

spectra

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National prevention programmes

2 Joint strategy for HIV/AIDS and STIs

Infections with sexually transmitted diseases (STIs) have increased in Switzerland, and current prevalence rates are above the average for Western Europe. This is why, for the first time, STIs have been integrated into the new 2011–2017 programme for combatting HIV. The marked connection between HIV and other STIs tips the balance in favour of the combined approach. Spectra provides an overview of this and other new developments in the national HIV/STI strategy.

4/5 Progress to date in tobacco and alcohol control

The proportion of smokers in the 14–65 age group of the resident population fell from 33% in 2001 to 27% in 2009. In the 14–19 age group, the proportion of smokers fell by as much as nine percentage points to 22% (2009). The goal is for only 23% of the Swiss population still to be smokers by 2012, which seems realistic. The prospects for alcohol look less bright. While making good progress, alcohol control still has a long way to go. Spectra outlines the two programmes and presents an interim report.

8 Diet and physical activity forging ahead

The Federal Government is concentrating above all on structural-related prevention in its efforts to combat diet- and physical activity-related diseases of civilisation such as cardiovascular disease, diabetes or cancer. The aim is to create a personal environment for people that makes it easy for them to choose the healthy option. Many successful activities have already been initiated in this direction, for instance «actionsanté», SuisseBalance, quality standards in the community catering sector and other projects.



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Global strategy for HIV and other sexually transmitted infections

National HIV and STI Programme 2011–2017 (NPHS). The new NPHS will continue the work undertaken to date and take account of the latest findings: for the first time ever, sexually transmitted infections (STIs) have been integrated into a programme for combating HIV. The strategy is to concentrate on particularly at-risk target groups and on people with HIV and their partners. The main goal is to significantly reduce the number of new infections with HIV and other STIs and to avoid long-term effects that are harmful to health.

STIs have been integrated into the HIV strategy for several reasons. On the one hand, a number of different kinds of infection have increased in Switzerland, resulting in prevalence rates above the average for Western Europe. On the other hand, there is a marked connection between HIV and other STIs: an STI can increase the infectiousness of people with HIV and impair the efficacy of HIV treatment. In addition, STI prevention can be easily integrated into existing HIV prevention structures as the messages are largely identical. Besides, with this holistic strategy Switzerland is following a European trend. The UK, France, Sweden and Norway have already developed strategies that combine efforts to combat both HIV and STIs.

The familiar rules on safer sex still apply:

1. Always use a condom (or a Femidom) in penetrative sex.
2. No semen in the mouth, don't swallow semen. No menstrual blood in the mouth, don't swallow menstrual blood.

The integration of STIs in the strategy has resulted in a new rule:

3. In the event of genital itching, secretion or pain, consult a doctor at once.

More prevention funding for at-risk groups

Implementation of this strategy will cost the Federal Government about nine million francs a year – as much as the previous programme. However, there will be a shift in the distribution of the prevention funds to favour target groups that are particularly affected by HIV and STIs. These are men who have sex with men (MSM), migrants from high-prevalence countries, injecting drug users, sex workers and prison populations. There will continue to be basic provision for the population as a whole. For instance, the «LOVE LIFE» campaign will be adapted and continued, as will the «Check Your Love Life» tool. The shift in the distribution of funding is in line with international experts' recommendation that efforts in areas with a high prevalence of both HIV and other STIs should be stepped up. But other criteria are also to be taken into account: for instance, over 98% of MSM and over 80% of heterosexuals become infected in urban areas.

Informing partners should be a matter of course

Another important target group comprises people with HIV or another STI and their partners. People with HIV receive medical support from the time of diagnosis, and the course of the HIV infection is assessed at regular intervals. Thanks to these check-ups, the doctor can identify the right time for starting treatment. But regular contact with the healthcare system is also important for prevention: people with HIV become sensitised to the risk of passing on the virus. Wherever possible, they receive counselling together with their partners. Consequently, an important goal in the next few years will be to achieve a cultural shift towards voluntarily informing partners. People diagnosed with an infection are to be encouraged to inform their regular and/or casual partners of a positive test result. The partners will then quickly be able to seek counselling, take a test and, if necessary, receive treatment. Voluntarily informing partners is a key prevention element for interrupting the chain of infection. And those affected will not be abandoned to their own devices but will be supported by the medical and counselling system. New methods and communication tools will be tested and deployed for this purpose.

Implementation along three axes of intervention

For the first time, a model with three axes of intervention is being used for structuring and implementing goals and measures. This approach is based on considerations concerning the prevalence of infections and the threat to the at-risk groups. Intervention axis 1 focusing on the «General population» target group is a cornerstone of prevention. Intervention axis 2 is geared to people who engage in high-risk behaviour in an environment characterised by high rates of infection. Intervention axis 3 targets people with HIV or another STI, and their partners. The axis model is designed to be cumulative, i.e. measures from axis 1 also reach the target groups of axis 2 or 3.

Continuing validity of learning strategy

Like the preceding programmes, the NPHS pursues a learning strategy: HIV and STI prevention is based on cooperation with the people affected. Prevention – particularly in such a sensitive area as sexuality – can be successful only if there is a relationship of trust between the state, the service providers, those infected and the groups and individuals at risk. The application of epidemic law-enforcement measures would jeopardise this trust and could result in people concealing their infection or trying to avoid the corresponding tests.

Broadly based strategy

Under the Swiss Law on Epidemics, the Federal Government is obliged to issue regulations for combating transmissible or life-threatening diseases. The NPHS



The Federal Office of Public Health and its partner organisations present the new prevention programme on HIV/AIDS and other sexually transmitted diseases in front of the Federal Parliament in Bern on World AIDS Day. With a light show, pop music, poetry and an AIDS walk in ice-cold temperatures and snow flurries.



Géraldine Savary, state councillor from Vaud, represented PLANeS, the Swiss Foundation for Sexual and Reproductive Health.



Roger Staub, Head of the FOPH's Prevention and Promotion Section, discussed the details of the programme.



Swiss Government minister Didier Burkhalter presented the prevention programme for 2011–2017 on World AIDS Day.

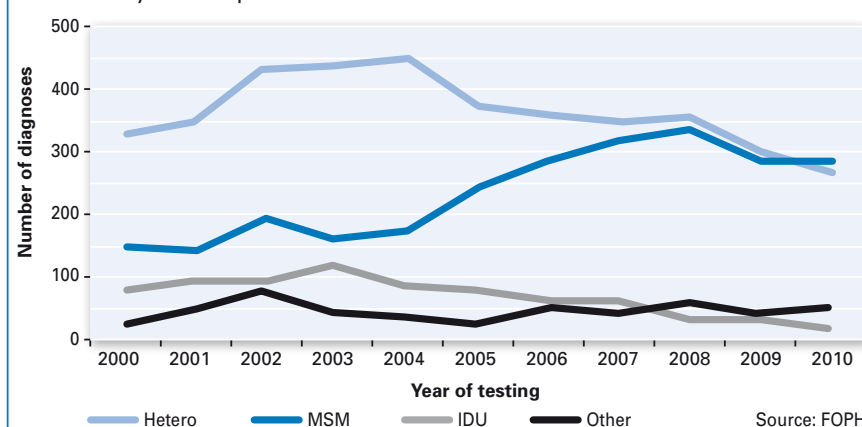
now represents a binding strategy for this purpose. All relevant players have been involved in drawing it up: the Federal Government, cantons, municipalities, NGOs and organisations of people with HIV. The individual players will now decide how the specific measures are to be implemented in their areas of interest and the available resources deployed.

The Federal Government has been tasked with coordinating the measures.

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HIV+ diagnoses in Switzerland by transmission route and year of testing

Estimate: doctors' notifications factored in up to 30.9.2010
Last year extrapolated.



Good third phase for Switzerland's drugs policy



Third package of drugs-related measures. The Third Federal Programme of Measures to Reduce Drug Problems (MaPaDro III) describes the starting situation and the shape of Swiss drugs policy for the 2006-2011 period. The aim of MaPaDro III is to reduce drug-related problems in Switzerland.

The earlier programmes MaPaDro I and II had developed and launched the fourfold (or four-pillar) policy on drugs (prevention, treatment, harm reduction and law enforcement). The third package of measures was based on an evaluation of this drugs policy and assessment of its institutionalisation, and comprises the following core concerns:

- Consolidation of the fourfold policy
- The need to take account of changes in the problems involved (emergence of new drugs, growing use of cannabis, cocaine and alcohol and a marked trend towards polydrug use).
- Long-term development of a coherent policy on addiction and prevention that covers all forms of addiction.
- Greater focus on law enforcement in the planning and implementation of the package of measures.
- Increasing the permeability between structures, services and measures in all four policy areas.

Evaluation already underway

To implement MaPaDro III, the FOPH's Drugs Section drew up an action plan containing all the measures (tasks and projects) envisaged in the third package. These encompass, for instance, the development and testing of early-identification tools and the promotion of quality development using the QuaTheDA Reference system (structural and process quality) at the addiction treatment centres. The final phase of the programme has now been reached and the measures defined have been largely im-

plemented. The evaluation and impact assessment of MaPaDro III has already been initiated. The main focus is on relating the activities of the programme to the epidemiological situation in the addiction field. To this end, the outcome indicators for the package's global goals were defined as far back as 2006. These will now be re-measured in order to identify changes in the substance-abuse field since 2006 and to assess the general effectiveness and sustainability of MaPaDro III. Initial feedback reports indicate that the package has made a significant contribution to achieving the defined goals.

Prospect of a comprehensive addiction programme?

Like the national programmes for tobacco (NPT) and alcohol (NPA), MaPaDro III is

Aims of MaPaDro III

- To reduce drug use
- To reduce the negative consequences for drug users
- To reduce the negative consequences for society

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to be extended so that all three programmes can be concluded simultaneously. A decision on future action will be taken on the basis of the impact assessment carried out by the University Institute of Social and Preventive Medicine in Lausanne (IUMSP) and the global evaluation of the NPA, NPT and MaPaDro III. Besides a MaPaDro IV, consideration is also being given to the development of an innovative, comprehensive programme that covers not only illicit drugs but all addictive substances and all forms of addiction.

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At first hand

Migration & health, drugs, alcohol, tobacco, HIV/AIDS and diet & physical activity – these are the topics of the many National Programmes that are addressing the different health challenges facing us. But what the programmes all have in common, regardless of their thematic focus, is the aim of acting ahead of events to help improve the health of people living in our country. As the saying goes, prevention is better than cure. At the most recent OECD Health Ministerial Meeting, it was again clearly stated that «prevention programmes are highly cost-effective in improving health and longevity».

The number of chronic illnesses (such as cardiovascular diseases) is growing at a worrying rate in Western societies. Individual choice of lifestyle is partly responsible. If we are to bring about changes in behaviour that have an impact on health, action that influences living and working conditions and the environment and extends the choices available to people needs to be taken. But such action must also ensure that the different sections of the population are well informed and it must appeal to people's sense of individual responsibility. In other words, there is a need for measures that extend beyond the actual health sector.

This is the task of our prevention programmes, and they have already notched up some tangible successes. For instance, tobacco consumption and the threat from passive smoking are decreasing, the migrant population enjoys better access to healthcare information, AIDS-related deaths among drug users have plummeted, intercantonal cooperation on alcohol control is being stepped up with the staging of conferences on the cantons' alcohol action plans, and the food industry and the big retailers are reviewing the composition of their foodstuffs in the framework of the «actionsanté» drive for better food and more exercise. We should not forget, however, that it takes time for the positive effects of prevention work to be felt.

But however encouraging these outcomes are, the prevention programmes have not yet attained their goals and so their efforts must be continued. The Prevention Law as drafted by the Federal Council would give us a valuable tool that would help maintain and improve the health of the population while also putting a brake on soaring health costs.



Didier Burkhalter
Federal Councillor, Head of the Federal Department of Home Affairs

Source cited: www.oecd.org

Alcohol control is making good progress, but is still far from its goal

National Programme Alcohol 2008–2012. «Those who drink alcohol do so in such a way that it is not harmful to them or to others». This is the vision of the National Programme Alcohol 2008–2012 (NPA), which the Federal Office of Public Health (FOPH) and the Swiss Alcohol Board (SAB) were tasked in June 2008 with implementing. It is an ambitious programme that coordinates 33 activities, ten action areas and a diverse range of participating players. Where does the NPA stand today? Progress to date.

There has been a downward trend in the consumption of alcohol in Switzerland for decades. Per capita consumption has stagnated in the last few years at about 8.7 litres of pure alcohol a year, despite the recent slight rise in beer and spirits. More worrying than per capita consumption, however, are all the different forms of problem drinking. An estimated 300,000 people in Switzerland are considered to be alcohol-dependent. This condition is a cause of much human suffering and, because of its social consequences, generates high costs for society as a whole. In terms of alcohol policy, therefore, it is too soon to sound the all-clear.

Strict enforcement of regulations protecting young people

There is a particular need for action in the 15–24 age group. In contrast to the general trend, the proportion of high-risk drinkers in this age group has risen slightly. Efforts to protect young people are therefore focused on systematic enforcement of existing legislation. In October 2009, the SAB and the FOPH issued a practical manual with guidelines on conducting test purchases of alcohol with young people. In addition, the NPA finances various projects led by the SNYC (Swiss National Youth Council). For instance, youth association leaders are to receive special training to enhance their skills in dealing with drunkenness and risk behaviour among their young members and the issue is to be integrated into the youth associations' existing structures. The NPA is also active at the school and family level. Under the leadership of Addiction Info Switzerland, services helping children from families with alcohol problems are being developed and both the public and professionals are being sensitised to the issue. Last but not least, various ideas for improving the protection of young people have been integrated into the revision of the Law on Alcohol. It is up to Parliament to decide whether these ideas will be accepted or not.

But for all the justified concern about young people, we must not lose sight of the problem of chronic alcohol consumption among the middle-aged, however much it is tacitly accepted, or



among the elderly, however much it is played down. These problems will have to be addressed more vigorously in future.

Pushing ahead with research

«Alcohol in older people» is one of the FOPH's planned studies, the results of which are expected to be published in summer 2011. An extensive network has already been put together for this study, and a website on the subject is being planned in addition to the study. A further FOPH study is to address the subject of alcohol-related costs at the workplace. The 2011 Addiction Monitoring in Switzerland will also be of great importance for future measures, as it will for the first time include questions on alcohol consumption and drinking habits.

Improving treatment and therapeutic measures

Treatment and therapeutic measures constitute an important area of action for the NPA. Under the leadership of Infodrog (Swiss Office for the Coordination

of Addiction Facilities), activities aimed at improving treatment services for people with or at risk from alcohol-related health problems are currently being planned or carried out. They include a needs assessment of the corresponding institutions, ensuring professionals are qualified to conduct brief interventions, measures to safeguard the quality of structures, processes and outcomes in the treatment centres, and the availability of low-threshold drop-ins for alcohol-dependent people. In addition, an Internet portal is to be established that will enable people seeking help to find suitable treatment faster.

Stepping up cooperation with the cantons

The cantons are the main players in the NPA's activities. Powers and responsibilities in the field of alcohol control are mostly in their hands. These include levying special commercial taxes, establishing shop-opening times and laying down regulations for advertising. One of the FOPH's key tasks is to promote cooperation and exchanges among the can-

tons. In addition to the FOPH website's map showing the alcohol policies of the different cantons, the annual KAP Conference (cantonal action plans on alcohol) has been initiated. It is aimed at all professionals who deal with alcohol policy-related issues in the different cantonal administrations. Besides the KAP Conference, «KAP-plus» events at which specific, needs-based know-how is offered were held in 2010.

Alcohol campaign: call for dialogue

The national basis for a sustainable alcohol control policy is in place and the groundwork has been completed. Now the different players have to join forces and get on with implementation. In addition, with alcohol as with other prevention fields, it is important to ensure the consistent support of both public and politicians for effective behaviour-related and structural prevention measures. To this end, the FOPH is currently developing an alcohol campaign based on a participative approach and focusing on dialogue. It will involve bottom-up action, i.e. activities that address the topic of alcohol in areas in which there is an actual problem and in the language employed by those affected. The new campaign will kick off during the three-nation dialogue week on the subject of alcohol from 21–29 May 2011.

Anyone interested can subscribe to the newsletter by sending an e-mail to alkoholkampagne@bag.admin.ch. Further information on the dialogue week and the alcohol campaign is available at www.ich-spreche-ueber-alkohol.ch

The programme was drawn up in a broadly based participative process and is being implemented by a range of different players active in the area of alcohol prevention. The FOPH, the Swiss Alcohol Board, the Federal Commission for Problems linked to Alcohol and the cantonal health ministers are responsible for strategic management of the programme.

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Further information on the NPA:
www.alkohol.bag.admin.ch

National Programme Alcohol 2008–2012: main features in brief

Vision: Those who drink alcohol do so in such a way that it is not harmful to them or to others.

Main goal A: Society, political circles and the economy are to be made aware of the particular vulnerability of children and teenagers to alcoholic beverages and they are to support appropriate measures to protect young people.

Main goal B: The population is to know the negative effects of the consumption of alcohol and to support appropriate measures to reduce these effects.

Main goal C: There is to be a reduction in problem consumption of alcohol (binge drinking, chronic drinking and consumption that is inappropriate for the situation).

Main goal D: There is to be a decrease in the number of people dependent on alcohol.

Main goal E: The negative effects of alcohol on those close to consumers and their direct social surroundings are to be considerably reduced.

Main goal F: The negative effects of the consumption of alcohol on social life and on the economy are to be markedly reduced.

Main goal G: Public and private sector players in the area of alcohol are to coordinate their activities and contribute together to the successful implementation of the National Programme Alcohol.

Fired up for less smoke

National Programme Tobacco 2008-2012 (NPT 2008-2012).

«Smoking-related cases of death and disease in Switzerland have been reduced». This was the mandate with which the Federal Council approved the NPT 2008-2012 in 2008 and commissioned the Federal Office of Public Health (FOPH) to implement it. How have tobacco consumption and control changed in Switzerland since then? Progress to date.

The figures reported by the Tobacco Monitoring Switzerland document impressive successes for tobacco control: the proportion of smokers in the 14-65 age group of the resident population fell from 33% in 2001 to 27% in 2009. The marked decline of nine percentage points to 22% for smokers in the 14-19 age group by 2009 is particularly gratifying. A positive trend has also been reported for passive smoking: While 35% of the 14-65 age group in the resident population were still exposed to second-hand smoke in 2002, the figure had fallen to 21% by 2008. This fall was due above all to the sharp increase in smoke-free workplaces. 82% of employees now work in premises where there is a general ban on smoking or where there are separate smoking areas, compared with only 58% in 2002. Knowledge and attitudes have also changed in many respects over the last few years. The large majority of people are now aware of the harmfulness of smoking, and 74% of them (2009) are in favour of a general ban on smoking in restaurants, cafés and bars. In addition, most smokers do not find it difficult to forego smoking in restaurants, cafés or bars or at work when a ban on smoking is in force (Tobacco Monitoring Switzerland, 2009). Interesting findings have also been produced by a study carried out by the Zürcher Fachhochschule and the University of Neuchâtel, which calculated the cost-benefit ratio of tobacco control.

According to the study, tobacco control measures generate a return on investment (ROI) of 41. This means that every franc spent on tobacco control generates a net profit of 41 francs or prevents costs of 41 francs for society as a whole.

Despite the positive trends, however, the need for action in the field of tobacco control remains high. Tobacco consumption in Switzerland takes a toll of over 9,000 deaths each year. Smoking continues to be the biggest single cause of lost quality of life and lost years of life. Tobacco control must therefore remain a focus area of public health activities.

Four main action areas

To achieve the three main goals (cf. Fig. 1) of the NPT 2008-2012, work on the four priority action areas must continue. These areas are «Information and opinion formation», «Health protection and market regulation», «Behaviour-oriented prevention» and «Coordination and cooperation».



1) «Information and opinion formation»: from awareness-raising to activation

One important goal of the NPT 2008-2012 is to raise awareness among the public and individual target groups of the harm done by smoking and to make society take it for granted that people do not smoke. Tobacco control – which ideally encompasses not only individual consumers but also their environment – has to remain a focal point for both politics and the general public. The BRAVO campaign (www.bravo.ch), which ran until early 2010, met this requirement effectively. It gained the first Swiss Lung Cancer Journalism Award for the best mass-media journalistic and PR work on the subject of lung-cancer prevention. The new campaign «SmokeFree» takes up the topic at this point and develops it even further, deploying a touch of humour and positive messages to promote non-smoking.

2) «Health protection and market regulation»: extending the legal framework and fiscal policy

A wide range of diverse efforts to limit the harmful effects of smoking on health by means of structural measures are at the heart of this action area. The legal framework for the consumption, production, sale, advertising, etc., of tobacco-based products is to be brought into line with the latest scientific findings on the effectiveness of prevention measures and with prevailing international standards. Moreover, the new federal law setting out the Swiss-wide minimum requirements for protection against passive smoking has been in force since 1 May 2010.

Besides legal provisions, higher taxes on tobacco products are also an extremely effective prevention tool. As a study conducted by the FOPH and the Federal Customs Administration shows, a 30-centime tax rise in 2006 had consistently positive effects: revenues rose, smuggling and the black market remained insignificant and tobacco consumption declined. There have been further tax increases since then, and from 1 January 2011 a packet of cigarettes will cost another 20 centimes more.

National Programme Tobacco 2008-2012: main features in brief

Mission: Smoking-related cases of death and disease in Switzerland have been reduced.

Main goal 1: A drop in the proportion of smokers in the resident population of Switzerland from 29% (2007) to about 23%.

Main goal 2: A drop in the proportion of smokers in the 14 to 19 age group from 24% (2007) to less than 20%.

Main goal 3: A drop in the proportion of people who are exposed for seven hours or more per week to other people's smoke (passive smoking) from 27% (2006) to about 5%.

Current activities

- Passive smoking: support with enforcing the Federal Law on Protection against Passive Smoking.
- Drafting of a law governing tobacco products in conjunction with the conclusion of a health agreement with the EU and ratification of the WHO Framework Convention on Tobacco Control (FCTC).
- Tax increases on tobacco products, efforts to combat smuggling.
- Implementation of a new tobacco control campaign.
- Preparations for a nationwide addiction monitoring system that includes all forms of addiction.

The drafting of a new law governing tobacco products is a further regulatory project in the framework of the current NPT 2008-2012. Its purpose is to set out the applicable regulations on tobacco products in a law that is separate and distinct from legislation on food.

3) «Behaviour-oriented prevention»: FOPH with a subsidiary role

All activities aimed at preventing or reducing behaviour that is harmful to health are at the heart of behaviour-oriented prevention. The lead in measures concerned with behavioural prevention is taken by the cantons, communal authorities and prevention institutions. The FOPH only has a subsidiary role to play in this action area. Here, the focus of the NPT 2008-2012 is on the young. Young people who do not smoke must be encouraged not to start. The second focus is on supporting those who have stopped or want to stop smoking. Since the beginning of 2010, the new combined image and text-based warnings on tobacco product packaging also contain a reference to the 0848 000 181 quitline. The quitline is financed by the Tobacco Control Fund and is run by the Arbeitsgemeinschaft Tabakprävention Schweiz (Swiss Association for Smoking Prevention) and the Swiss Cancer League.

«Coordination and cooperation»: strengthening links with the cantons

Coordination of NPT 2008-2012 measures and cooperation among all the players involved is a key task of the FOPH. The strategic and operative leadership of the NPT 2008-2012 started work as far back as 2008. The aim in future is to exploit synergies to an even greater extent and to step up experience-sharing. In particular, contacts and collaboration with the cantons are to be increased. The cantonal map available on the FOPH website is one of the tools that can be used for this purpose. Regularly updated, it provides information on cantonal regulations regarding protection against passive smoking, bans on the sale of tobacco products and restrictions on advertising.

The FOPH also monitors current developments relating to all aspects of tobacco consumption. Only in this way can modern, effective tobacco control be ensured.

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www.tabak.bag.admin.ch

Starting rather than quitting: the new anti-smoking campaign is geared

Anti-smoking campaign 2011–2012. The findings from the evaluation of the 2009 campaign showed clearly that the style, slogan and emblem of the campaigns to date were in need of change. It is time for a new campaign that pursues bold routes. Using humour, irony and positive associations, the new anti-smoking campaign calls on people to start not smoking and thus gain new freedom.

Switzerland's current tobacco prevention efforts are based on the National Programme on Tobacco (NPT) that the Federal Council approved on 18 June 2008 for a period of four years (see article on page 5) as the successor to the first NPT prevention programme (NPT 2008–2012). One of the aims of the programme is to reduce the proportion of smokers in the resident population of Switzerland from 29% in 2007 to about 23% in 2012, which would position Switzerland in the European average range for smoking rates. However, initial results from Swiss Tobacco Monitoring for 2009 show that the proportion of smokers has stalled at 27%. If the NPT's targets are to be achieved by 2012, additional efforts will be required. The FOPH therefore decided to develop another mass-media umbrella campaign for 2011 and 2012 that would motivate both the general public and politicians to continue supporting efforts to reduce smoking.

Using the weapons of the tobacco industry

An innovative route was selected for the 2011–2012 campaign. The core idea of the campaign is to show non-smoking in a positive light. To do so, the campaign borrows the tobacco industry's own advertising methods, using the slogan «No cigarette is better» to promote SmokeFree, the brand for non-smokers. This, it should be noted, is a brand whose many positive selling points put

every other brand of cigarette in the shade because it is «The only cigarette with no poison in it» and the «The only cigarette that doesn't do any harm». By this means, non-smoking is positioned as the best option, but without any moralising. Thanks to this unusual core idea, messages can be put across in a new way and, for the first time, an attractive brand concept can be created for non-smoking. This brand offers an attractive alternative to smoking. Advertisements, posters and a website will be launched in the kick-off phase of the campaign. Also planned are promotional teams that, like their counterparts in the tobacco industry, take the «non-smoker brand» to the public. Instead of cigarettes, of course, the pack contains cards that supply tips on quitting smoking and list the benefits of not smoking. The aim of this phase is to establish the campaign's key visual, the empty SmokeFree pack, as quickly as possible. In the second phase, the pictures focus on people, using warm colours and attractive backlighting effects. At the same time, they communicate the drawbacks and dangers associated with real cigarettes. We see the pack with its slogan appearing on the edge of the picture, positioning itself as a brand. The campaign thus creates a world which, in contrast to that of tobacco advertising, is not false and in which everyone really is better off.

Positive feedback from pre-tests

The campaign has already had good pre-test ratings. The research institute responsible for pre-testing credits the campaign with great potential for shedding a new and positive light on tobacco prevention. By giving non-smoking an emotional charge, the campaign succeeds in associating this healthy behaviour with a positive and «cool» lifestyle in all target groups. The kick-off phase is perceived by all target groups – even smokers – as being interesting and humorous. It reaffirms non-smokers'

Neu: die einzige Zigarette, die nicht schadet. Jetzt probieren.

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www.smokefree.ch

choice of behaviour while prompting smokers to have a rethink. According to the test findings, the second phase comes across particularly clearly as an ironical take on the advertising tactics of the tobacco industry, effectively associ-

ating non-smoking with a positive lifestyle.

The experts who were consulted – Prof. Werner Wirth and Prof. Heinz Bonfadelli from the University of Zurich – also praised the campaign as convincing and

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to positive feelings



creative. However, both professors emphasised in discussions that prevention campaigns achieve their full effect only if associated with flanking measures. They also pointed out that the campaign would have to adhere consistently to its positive-minded humour, retain its daring approach to content and address the urgency of the need to quit smoking in a direct manner.

Humour is an effective tool that reaches people

As a look at other countries' anti-smoking campaigns shows, the problem of smoking can be tackled in different ways. These range from displays of shocking pictures and facts aimed at encouraging people to want to quit smoking, to strategies based on a positive, humorous approach. The latter route is used particularly to gain the agreement of the public. And yet positive campaigns are also viewed as having a positive influence on the numbers of people smoking, while shock-type campaigns can also have negative effects on attitudes. Research has shown that humour and emotionality are reliable ways of attracting attention in advertising and they increase sympathy for the communicator and the message. Studies also confirm a positive impact in terms of learning effects, persuasive power and motivation. What's more, a positive, sympathetic approach is known to raise acceptance of structural measures associated with tobacco prevention. Thus a basically positive approach is associated with greater attention, broader acceptance and less resistance (reactance).

This greater attention is of particular importance with regard to quitting smoking. It has to be assumed that smokers have a deep level of involvement in smoking and so have little interest in «stop smoking» messages. The fact that smoking is unhealthy is now common knowledge. Smokers therefore

do not really want to be reminded that they are doing themselves damage. The «alternative routes» model shows clearly that, where involvement is low, attention-grabbing media are particularly important in a campaign. Lastly, a campaign can be effective only if the people targeted are accessible to the communication media. As tobacco prevention is aimed at many different target groups, it is important to use all possible channels – i.e. TV commercials, posters, advertisements, giveaways and, not least, the Internet – to arouse attention and interest.

A campaign for the head, heart and hands

Like the advertising sector, tobacco prevention is all about influencing people's attitudes and behaviour. The fields of social and health psychology offer a range of different theories, models and insights on how these goals can best be achieved. For instance, attitudes are known to consist of three components: affective (emotions such as love and aversion), cognitive (knowledge, convictions, etc.) and behavioural. There does not have to be agreement between all three components. A smoker may, for instance, know that smoking is harmful (cognition), but still smoke (behaviour) and enjoy doing so (affect). Here, the cognitive component does not tally with the behavioural or affective components. A campaign should therefore act on all three components if it is to influence attitudes. The new campaign satisfies this requirement by celebrating the positive aspects of not smoking (affective), offering support for quitting smoking (behaviour) and providing information on the harmfulness of smoking (cognitive).

Ideal prerequisites for a change in behaviour

According to the social psychologists Ajzen and Madden, three factors influence behaviour:

1. The intention of engaging or not engaging in a particular behaviour (attitude).
2. Perceived pressure from other people or from oneself to engage in a particular behaviour (social norm).
3. The anticipated ease or difficulty of actually engaging in the intended behaviour (behavioural control).

All three factors therefore need to be included in a campaign for it to achieve the greatest possible effect on behaviour. The present campaign also meets this requirement. The positive approach to not smoking influences both the subjective norm and the individual's own attitude. In addition, the different offerings relating to quitting smoking increase the perceived behavioural control.

Three campaign phases – each with its own evaluation

The kick-off and first phase of the campaign will run in January and February

2011, while the third phase will follow in June 2011. An evaluation will be performed at the end of each phase. This means that the campaign can, if necessary, be adapted in line with target group reactions as early as January 2011.

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Main messages of the SmokeFree campaign

1. With SmokeFree you don't have to say «I'm quitting»; it's more a question of starting something new. You start to enjoy a new freedom that does you good and doesn't harm anyone.
2. SmokeFree reaffirms non-smokers' and ex-smokers' behaviour and prompts smokers to have a rethink, but without triggering reactance.
3. SmokeFree offers an attractive alternative to the tobacco industry's offerings.

Paving the way for a healthy lifestyle

National Programme on Diet and Physical Activity 2008–2012 (NPDPA)

Sedentary activities, lack of exercise and an unbalanced diet shape the way our society lives nowadays. Such habits are contributing to the increase in «diseases of civilisation» such as cardiovascular disease, diabetes and cancer. The Federal Office of Public Health (FOPH), in cooperation with the Federal Office of Sport (FOSPO), Health Promotion Switzerland and the cantonal authorities, has been tasked by the Federal Council with implementing the National Programme on Diet and Physical Activity (NPDPA) 2008–2012.

The NPDPA defines the long-term goals and responsibilities of the individual partners in the Programme at national level. Health Promotion Switzerland is responsible for implementing the cantonal action programmes to encourage the achievement of a healthy body-weight. The fact that 22 of the 26 cantons are implementing such programmes testifies to their great commitment to the goal. The Federal Office of Sport is involved in encouraging children and adolescents to engage in more physical activity through its Youth + Sport programme in the area of sports provision outside the school system.

Make the healthy choice the easy choice

The changes that have taken place in lifestyle habits mean that prevention programmes have to target both the behaviour of individuals and their environments. The FOPH's core task is ensuring nationwide coordination within different areas of activity (including everyday physical activity, improvement of counselling and treatment services). The FOPH has therefore decided to focus its efforts on environments and to shape them in such a way as to make it easier for people to choose a healthy lifestyle, in accordance with the motto: «Make the healthy choice the easy choice».

Monitoring system for diet and physical activity (MOSEB)

MOSEB is being developed by the FOPH in close collaboration with the most important data sources in Switzerland (Federal Office of Sport, Federal Statistical Office, Health Promotion Switzerland, the Swiss Observatory for Sport and the Swiss Health Observatory). Thanks to continuous gathering of comparable, representative data on specific indicators of dietary and physical activity status, trends can be described and any changes identified and responded to, thereby enabling the FOPH to define its prevention strategy in this field. The indicator collection is MOSEB's key product (www.moseb.ch). In addition to the regular indicator updates in May and November, there are plans to coordinate MOSEB with the «WHO/EU



project on monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union» in 2011.

Switzerland is one of the few European countries that do not have data on food consumption. It is therefore not known who eats and drinks how much of what in Switzerland, and how often, where, when or why. The planned National Dietary Survey under the leadership of the FOPH aims to gather data on the food consumption and the dietary and physical activity behaviour of the Swiss population and make it available. As soon as the resources for this project have been secured, the National Dietary Survey will be put out to public tender (autumn 2011). Data gathering is scheduled to begin at the end of 2012.

Successful start to «actionsanté»

«Actionsanté» (www.actionsante.ch) is now over a year old. Through this initiative the FOPH seeks to motivate businesses operating in the physical activity and nutrition fields to take specific action to promote the health of the population. All activities are voluntary. Businesses can help promote a more balanced diet by, for instance, reducing the salt, sugar and fat content of food-stuffs or they can organise targeted campaigns to encourage people to take more exercise. The achievements to date are impressive. On the basis of the FOPH's salt strategy, the first two partners of actionsanté have successfully reduced the salt content of their bread products without consumers noticing and without any drop in sales. Besides Coop and Migros, the partners of actionsanté now include Selecta, Traitafina, Unilever and Mars, which are involved in eleven campaigns.

Improving information for consumers

Food labelling is an important consumer aid. Surveys conducted by the



Swiss Nutrition Society (SGE) on behalf of the FOPH show that labelling is making good initial progress, but no model has been developed that could be adopted one-to-one. What is more, the most important business players consulted reject the proposals for improved, standardised food labelling. So there is not as yet any such label in sight for Switzerland! The FOPH is, however, determined to improve consumer information and is now examining further options. In order to promote fruit and vegetable consumption, the FOPH together with the Swiss Cancer League will continue to support the «5 a Day» campaign.

Quality standards for community catering

Since community catering in Switzerland provides meals for about a million people a day, the FOPH has decided together with the SV Foundation to provide financial backing for the project to draw up «Quality standards for healthy community catering». Nutritional scientists and practitioners from Berne University of Applied Sciences (BFH), the Haute école de Santé, Geneva and the SGE have developed and published a set of quality standards (www.goodpractice-gemeinschaftsgastronomie.ch). This means that community catering businesses and professionals active in corporate health-promotion can now draw on a tool that supports their practical efforts to achieve healthy conditions.

Promoting everyday physical activity

Engaging in healthy physical activity does not necessarily mean participating in sports. Brisk walking, cycling or climbing stairs have the advantage of being easily integrated into the daily routine. The built environment is a factor that can significantly facilitate or hinder physical activity. For this reason the FOPH has, in collaboration with the

agencies specifically concerned (Federal Office of Physical Development, Federal Roads Office, Federal Office of Energy, etc.) decided to support efforts to create attractively designed neighbourhoods, safe footpaths and bicycle routes and to promote non-motorised traffic. Through SuisseBalance, the FOPH, together with Health Promotion Switzerland, also supports projects and measures that encourage children and adolescents to take pleasure in everyday physical activity and in a balanced diet of food and drinks.

Improving counselling and treatment provision

Though increasing numbers of people are suffering from overweight and obesity, tools are lacking for the treatment of such patients. This situation prompted the FOPH to cooperate with various experts in developing a treatment pyramid for overweight adults and children. The experience gained in the different projects shows that changes in lifestyle habits take time. Networks such as nutrinet.ch (improving health through nutrition) and hepa.ch (support for health-enhancing physical activities) also make a major contribution to health promotion and prevention. Thanks to them, it is easier for experts and practitioners to exchange experience and information and for projects to be more effectively coordinated. The extent to which the NPDPA can continue to be implemented in accordance with the prescribed goals depends among other things on the provision of human and financial resources by the Federal Government.

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