**

**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS - ALCOHOL/TOBACCO CONSUMPTION**

Context & Rationale: It is recognised that alcohol contributes to a range of social and health problems, and that the prevalence of these problems is directly related to the consumption levels of the population. Therefore, measures that reduce total consumption will contribute to reducing a range of social and health-related harms. This requires a city-wide approach with all partners, groups and organisations having a role to play. Description: This Galway City five-year strategy has been developed to prevent and reduce alcohol harm in Galway City.

It is informed by research on effective approaches to tackling alcohol-related harm and focuses on four key areas: A) Prevention B) Supply, Access & Availability C) Screening, Treatment & Support Services D) Research, Monitoring & Evaluation The strategy was been prepared by Galway Healthy Cities Alcohol Forum in partnership with a range of organisations and groups. These include HSE West, An Garda Siochana, Western Region Drugs Task Force, City of Galway VEC, NUI Galway, Galway Mayo Institute of Technology, Galway City Council and Galway City Community Forum. A wide range of agencies, groups and individuals participated in the consultation process to develop this strategy. This included submissions, emails, phone calls, attending meetings and providing feedback on the draft strategy. Communicating and engaging with a wide range of individuals, groups and agencies is essential for public health approach, where the prevention and reduction of alcohol-related harm is everyone's responsibility. Principles and Approach The strategy is based on a number of principles and approaches including community development, partnership, collaboration, and advocacy.

The strategy is also informed by a whole-population approach and seeks to • Recognise that alcohol is not an “ordinary commodity” but one that contributes to a range of social and health problems, the prevalence of which is related to alcohol consumption • Provide a community wide comprehensive approach as opposed to one that is targeted at individuals or high-risk groups only • Mobilise the community to take action to prevent and reduce alcohol-related harm • Reduce alcohol-related harm by reducing overall consumption levels across the whole-population • Use approaches and actions that research has shown to work Outcomes The anticipated effect of implementing this strategy over the next five years is the following • Improved health, well-being and quality of life for people living in Galway City •

Reduced harmful use of alcohol • Reduced alcohol-related harm • Reduced incidents of alcohol related crime and antisocial behaviour • Increased access to support services for those affected by others alcohol consumption • Increased access to alcohol treatment services • Reduced prevalence of alcohol at community events and activities; and • Reduced alcohol marketing in local areas. Implementation The Galway Healthy Cities Alcohol Forum will oversee the implementation of this

strategy. Annual action plans will be developed and outline in detail how we can collectively prevent and reduce alcohol-related harm in Galway City. At the end of each year, a progress report will be compiled along with an action plan for the following year which will include a commitment from a range of partners, groups and organisations for each proposed action. Achievements: An action within the strategy is to reduce the availability of alcohol at specific festivals/events e.g. St Patrick's Day. In 2013, there was a ban on off-license sales before 3pm on St Patrick's Day. Gardaí (police) were delighted that reduced opening hours and a concerted campaign to target underage drinking resulted in very few arrests on a national holiday in the city centre.

Conclusion: Through maintaining and further developing this partnership approach, we are confident that together we can make a real difference in preventing and reducing alcohol-related harm across Galway City.

**CITY / NATIONAL NETWORK: GYOR**

**ABSTRACT NUMBER: 109**

**TITLE: NETWORKING AGAINST DRUGS**

**CONFERENCE: 2011 LIEGE**

**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS - DRUG USE**

**TAGS: HEALTHY SCHOOLS, PEER EDUCATION, DRUG STRATEGY, CHILDREN**

### **Abstract**

From 1994, we conducted a survey every five years about legal and illegal drug consumption among children 13–18 years old. The prevalence is continually growing in our city. In 2001, we established a Drug Reconciliation Forum and set out a drug strategy.

Since the last survey (2009), the City Council has supported the implementation of strategy from the municipal budget. We are working according to annual work plans. It is intersectoral work with networks. We have activities in several settings: families, schools, workplaces, leisure settings, children protection institutions, prisons and mass media.

We initiate programmes, organize conferences, forums, events, courses, extraordinary exhibitions and alternative leisure activities with our partners. We analyse school health programmes (document analysis and surveys about implementation) and support them. We initiate forums in several districts to inform young people, parents and teachers and to provide possibilities to implement best practices and support initiatives of institutes, nongovernmental organizations and agencies. We make applications for preventive and harm-reducing activities with the collaboration of institutes and organizations of the Drug Reconciliation Forum and other partners. We have prepared booklets and leaflets to help manage the drug problem in the city.

We initiate cooperation among parents, teachers, cultural institutes, health and social workers and sport associations. We have initiated a performance in the theatre, a boarding school project, a prevention programme in prison and a harm reduction

programme in pubs and discotheques as well. The Drug Reconciliation Forum has a network of school drug coordinators, child protection delegacy and nurses. The other network includes junior peer educators and helpers. After peer education, we regularly provide courses, camps, conferences and other retraining possibilities and workshops to exchange experiences. Peer educators developed an Internet forum and are partners in planning, organizing and conducting programmes. Success factor include intersectoral cooperation, political and financial support and media support.

Challenges include lack of local drug rehabilitation institutions, systematic evaluation of prevention programmes and reaching parents and workplaces.

Achievements include political support and financing, intersectoral work, good cooperation, networking, regular monitoring of the situation of drug consumption, systematic strategic planning and implementation. We have good results.

Regular situation analysis, strategic planning and mass-media support can help to involve politicians, and political support approves further broadening cooperation.

**CITY / NATIONAL NETWORK: HORSENS**

**ABSTRACT NUMBER: 036**

**TITLE: DRUG STOP HORSENS**

**CONFERENCE: 2012 ST PETERSBURG**

**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS - DRUG USE**

**TAGS: CROSS SECTORAL APPROACHES, PREVENTATIVE HEALTHCHECKS, YOUTH**

**Abstract**

*Context:* In 2006 the Mayor of Horsens initiated a taskforce on Horsens & Drugs. A report on young people's acceptance of drugs was presented, and both politicians and the police gave the report a lot of attention. SSP (a locally based co-operation between *School*, *Social Services* and *Police*) has been working on the programme presented. One of the projects initiated in 2008 was: DRUG STOP HORSENS – a programme focusing on acceptance of drugs in Horsens Nightlife. Project partners: Police, Municipality, Local press, nightclubs, nightlife.

*Rationale:*

- Horsens must secure a safe nightlife – without drugs!
- Young people should NOT fancy drugs - we should minimize the acceptance of drugs in nightlife, through awareness and education programmes, surveillance and control.

*Description:*

- When young people visiting a nightclub are suspected of being under the influence of drugs, drug wipes can be used to show if they test positive. IF they do, they are banned from the nightclub for 1 – 2 years, and the police is informed
- Snifferdogs from a private company check nightlife approximately every two weeks.
- Local newspapers and radio stations do highlight the project and is a very important key to success.
- Municipality funded EUR 10.000, EUR 250 pr. nightclub pr. month

*Achievements:*

- About 350 drug tests were performed during the first year, about 100 of which were positive, resulting in exclusion for one to two years from the disco/restaurant in question
- Use of a DrugWipe is now often unnecessary as the user frequently confesses without having to be tested
- Some customers leave the discotheque or keep away when they discover the sniffer dog
- New restaurants joins the initiative and the nightlife is gaining from the drug stop

*Conclusion:*

Drug Stop Horsens will be continued as a successful cross sector initiative to reduce drugs and acceptance of drugs in Horsens Nightlife

**CITY / NATIONAL NETWORK: KLAIPEDA**

**ABSTRACT NUMBER: 017**

**TITLE: ASSOCIATIONS BETWEEN USE OF TOBACCO AND ALCOHOL AND HEALTH ASSESSMENT IN THE KLAIPEDA POPULATION**

**CONFERENCE: 2012 ST PETERSBURG**

**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS - ALCOHOL/TOBACCO CONSUMPTION**

**TAGS: LIFESTYLE, PREVENTATIVE HEALTHCHECKS**

**Abstract**

Smoking and alcohol abuse are harmful habits in the European population. Lithuania is one of the leaders in smoking (26.5 % of population are smokers) and in the consumption of alcohol (third after Russia and Estonia). These habits are dangerous not only for the health of individuals but for society as a whole. The aim of this study was to evaluate the associations between the use of tobacco and alcohol and health assessment in the Klaipeda population.

A descriptive cross-sectional study design was carried out. The sample was Klaipeda city residents (n=385) aged between 18 and 89 years old with 37% being male and 63% female. The questionnaire consisted of four parts: background factors; information about smoking and alcohol use; respondents' attitudes to their health; respondents' attitudes to their health problems and symptoms during recent months. The data was then analyzed statistically.

Males (22.5 %) smoke more often than females with 22.5% of males smoking everyday while 10% of females smoke every day. Respondents age was also significant in relation to smoking with less smokers in the older population (p=0.029). There are also differences in alcohol consumption between males and females: 34% of males and 66% of females do not use the alcohol at all. 30% of males consume wine or spirits once per week while 5% of females consume wine or spirit once per week. Age also has statistically significant correlation with the using of alcohol

( $p=0.00001$ ). Those people who are not using tobacco and alcohol self-assessed their health better than users.

It is necessary to promote healthy living and to prevent the abuse of tobacco and alcohol in the Klaipeda population with the main goal to improve the health and well-being of the population, especially in male population.

**CITY / NATIONAL NETWORK: KUOPIO**

**ABSTRACT NUMBER:44**

**TITLE: PAKKA: LOCAL ALCOHOL POLICY IN KUOPIO**

**CONFERENCE:2014 ATHENS (INTERNATIONAL CONFERENCE)**

**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS -  
ALCOHOL/TOBACCO CONSUMPTION**

**Abstract**

In Finland, alcohol-related deaths, illnesses and accidents are common. Alcohol abuse is also a significant factor in inhabitants' security issues and child welfare. There is a special concern towards young people and drinking because alcohol damages the developing brains of young people and can lead to many risky situations. Alcohol consumption has been growing also among older people. Individual intoxicant treatment is very expensive and often comes when people are already addicted and also physically sick – there is a need to work communally reaching larger amounts of people at earlier stage, to prevent problems before they arise.

To prevent alcohol abuse and reduce the costs of alcohol-related illnesses, a national project Pakka was established in Finland in 2004 and in Kuopio in 2013. Pakka is a method supported by the National Institute for Health and Welfare to change community attitudes towards drinking and alcohol control. The aim of Pakka is to reduce intoxication and related harms. In Kuopio, Pakka is applied in all age groups. Together with nongovernmental organizations, government officers, parents, citizens, youth workers, the Lutheran church, local media and local retailers of alcohol (restaurants and stores), Pakka creates local structures and working methods for preventing alcohol abuse.

Pakka is based on dialogue and innovation together with local partners. The Pakka method engages a coordinator who works at the local and national levels, and in Kuopio also with other substance-related themes such as smoke-free city and support groups for children who live in families with substance abuse problems. The action is need-oriented, community-based and flexible.

Since it began in Kuopio, the Pakka project has launched a campaign preventing underage drinking and availability of alcohol together with partners. A major campaign is planned together with restaurants to prevent accidents, violence and drunkenness related to parties at Christmas time. In communities where Pakka has been used for a long time, young people have more difficulty in buying alcohol without identification.

**CITY / NATIONAL NETWORK: KUOPIO**  
**ABSTRACT NUMBER: 62**  
**TITLE: DEVELOPMENT OBJECTIVES OF FINLAND'S WOMAN-SPECIFIC**  
**SUBSTANCE ABUSE WORK**  
**CONFERENCE: 2014 ATHENS (INTERNATIONAL CONFERENCE)**  
**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS -**  
**ALCOHOL/TOBACCO CONSUMPTION**  
**TAGS: WOMEN, FAMILIES, PEER SUPPORT**

#### Abstract

The target of my PhD study in social work is to examine the woman-specific substance abuse work. I will introduce social and health care professionals' views of the level of knowledge of substance abuse work as well as views on how it should be developed.

This case study was carried out in eastern Finland. The study informants were professionals working for women rehabilitating from substance abuse. The empirical data were collected by interviewing them. Content analysis was used as the method of analysis.

The preliminary study results determine the development targets of the woman-specific substance abuse work. The interviewed people very strongly articulated the need for preventive work which, in their opinion, needs to be taken into account, for example, when developing the professional knowledge of the social and health care personnel. Social and health care as well as medical education must include more studies of substance abuse work and more methodological studies on how to bring forth people's drug abuse in client encounters. In the social and health care services, women's drug abuse should be brought out much more often than is being done.

From the perspective of rehabilitative work, the study results showed the need for family-centred work. The work should not only focus on drug-using women but also on their family. In addition, the connection with the social work's child welfare should be firmer. Child welfare has to get acquainted with their clients' individual life situations and to guide them to the services for drug users, when needed. Today in Finland, the social and health care sectors operate merely inside their own territories, and cooperation between those two for the benefit of the client's comprehensive rehabilitation is scarce.

Interviews also revealed the need for gender-sensitive work. The interviewees regarded the presence of women's rehabilitation groups and voluntary woman-to-woman support people as important.

For these results, it is particularly important to study services for women drug users and to develop working methods for the care of women.

**CITY / NATIONAL NETWORK: NEWCASTLE UPON TYNE**

**ABSTRACT NUMBER:036**

**TITLE: DELIVERING THE SMOKE-FREE CITY**

**CONFERENCE: 2010 SANDNES**

**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS -  
ALCOHOL/TOBACCO CONSUMPTION**

**TAGS: SMOKE FREE CITIES, LOCAL GOVERNMENT**

**Abstract:** Smoking is the single greatest cause of preventable ill health and premature death in Newcastle upon Tyne. In 2006, about 33% of people in Newcastle were smokers. In 2006, the Newcastle Smoke Free Project Office was set up to prepare the city and its businesses for the introduction of the smoke-free legislation in the United Kingdom on 1 July 2007. The office was established as a partnership between Newcastle City Council and the local NHS Stop Smoking Service.

Activities included:

- contacting more than 8500 businesses with information about the legislation and the work of the Smoke Free Project Office;
- 1200 visits to businesses, such as bars and clubs;
- business advice seminars about the legislation; and
- the Stop Smoking Service was taken out to the community, piloting new service delivery models, such as in private membership clubs, construction sites, libraries and community centres.

The Office closed in April 2008, and its work was mainstreamed within Newcastle City Council Regulatory Services. As a result, Newcastle upon Tyne has one of the highest smoke-free compliance rates in the North East region, currently 99%. The smoking prevalence has now reduced to about 21%. Further, the Stop Smoking Service has mainstreamed new ways of delivering stop-smoking sessions. The Newcastle City Council is legally responsible for enforcing the smoke-free legislation and works with businesses to ensure compliance through proactive and reactive enforcement visits.

Key issues to consider when introducing smoke-free legislation are:

- putting infrastructure in place;
- building strong public and political support;
- ensuring that support is available to people who want to stop smoking;
- conducting extensive and strong public relations and mass-media campaigns with consistent key messages;
- engaging decision-makers at the national, regional and local levels;
- undertaking lobbying with key opinion-makers as well as the public;
- investing in tobacco control – the larger the investment, the greater the outcome;
- smoke-free legislation is not the end of the story but an important step in the long road to addressing the damage done by tobacco.

**CITY / NATIONAL NETWORK: PORTUGUESE NATIONAL NETWORK**

**ABSTRACT NUMBER:047**

**TITLE: SMOKING HABITS AMONG YOUNG PEOPLE – FROM KNOWLEDGE TO INTERVENTION**

**CONFERENCE: 2010 SANDNES**

**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS -**

**ALCOHOL/TOBACCO CONSUMPTION**

**TAGS: SCHOOLS, YOUTH, EVALUATION**

**Abstract**

Tobacco consumption among young people represents a reality that should be acknowledged and understood to better intervene in this area. What are the motivations that lead young people to smoking? What was their age when they first experimented with smoking? Which representations are associated with smoking? And peer groups? What is the perception of how using tobacco affects health? These are some of the questions we tried to explore through a survey of a sample of 3649 public school ninth graders in 16 cities in the Portuguese Healthy Cities Network.

Fifty-two per cent of the respondents had already experimented with smoking, and 72% had done so when they were 12–15 years of age. The ones who usually smoke do so in public spaces, parties and social meetings, or at school. Fifty-five per cent of their parents do not smoke, but among those who do, it is more often the father than the mother. Almost 90% of the respondents inquired believe that smoking is bad for health. Of those who smoke, 57% believe it is easy to stop smoking and consider that it would be easy to stop if they wanted. About 78% of the teenagers mentioned that their families have alerted them to the consequences of smoking; however, this topic appears to still be taboo to about 22%.

Statistically significant differences were identified between sex, the number of friends of each sex, attractiveness and perception of how smoking affects weight. Statistically significant differences were also found in smoking experimentation and smoking habits of parents and friends.

**CITY / NATIONAL NETWORK: SANT ANDREU DE LA BARCA**  
**ABSTRACT NUMBER: 041**  
**TITLE: LISTEN AND LIVE**  
**CONFERENCE: 2010 SANDNES**  
**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS -**  
**ALCOHOL/TOBACCO CONSUMPTION**  
**TAGS: YOUTH, LIFESTYLE, SEXUAL HEALTH**

**Abstract**

The first health plan for Sant Andreu de la Barca for 2005–2008 reflected the fact that unhealthy habits and lifestyles are a risk factor among local youth. This justifies the increase in the number and coverage of health promotion activities for young people, in pursuance of innovative actions that involve them directly.

Plenty of information is available to young people on the issues related to the health risks associated with certain practices (such as sex and substance abuse) and their prevention. Much of this information is not understandable or easy to relate to for young people. For this reason, it is essential to resort to methods that make them aware of the importance of incorporating healthy habits into their daily lives.

Eighteen music bands in Sant Andreu de la Barca participated in creating of a music CD including songs on topics of relevance to young people's health habits: smoking, alcohol, road crashes, physical exercise, healthy eating and sexually transmitted infections. Each group wrote a song on one topic, which was recorded on a CD that was distributed among people 16–26 years old and presented at a concert attended by more than 500 people. A web site and blogs related to this activity were also created. The time frame for all activities was November 2008 to May 2009.

Healthy habits have been promoted among young people in innovative ways: the City Council has come closer to the young people who have actively participated in these activities as health agents, and participation was high in the activities created around the CD (forums and concerts). This was an innovative but complex method of organizing action, whose success resides in spreading among young people their own messages, seizing the communicative power that music has within this population group.

These results will be a basis for the development of an intermunicipal plan for youth smoking prevention and cessation, which will involve the 16 cities that participated in the study. The goal is to promote action by local agents and to use existing resources to develop an intermunicipal strategy that will take into account five different work areas: information; health education; smoking cessation; investigation; and monitoring and evaluation.

**CITY / NATIONAL NETWORK: STAVROPOL**  
**ABSTRACT NUMBER:009**  
**TITLE: CREATION OF THE SOCIAL ENVIRONMENT FOR DRUG ADDICTS REHABILITATION**  
**CONFERENCE: 2012 ST PETERSBURG**  
**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS - DRUG USE**

**Abstract**

*Context:* A study, which we conducted in 2009, showed that one in fifth Stavropol young people aged 15-19 smoked marijuana, and one in two hundred injected drugs. Maximally effective medical preventive methods were working on the principle of "Equal to equal". At the same time, trained volunteers who were capable of carrying out educational work among young people were not enough.

*Rationale:* In our city, former drug addicts set up rehabilitation centers for drug addicts under the patronage of the church. These people often did not have enough education to conduct preventive work, but had a desire to do it. We developed a project to improve the preventive potential of activists of these centers. This project won a national contest of grant projects under the patronage of the President of Russia

*Description and Achievements:* The aim of the project was to prepare a team of volunteers who were former drug addicts, which was trained for preventive work and main principles of healthy lifestyle. These volunteers could work with the youth of the North Caucasus with problems of psychoactive substance abuse.

*Project objectives:*

- to train activists of rehabilitation centers for drug addicts to technologies of preventive work with young people with social phenomena (drug addiction, HIV, tobacco smoking);
- to form a group of young leaders that are capable to provide adequate medical and sanitary education in their groups;
- to provide activists of the rehabilitation centers with materials for outreach (training film, teaching materials).

The main project activities were trainings, brainstorming sessions, discussions, lectures, and round tables for the activists of rehabilitation centers for drug addicts. In total it was 72-hour training program.

In the framework of the project materials that were necessary for volunteers, including a documentary training film, educating collected articles, preventive comics for teenagers and booklets for young people were published.

Trained volunteers held more than 20 unassisted events to prevent drug, alcohol and gambling addiction, which were attended by at least 10,000 people. Project volunteers also carried out extensive work on the rehabilitation of former drug addicts.

*Conclusion:* Former drug addicts may become a significant resource for the prevention of alcohol and drug addiction, and the rehabilitation of former drug addicts, if they have special training and re-socialization within the framework of the project "Healthy Cities".

**CITY / NATIONAL NETWORK: SWANSEA**

**ABSTRACT NUMBER: 100**

**TITLE: SWANSEA SMOKE-FREE HOMES PROJECT**

**CONFERENCE: 2014 ATHENS (INTERNATIONAL CONFERENCE)**

**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS -**

**ALCOHOL/TOBACCO CONSUMPTION**

**TAGS: SMOKE FREE CITIES, AWARENESS RAISING AND CAMPAIGNING**

### **Abstract**

The exposure to second-hand smoke is greater if the mother smokes – six times higher compared with three times higher for the father.

The evidence of effectiveness of smoke-free home initiatives lacks a robust evidence base, but there are promising components, including: working with health professionals, since gaps in knowledge relating to the health implications of second-hand smoke and inconsistent messages to families have been found; and community-based approaches that tailor initiatives to use local knowledge and take into account the social, economic and environmental circumstances of parents and caregivers.

The aim of the project was to increase the health literacy of professionals and community members and thus reduce exposure to second-hand tobacco smoke among selected communities in Swansea. This included undertaking a focus group with community members to gain local insight into smoking in the home and involving community members in producing suitable resources tailored to their community to support smoke-free settings.

The local community and family developed the training DVD they saw as best conveying the message of the advantages of a smoke-free home. The DVD raises these issues by showing in one family how social norms have changed since the 1950s. The resource pack was very well received by the health professionals and respondents. Parents and caregivers had also given positive feedback to the scheme.

The evaluation found that mothers in particular were reported to be more likely to make changes during pregnancy or in the postnatal period and to uphold these changes for longer. Lessons learned on smoke-free homes included: insight focus groups with community members were key to gain ownership and use of local families and a local school to develop a DVD and calendar to promote smoke-free home messages.

The DVD forms part of a smoke-free resource pack that has now been distributed outside Swansea and across all Flying Start teams in the Abertawe Bro Morgannwg Health Board area. The training resource received an ASH Wales award.

**CITY / NATIONAL NETWORK: SWANSEA**  
**ABSTRACT NUMBER:007**  
**TITLE: NEIGHBOURHOOD PARTNERSHIP – TACKLING SUBSTANCE MISUSE**  
**CONFERENCE: 2011 LIEGE**  
**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS -**  
**ALCOHOL/TOBACCO CONSUMPTION**  
**TAGS: CHILDREN, NETWORKS, CROSS SECTORAL APPROACHES**

### **Abstract**

Adult alcohol and drug-related hospital admission rates in Swansea are statistically significantly higher than the averages for Wales. Of 22 local authorities in Wales, Swansea was ranked fourth worst for alcohol and second worst for drugs. Survey data have also revealed that nearly 50% of secondary school children had drunk alcohol at least once, with one quarter being seriously drunk at least once. National data show that one third of drug-related deaths in Wales occur in combination with alcohol.

The Police Chief Superintendent saw the potential for reducing drug- and alcohol-related crime by adopting the Healthy Cities concept of community-led integrated preventive approaches.

A detailed substance misuse needs assessment was undertaken over four months involving the police, social services, children and young people partnership, drug agencies and local health services. The substance misuse needs assessment formed the basis of a local service board project with strategic political and senior executive ownership. A comprehensive approach was taken based on need and evidence for effective interventions. Geographical areas for intervention that fell within the 10% most deprived areas in Wales were identified.

Recommendations were made to reduce:

- the burden of the night-time economy due to acute alcohol-related problems;
- the burden of the daytime economy due to chronic drug and alcohol use; and
- the risk factors associated with substance misuse, with a focus on school truancy as a marker.

The achievements include:

- a Healthy Nightlife Board with local councillor engagement established;
- information requirements and data sharing agreed among partners;
- a traffic light system for managing city centre alcohol-related assaults is being developed; and
- an integrated community approach is being embedded that links primary and community networks and aims to reduce the risk factors for children and young people residing in communities with high levels of substance misuse.

Factors that led to success include high-level senior political and executive ownership, a senior police officer as a driving force for prevention, clearer governance arrangements on information and accountability at a strategic level. Substantial progress has been made through an integrated approach to working and engaging with geographically at-risk communities in five months.

**CITY / NATIONAL NETWORK:UDINE**

**ABSTRACT NUMBER:072**

**TITLE: A COMPREHENSIVE APPROACH TO ALCOHOL MISUSE AMONG YOUNG PEOPLE**

**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS - ALCOHOL/TOBACCO CONSUMPTION**

**TAGS: YOUTH, PUBLIC HEALTH, PEER SUPPORT, SPORT**

**CONFERENCE: 2012 ST PETERSBURG**

### **Abstract**

Harmful drinking among young, often underage, people is an increasing concern across many countries. Alcohol use initiation rates for children rise quickly from age 10 up to about age 13 years, and alcohol is the most commonly used drug among adolescents. A strong relationship appears to exist between alcohol use among youth and many social, emotional, and behavioural problems, including alcohol-related violence, injuries, drinking and driving, absenteeism from school or work, feeling depressed and increased risk for using other drugs. In addition to the problems that occur during adolescence, early initiation of alcohol consumption is related to alcohol-related problems later in life. Many studies have demonstrated that early onset of alcohol use (by age 12 years) is often associated with subsequent alcohol abuse and related problem behaviour in later adolescence and that people who begin drinking before age 15 years are more likely to develop alcohol dependence during their lifetime.

Therefore, it is clearly an important public health goal to delay the initiation of alcohol use among young adolescents to protect their current and long-term health. Joint appropriate and coordinated actions of different agencies and stakeholders are needed in raising awareness and political commitment to reduce the public health problems caused by harmful use of alcohol.

The Municipality of Udine aims at developing a more comprehensive approach to preventing adolescent alcohol use, combining several intervention strategies in school, family, extracurricular environments and community.

School strategies consist in giving appropriate information about alcohol, including information on the short-term effects and long-term consequences of its use according to behavioural theory and knowledge of risk and protective factors. Community strategies aim at reducing the availability of alcohol to youth, by (1) preventing sales to minors through enforcement campaigns and compliance checks, (2) curtailing commercial access by regulating alcohol outlets, (3) limiting social access through prevention campaigns, (4) increasing enforcement of drunk-driving laws and (5) involving the mass media to increase awareness.

Extracurricular strategies consist in a peer programme aimed at promoting awareness of dangerous drinking habits and stimulating reflection on alcohol use among young people in sport clubs. The alternative method of peer education was used since it has proved to be more effective and appealing than others for adolescents. The peer programme included social and life skills training, refusal and communicative skills. Sport clubs were chosen as a target to have much impact on

young people by using sport and team spirit as leverage to involve adolescents. The first pilot phase involved about 100 young people, among which 16 were the peer educators. A questionnaire was used to assess both the perceptions of young people on alcohol issues and the effectiveness of the peer programme. The first results were positive, with 90% satisfied with the intervention and 80% willing to become a peer educator. As to the sample, 66% of participants were aged under 15 years, 59% were female and 25% declared they already got drunk almost once.

**CITY / NATIONAL NETWORK: UDINE**

**ABSTRACT NUMBER:090**

**TITLE: ALCOHOL PREVENTION CAMPAIGN IN SPORT CLUBS  
(LUCIDAMENTE)**

**CONFERENCE: 2011 LIEGE**

**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS -  
ALCOHOL/TOBACCO CONSUMPTION**

**TAGS: YOUTH, SPORT, PEER EDUCATION**

### **Abstract**

More and more people in high-income countries are engaging in excessive, abusive drinking; this trend concerns especially adolescents, who experience the consequences of drinking too much at too early an age. This is often associated with binge drinking, which is defined as heavily consuming alcoholic beverages over a short period of time. Teens who begin drinking before age 15 years are five times more likely to develop alcohol dependence than those who begin drinking at age 21 years. Binge drinking during adolescence is associated with road crashes and other types of accident. As a result, underage and binge drinking are major public health problems in several countries worldwide.

The project called LucidaMente (Clear Mind) originated from the need to promote awareness of dangerous drinking habits, provide educational outreach and stimulate reflection on alcohol use among youngsters. A specific setting, sports clubs, has been chosen to make adolescents reflect on how alcohol consumption can result in a significant risk, whether physical damage or accidents, social or relationship problems, legal problems or mental health problems. The aim was to speak of alcohol prevention also in terms of good consequences for health and results in sports and play on team spirit. Moreover, in this informal environment it could be easier to involve parents in the prevention campaign and reflect on their children's habits towards drinking.

The method adopted to inform and educate young people has consisted in a peer-led approach, starting from the assumption that peer education can be a useful and effective tool in addressing safety and health issues among adolescents, as demonstrated by many studies. Peer educators for the campaign were carefully recruited and trained in the use of a standard peer education protocol. Peer educators had to be 16–19 years old.

Using a specific questionnaire, we evaluated the effects of the peer education protocol as applied by peer educators.

Peer education significantly increased knowledge on the risks of alcohol abuse and promoted personal reflection on alcohol intake. After peer education, adolescents had a more realistic view of their alcohol intake, more frequently perceived the alcohol intake of their friends as binge drinking and reported a higher intention to drink less alcohol in the future.

**CITY / NATIONAL NETWORK: UDINE**

**ABSTRACT NUMBER:089**

**TITLE: A SMOKE-FREE FUTURE (SMOKING PREVENTION POLICIES).**

**CONFERENCE: 2011 LIEGE**

**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS -  
ALCOHOL/TOBACCO CONSUMPTION**

**TAGS: HEALTHY SCHOOLS**

**Abstract**

Tobacco is the largest cause of avoidable death in the European Union, accounting for more than half a million deaths each year. To curb this epidemic, Italy joined other countries in Europe by introducing in January 2005 a comprehensive smoking ban on tobacco use in public places that includes strong sanctions for smokers, businesses and workplace owners and managers. Although researchers in Rome found an 11% reduction of acute coronary events since the smoking ban took effect, these legislative measures should be complemented with a comprehensive tobacco control policy to provide anti-tobacco education and school-based tobacco prevention.

Following these premises, Udine has also implemented school health programmes to prevent smoking in primary and secondary schools. They consist in anti-tobacco education lessons aimed at integrating knowledge about the short- and long-term negative physical and social influences and consequences of tobacco use, peer attitudes and norms and refusal skills.

In primary schools, a book has been distributed that is a collection of writings on smoking and tobacco written and illustrated by some inmates of the district penitentiary, and educational and amusing games have been organized to encourage children to reflect on smoking harm. In secondary schools, health professionals have held conferences and debates, and a leaflet has been distributed to provide information on the dangers of smoking. Almost 900 children and adolescents were involved in the school year 2009/2010.

Since this intervention in classes has led in past years to a strong engagement both of teachers and scholars, for the new school year a booklet will be produced collecting the most beautiful drawings, limericks, poems and compositions written by children. This booklet will be distributed to all primary schools of the city as a tool for prevention and health literacy in schools. Apart from the enthusiasm the students and their teachers have towards the project, the results have been evaluated through questionnaires, which have demonstrated an increase in children's knowledge about smoking harm.

**CITY / NATIONAL NETWORK: UDINE**

**ABSTRACT NUMBER: 117**

**TITLE: A COMPREHENSIVE APPROACH TOWARDS TOBACCO**

**CONFERENCE: 2014 ATHENS (INTERNATIONAL CONFERENCE)**

**CATEGORY: HEALTHY LIVING - ALCOHOL/TOBACCO/DRUGS -  
ALCOHOL/TOBACCO CONSUMPTION**

**TAGS: PREVENTATIVE HEALTHCHECKS, PUBLIC HEALTH, SMOKING  
CESSATION, PRIMARY HEALTHCARE**

### **Abstract**

Chronic respiratory diseases, such as asthma and chronic obstructive pulmonary disease, have a huge impact worldwide, especially affecting older people and children. They strongly affect the health and well-being of the patients and have a negative impact on families and caregivers, since they often begin in childhood and their treatment demands a long-term and systematic approach because of their slow evolution and chronic nature. In most developed countries, tobacco is the most important risk factor. Data on the chronic respiratory disease risk factors, burden and surveillance are fragmented and often incomplete, and awareness of chronic respiratory diseases is largely insufficient. Chronic obstructive pulmonary disease is largely underdiagnosed, undertreated and largely induced by smoking as well as not regarded as a systemic disease.

The global strategy for the prevention and control of noncommunicable diseases, endorsed by the Fifty-Third World Health Assembly, cites chronic respiratory disease as one of the four priority disease groups to be addressed. As highlighted by the WHO strategy on chronic respiratory diseases and by the Global Alliance against Chronic Respiratory Diseases, much can and has to be done in terms of preventing and controlling chronic respiratory diseases.

The Healthy City Project in Udine has pursued this objective, by developing a comprehensive approach in collaboration with the local health agency and a voluntary association dealing with chronic respiratory diseases.

One action is a free service at the Primary Health Care Department where people can get lung function testing once a month. In case of a positive test, the person, especially if a smoker, is invited back for further tests and counselling. The doctors, working as volunteers, also provide information both on chronic respiratory diseases and preventive behaviour as well as the harms of tobacco.

School health programmes promote smoking prevention in primary and secondary schools. They comprise anti-tobacco education lessons aimed at informing children and adolescents of the damages deriving from tobacco also through amusing games and activities, including scientific experiments to prove the effects of tobacco on our breathing apparatus. In secondary schools, conferences and debates held by health professionals are organized to stimulate discussion on this topic. Promotional material is distributed to all the students.

Smoking-cessation counselling is provided to help smokers quit smoking, and health professionals are trained in counselling techniques and smoking-cessation methods. Further, support is given to people with acute and infectious diseases and to their caregivers.

The number of people who applied to the free service in 2013 was 150, and the average age was 65 years. Almost 1000 students in 10 city schools were involved in the smoke-free future educational programme in 2013/2014.

The main achievements have been: better surveillance, by mapping the magnitude of chronic respiratory diseases and their determinants; more effective primary prevention by screening people, especially smokers; and more debate and awareness, especially among young people, about the risks and damages deriving from tobacco.

New materials are going to be developed for young people to better stimulate their attention towards this important and more and more serious health problem. The project is by now a fundamental element of the health literacy strategy that the city has developed to encourage healthy lifestyles and community empowerment.

