

Development of a measurement tool for tobacco control activities in European countries

Final technical report

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Development of a measurement tool for tobacco control activities in European countries

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5. Abstract/Executive Summary

Introduction: There is a wide variety of tobacco control activities across Europe. A measure is needed which provides valid and reliable information about the qualitative as well as the quantitative aspects of single tobacco control activities as well as the tobacco control in sum in each European country and region. The **objectives** of this project are (a) to develop a tool for the quantitative measurement of tobacco control activities, (b) to deliver a detailed description of the tobacco control activities in selected European countries and (c) to compare the European countries according to their tobacco control activities. **Methods:** A

comprehensive item pool was developed and revised by literature research, research of cooperating partners and scientific exchange on an international expert workshop. Two questionnaires were developed (a) one regarding tobacco control legislation/ regulation and (b) one assessing experts evaluation of tobacco control activities implemented in their respective country. **Data assessment:** For (a) we gathered data from 10 EU-member states and 7 accession countries. For (b) we gathered data from 142 different experts from 14 different EU member states during the course of the World Conference on Tobacco or Health in Helsinki. **Results:** A comprehensive report about tobacco control legislation and regulations was written and the questionnaires proved to deliver the information wanted. A comparison of European countries indicating their rank in different fields of tobacco control and in total is provided. Therefore experts in Finland rate their country as the most active in tobacco control, followed by Sweden, Ireland, the UK and the Netherlands. The least active countries in tobacco control are Greece and Germany, behind Austria, Spain, Belgium and Portugal. Italy, France and Denmark constitute the middle field. There is a difference between expert ratings about tobacco control in their respective country and the actual amount of tobacco control in that country. **Discussion:** The objectives of the study have been met. Yet, quality of data is limited by several factors including the source of the data, differences in political systems across Europe, the short duration of the project, delayed payment of funding etc. The discrepancy between experts rating and experts knowledge needs to be investigated further. **Recommendation:** Correcting and updating data needs to be done, longitudinal data assessment should be conducted. Further population based research on evaluation of tobacco control activities is the next logical step for research.

6. Project Objectives

1. Development of a tool for quantitative measurement of tobacco control activities
2. A detailed description of the tobacco control activities in selected European countries with particular emphasis on the provisions as required by the Directive 2001/37/EC and additional achievements
3. A comparison of the European countries according to the tobacco control activities.

7. Introduction to the project

The background of the project is that a valid information basis about tobacco control measures and related activities with respect to adults as well as young people in the European countries does not exist. This is particularly true for the provisions which are requested from each EU member state by the Directive 2001/37/EC of the European Parliament and of the Council of June 2001 on the approximation of laws, regulations and administrative provisions of the Member states concerning the manufacture, presentation and sales of tobacco products.

Current knowledge about tobacco control activities in the European countries is insufficient for the following reasons: The publication of tobacco country profiles with respect to tobacco control activities is limited by single information origins and a potential information selection bias, by the problem of keeping information and by lack of precision of the information. The WHO-report "The European Report on Tobacco Control Policy (2002)" is comprehensive in its scope, many tobacco control activities are assessed for a variety of countries. Yet, there is a lack of data in some fields, the comparability of data is not given since i.e. time points of assessment differ substantially and data needs to be updated. Furthermore the WHO report does not cover the European Union specific provisions and directives. These limitations lead to the fact that the information provided so far cannot be sufficiently used for the purposes mentioned.

For research purposes, e.g. a measure is needed which provides valid and reliable information about the qualitative as well as the quantitative aspects of single tobacco control activities as well as the tobacco control in sum in each European country and region. Gilpin et al. (2000) calculated an "Index for US State Tobacco Control Initial Outcomes". They showed that tobacco control measures (price, smoking restrictions at work, smoking restrictions at home) had an effect on smoking prevalence and cigarette consumption in different states. The index was just developed for three tobacco control measures, an extension to a wide scope of measures would be helpful. There is no comparable instrument developed for Europe that could be used for an analysis like this.

Instruments for the measurement of the extent of tobacco control activities and related attitudes in populations existing so far are limited in their scope and cannot be used to a satisfying degree in Europe. Different approaches were applied in the past to solve this problem. Laforge et al. (sub.) developed a "Smoking Policy Index" to measure the acceptance for different tobacco control measures in the general population. Psychometrically sound it detects differences between the acceptance of tobacco control measures in regard to smoking status, sociodemography and place of living. It consists of 24 items so that the scope is limited. Furthermore it was developed in the US so that an application on European countries

seems questionable. And it asks the population what they think about tobacco control rather than to find out what tobacco control looks like on a descriptive or quantitative level.

Klonoff et al. (1998) chose a different approach with their “Instrument for Assessing the Quality of Tobacco Control Policies. The ACT-L scale”. They developed a questionnaire with which trained experts rated different regulations for tobacco control according to their comprehensiveness. Results show that expert ratings lead to satisfyingly appropriate judgements of tobacco control. This questionnaire though was specially developed for California and definitions and regulations were taken from this political region so that a translation to European circumstances is doubtful.

This leads to the following conclusions: There needs to be a comprehensive, systematically assessed, up to date report on tobacco control activities for European countries on a descriptive level. For this a questionnaire needs to be developed that covers different dimensions of tobacco control regulations, is comparable across European countries, goes into depth and can be used to give quantitative estimates for the amount of tobacco control regulations per country.

Furthermore expert ratings constitute a cost-effective way to describe a country’s tobacco control policy to a satisfying degree. While describing tobacco control is important as information basis, expert ratings can give clues how well policy is implemented or transferred into society. The development of a brief questionnaire on grounds of European circumstances can help to quantify one country’s tobacco control activity for the purpose of relating it to smoking prevalence, cigarette consumption and other quantitative variables related to smoking. It therefore enables people to compare different countries across Europe and explain differences in smoking variables with differences in tobacco control activity.

8. Means by which the project was implemented

The project was divided into three different phases. Firstly, two questionnaires had to be developed. Secondly, Data assessment had to be carried out. And thirdly data had to be analysed and presented. The main objective of the project was to develop the questionnaire so that most effort was put into this phase. Procedures used to develop the questionnaires were mainly **research**, development of an **item pool**, an international **workshop** of experts, **distribution of the questionnaires** and analysing data to revise the questionnaires. Data assessment was done by distributing the questionnaires and data analysis and presentation was conducted by creating two reports and **presenting results** on national as well as international

conferences and preparing a manuscript for an international, scientific, peer-reviewed journal (see chapter 13).

Chronological work schedule: On January 15th work on the project started with the employment of a lawyer and after having received parts of the funds. First task was to inform the cooperating partners about the project, update their contact addresses, get their feedback and develop a work schedule. Meanwhile the University of Greifswald developed an item pool of questions regarding tobacco control activities and sent a first draft of this questionnaire to the cooperating partners on February 12th. This comprehensive item pool is the foundation for each cooperating partners policy report and the development of the measurement tool. The questionnaire led to some discussions and some partners had not responded yet, so that it took until the mid of march to get statements of all project partners. Some partners initially involved in the project declined from participating or recommended other experts more knowledgeable for the project. The planning of a workshop to present each cooperating partner's report and discuss issues raised while working on the report began, and on April 2nd a date could be suggested for this meeting. Due to the academic curriculum and travel arrangements of the partners the first available date for the majority of the partners was the 30th of June. With that date in mind the deadline for the written reports and answers to the questionnaire was set to the 15th of May. Until the 20th of June we received answers to all the questionnaires by all participating partners and on the 30th of June the workshop took place at the airport in Berlin-Tegel. There were 11 participants representing 8 countries; Austria, Bulgaria, Germany, Greece, Netherlands, Poland, the UK and Sweden. One representative of each country provided the others with a short presentation about tobacco control in his/ her respective country. Country-specific issues were discussed as underlying general strategies. The discussion led to a two track approach in measuring tobacco control for this project. On the one hand it was decided to continue working on the existing questionnaire since it provides a huge amount of very detailed information. This is called "the extended expert questionnaire (part I)" and is providing facts about tobacco control, laws and regulations. On the other hand a brief questionnaire was initiated. This questionnaire provides information about how people rate tobacco control activities in their respective countries; it is called the "MAToC-S, Measuring Activities in Tobacco Control – Survey (Part II)". A more detailed report about the workshop and the survey is provided later.

After the workshop the schedule was two-fold. (a) The extended version of the questionnaire was reviewed by the cooperating partners, information was gathered, updated

and corrected, so that the information about each country at the end of the project is more sufficient. The countries who filled out the questionnaire could be extended by Portugal and Belgium. In addition to that we could also engage some accession countries to provide information (Cyprus, Czech Republic, Malta, Slovenia). By the end of the project we gathered data from 10 EU-member states and 7 accession countries. We double checked data with data from different other sources and developed a final version of the “extended expert questionnaire”. This version is available by the authors or online under www.medizin.uni-greifswald.de/epidem/eu/index.html. (b) The MAToC-S was printed and distributed on the World Conference on Tobacco Or Health in Helsinki from 3rd of August to 8th of August 2003. In addition to the printed version we distributed a link to an online version to all participants of the WCToH who were listed with e-mail addresses in the participants booklet. They were able to fill out this version of the MAToC-S online under the address www.thyrian.de, where it is still available until the end of 2004. By the end of October 2003 we received 142 surveys from 14 different EU-member states that could be used for an evaluation of the instrument and for the evaluation of tobacco control. The most recent version of the survey is available through the authors or online under www.medizin.uni-greifswald.de/epidem/eu/index.html.

Due to the addendum of November 2003 we were able to increase the quality of our data and start finishing reports about them. We presented parts of the results on the national conferences of (a) the German Society on Social Medicine and Prevention (DGSM) in Greifswald (September 24th-29th) and (b) on the 1st Conference on Tobacco Control in Heidelberg (DKFZ, December 10th and 11th). Internationally we presented the data on the conference of the International Society on Research on Nicotine and Tobacco (SRNT) in Padova, Italy (20th-22nd). A manuscript for submission to Tobacco Control is in preparation. We extended the duration of the project until the end of January 2004 with financial contribution from the University of Greifswald to be able to finish our work schedule.

Research: Research was conducted by each country on grounds of the questions raised in the extended expert questionnaire. The coordinator of the project conducted research in the areas of effective tobacco control activities, legal background of tobacco control activities, measurement or evaluation of comprehensive tobacco control. Means of this research was the use of literature sources as well as the personal contact to researchers in this field. The researcher travelled to the Conference of the Society of Research on Nicotine and Tobacco (SRNT) in New Orleans in February 2003 where the current research on a global

level was described. Meetings with researchers of the field were conducted and networks established. Results of this research led to the item pool and the report of legal activities in the European Union (Part I). Networking led to the workshop in June 2003, where the personal, scientific exchange of knowledge and information led to get a clearer picture, discover relevant issues and discuss approaches to tackle them. After the data assessment research was mainly to double check data gathered with data already available.

Item Pool: (a) the item pool for the extended expert questionnaire was generated from existing reports on tobacco control activities. Additional items were added on measures which have shown to be effective or were recommended for tobacco control and measures explicitly mentioned in the European legislation. This procedure generated a comprehensive item pool of 82 items under 11 headings (price, availability, advertising, smuggling, product control, health warning, control of constituents, protection from environmental tobacco smoke, support for smoking cessation, prevention/ health education, tobacco control facilities). Response patterns range from yes/ no to open questions like how/ to what extent. While most items ask for facts some ask for expert's opinions. Some items were removed during the course of the project, especially the ones where data is gathered on European level already. Other items were removed, because they did not apply in any of countries. The final version and a more detailed description is available under www.medizin.uni-greifswald.de/epidem/eu/index.html

(b) The item pool for the MAToC-S was generated during the workshop in June 2003. 40 items were chosen to cover the topics of Taxing, Smuggle, Product control, Smoking Cessation, Media, Protection from ETS, Health Care, Research, Politics, Population and Prevention. These were the topics that were widely agreed on to play a vital role across countries and that have shown efficacy in changing a country's smoking prevalence or smoking climate. The questionnaire also includes questions about the country, the smoking status (yes/ no), the field of work (education, treatment, research, policy) and the sex (male/ female). Response patterns range from yes/ no/ don't know answers to 5-point Likert scaled items indicating agreement to the statement from "not at all" (1) to "absolutely" (5). The MAToC-S fulfilled the requirement of being answered easily and quickly, so that its application field is big sample of respondents. Feedback led to changes in wording and response patterns. The current version and a more detailed description is available under www.medizin.uni-greifswald.de/epidem/eu/index.html.

Workshop: The workshop was held in June 2003 in Berlin, Germany. The participants represented 8 countries and (a) presented a report on tobacco control policy in their respective country, (b) identified effective fields of tobacco control policy, (c) discussed the item pool of the extended questionnaire, (d) developed a questionnaire to measure tobacco control and (e) elaborated further on recommendations and issues for routine assessment of tobacco control activities on a European level. How this affected the work schedule and the generation of the item pool has been described already.

Data assessment/ Distribution of questionnaires: (a) Data for the extended version was initially provided by the cooperating partners. During the course of the World Conference on Tobacco or Health data was assessed by distributing a revised version of the questionnaire to experts from additional countries. Data was compared with data sets available to ensure the quality of the data. (b) Data was gathered from 142 different experts from 14 different EU member states. Experts were defined as participants of the World Conference of Tobacco or Health in Helsinki in August 2003. In addition an online version was made available to the participants so that more experts could be reached.

9. Results

Due to the two-fold approach of this project, the result section is divided in part I and part II. Each section is giving results concerning the development of the questionnaire including problems with it and results of the data assessed.

Part I: descriptive analysis of legislation and regulations/ extended expert questionnaire

Procedure/ questionnaire: Developing the questionnaire and assessing data with it led to the following results, limiting the quality and interpretability of the data.

(a) The quality of the data is very much dependant on the knowledge of the expert asked. Some experts indicated when they did not know exactly what the regulations were, others did not answer questions at all. In addition to that partially data was not corresponding with other sources, i.e. the WHO-database. There are several explanations for this. Firstly, we might have not chosen the right experts. Secondly, there might not be the “right” experts in some countries, meaning that there might be just a few people who can cover all aspects of tobacco control. Thirdly, laws and regulations might not be known very well in some countries, might not be implemented. The transfer from law to public or even expert

knowledge might be missing. Therefore, one result is that identifying the right data sources is the crucial factor in assessing data. **When using experts for detailed and comprehensive assessment of legislation, a panel of experts for each country covering all fields of tobacco control needs to be identified.** With this report as a starting point though, experts from different countries can update the data assessed here.

(b) When this report indicates no regulation for certain areas, this does not necessarily mean that there are no regulations existing in these countries. Especially in Austria and Spain there is a wide variety of regional regulations but no federal regulation due to the political system. Since the purpose of this questionnaire is to compare European countries, countries with such political systems might be underrated. Nevertheless including regional activities would increase the amount of data so much that a comparison would be even less possible than with the present data. Also the burden on the experts would be disproportionate.

(c) Terms used in the questionnaire were misunderstood or interpreted differently from different experts. For example: the terms “ban” and “restriction” were unclear to some experts. We encountered these problems with giving definitions. Other terms like “cessation clinics” were misleading since this again is a term defined differently in different countries (i.e. ambulatory vs. stationary). **There needs to be a definition of terms when asking people from different countries** to avoid these problems. These definitions have to be put into words in the respective questions.

(d) There might be an underreporting of activities in some sections since some countries have very comprehensive ordinances, but no standard legislation. This situation especially applies to Germany in the section of protection from exposure to environmental tobacco smoke. Many ordinances cover the protection from environmental tobacco smoke, but are not labelled as tobacco control. This makes it very hard to summarize tobacco control legislation. To be counted as tobacco control activity a law has to mention smoking or tobacco use in its text. A tobacco law could help to clear the picture. **A national or European tobacco agenda needs to be established** to solve this problem.

Data assessed: The data implicates that Slovenia provides the most comprehensive tobacco control regulations of all participating countries, followed by Italy. Austria and Germany have the most fragmentary legislation regarding tobacco control. However, in the case of Austria the fact of partially missing data has to be considered. The most elaborated **price and tax system** is provided by The United Kingdom. While the tax level of the countries is very harmonised, the prices of tobacco products, specially of cigarettes vary very

strongly. **Availability** including age restrictions is best regulated by Slovakia followed by Italy and Slovenia. Remarkable is the fact, that neither Belgium, Greece nor Portugal provide an age restrictions. The Netherlands and Portugal have the strongest restrictions in **tobacco advertising**. Germany, Greece and Spain constitute the rear light in this sector. The protection from **exposure to environmental tobacco smoke** is most comprehensive and regulated in Sweden, where smoking was restricted or banned in all places or facilities assessed by the questionnaire. A similar level of protection can be found in Bulgaria, Cyprus, Slovakia and Slovenia. The fewest regulations exist in Austria, Germany and The United Kingdom. Like it will be stated in the problems section this picture might be distorted by the lack of federal standard legislation and by neglecting regional, local or enterprising ordinances. The regulations of **product control and information** is very homogeneous. Only the market placing of tobacco for oral use and the use of misleading terms differentiates. In Cyprus, the Czech Republic and Slovakia neither of both is banned or restricted. The **Directive 2001/37/EC** was completely transposed by the European Union member states with exception of Greece. For Greece the date of the application of the maximum tar yield of cigarettes is the 1st January 2007. Slovenia and Spain provide the most elaborate regulations for the support in **smoking cessation**. In the section of **prevention** the most states show a high level of activities with exception of Cyprus, Germany, Italy and The United Kingdom. For Austria and Belgium a large part of data is missing.

Part II: Expert Ratings about tobacco control in the European Union

Data: The main findings are illustrated by the following table, that shows each country's rank in each field of tobacco control activity. According to the illustration of the mean rank (last column) experts from the tobacco field in Finland rate their country as the most active in tobacco control, followed by Sweden, Ireland, the UK and the Netherlands. The least active countries in tobacco control are Greece and Germany, behind Austria, Spain, Belgium and Portugal. Italy, France and Denmark constitute the middle field.

This table also gives country profiles across the different fields of tobacco control For example: the UK is ranked 4th overall. While they have a leading position in the field of smoking cessation (1st), they put less effort into the protection from ETS (10th) when compared on an European level. In this fashion each country shows an own, individual profile and it also illustrates that countries at the end of the ranking also have categories where they are European average or even better. For example, Germany is rated last in the EU overall, but looking at the category of prevention Germany makes the 5th rank. This illustration gives

an overview where countries need to improve if they want to be compared with other countries. This data is regardless of the actual amount of activity in each country. To see how big the difference is between i.e. rank 3 and rank 7 in a certain tobacco control field one needs to look at the ratings in that respective category. Due to the amount of data assessed this data is provided in the report on the results of this questionnaire available under www.medizin.uni-greifswald.de/epidem/eu/index.html.

country	tax	Smuggling	Product control	Smoking Cessation	ETS	Media support	health care system	Research	Politics	Population	Prevention	mean rank
FI	2	3	5	3	1	2	3	1	2	2	2	2,4
S	6	5	4	6	2	1	1	3	4	1	7	3,6
IRE	2	1	13	7	3	4	2	5	1	3	6	4,3
UK	4	8	6	1	10	3	4	2	5	6	4	4,8
NL	7	11	10	2	5	5	5	4	6	4	10	6,3
I*	12	4	2	13	7	7	9	9	3	7	8	7,4
F	5	1	11	5	4	6	13	8	7	8	14	7,5
Dk	8	7	11	4	8	7	6	7	10	5	11	7,6
A	8	9	3	8	9	11	10	14	11	10	3	8,7
E	12	5	6	11	12	9	8	6	9	12	9	9,0
B	8	9	8	9	6	9	7	10	14	11	12	9,4
P*	1	12	13	14	13	12	9	12	8	9	1	9,5
Gr*	12	12	1	10	11	13	9	11	12	14	13	10,7
D	8	12	8	12	14	14	14	13	13	13	5	11,5

Footnote: shown are the country's rank per category of tobacco control in comparison to the other countries; mean rank= average of rank across all categories;= less than 5 participants from this country, FI= Finland, S=Sweden, IRE= Ireland, UK= the United Kingdom, NL= the Netherlands, I=Italy, F= France, Dk= Denmark, A=Austria, E= Spain, B= Belgium, P= Portugal, Gr= Greece, D= Germany*

10. Discussion

The review created gives a in-depth and concise survey about the actual tobacco prevention policy of individual states, especially member states of the European Union. Updating the report will be uncomplicated and quickly by using the questionnaire again.

The results show that developing a tool to measure tobacco control activities across European countries is possible and leads to interpretable results. The two-fold approach chosen in this project indicates that measuring it in form of a data collection about legal provisions and regulations (part I) produces a lot of problems that need to be solved before putting such an assessment into routine. While it is no problem to develop a comprehensive, easy to fill out questionnaire, the problems start with choosing the right experts, considering different political systems and defining the tobacco control activities. The approach of asking experts to evaluate the tobacco control activities in their respective country (part II) leads to results that can easily be handled. Here the problem is to find a sufficient number of participants to fill out the questionnaire, since the more people you get data from, the better the data are. The instrument developed here showed good interrater reliability for countries where many experts participated in the survey.

However, comparing the two approaches the results differ. For example, the most obvious is the very good rank of Italy in providing legislation and ordinances regarding tobacco control, but its medium rank when experts evaluate tobacco control in Italy. The difference between the results can be explained in several ways. Firstly, the measurement might neglect an important factor like enforcement. The amount of ordinances and regulations does not have an impact on society like assumed. Also countries might differ in regards to compliance or enforcement to the rules. Secondly, even though laws and regulations are existing, experts might not be aware of them. Due to very specific knowledge needed to know of this rules differences might occur because of differences between the experts. Thirdly, ordinances and regulations miss a certain degree of transparency, so that they are not implemented well enough that experts in the field of tobacco research know about them.

While this project describes the facts of tobacco control (part I) and analyses how experts evaluate tobacco control across Europe (part II) it is not known how the respective country's population sees and experiences different tobacco control measures. With already a difference between facts and expert knowledge one can assume that population based data can differ, too. This question is open for further research.

11. Conclusion/ Recommendations

Recommendations in general:

Data for part I needs to be corrected and assessed continuously, it needs to be extended to all EU-member states. This task must be left to a legal institution or cooperating body with access to an international network of experts in the field of tobacco control. An annual or bi-

yearly report about changes in policy is possible once routine assessment is established and organised by this international organisation. The European Network of Smoking Prevention (ENSP) would be such an organising body.

An annual survey with the brief questionnaire (part II) also requires the access to many experts from all EU member states. An online version is established so that networks like www.globalink.org could be utilised to assess data from experts annually. This does not require much manpower since the software and analysis procedures are developed, the burden on the experts is about 5 minutes. A yearly update can illustrate changes across years within countries as well as on an European level. This is a very cost-effective approach to find out how well tobacco control is implemented in one country.

Recommendations for further research:

This work is only a starting point to examine the relation between tobacco control policy and smoking prevalence or other smoking variables and on the long run tobacco-attributable morbidity or mortality. Results can help to explain differences in smoking prevalence between countries because of different levels of tobacco control. They can also be used to explore the connection between individual tobacco control measures and their effect on smoking behaviour. This can be achieved by assessing data longitudinally and correlating changes in tobacco control with changes in smoking prevalence. Since we established a quantification of one country's tobacco control policy this is possible now.

Since we discovered discrepancies between the facts of tobacco control policy and experts ratings the question needs to be raised, what tobacco control policy looks like on the population level, what one country's population thinks about tobacco control measures and their implementation. Therefore the next step is to examine how well tobacco control measures are perceived on the population level. A population based survey needs to be conducted. Correlating these results with the present results the can indicate how well tobacco control measures are accepted, implemented and then give indications to policy makers where there are problems of transparency, compliance or enforcement.

Recommendation for policy advocates

Part I provides facts as a basis for political decision making on national or international level. In connection with the preparation of new EU-directives, where individual legislation shall be approximated, it illustrates what national legislations are existing already.

It helps to exchange information about provisions between countries. However it is only a starting point and does not replace individual bilateral or multilateral exchange.

Part II provides an evaluation of tobacco control by experts. Benchmarking of countries in general and per tobacco control field is possible. Looking at the results of specific sections advocates from different countries can see how their tobacco control measures are evaluated compared to other countries (by looking at the ranks) and how much and where improvement is necessary to achieve a more elaborated tobacco control (by looking at the actual scores, not published in this final report due to the amount of data, but available under www.medizin.uni-greifswald.de/epidem/eu/index.html or through the authors).

12. Strengths and Weaknesses of the project

The project reached its stated goals. It developed a tool for the quantitative measurement of tobacco control activities (objective 1, two questionnaires), delivers a detailed description of the tobacco control activities in selected European countries (objective 2, report of part I) and made a comparison of the European countries according to their tobacco control activities (objective 3). The strengths of this project were (a) that the measurement was very comprehensive and included a wide scope of tobacco control activities. (b) It included more countries than initially planned and (c) developed, assessed and presented the results in a very short time period.

However the goals could not all achieved the way they were supposed to, due to the following reasons. (a) the time period was very short. Since we received the first funding in January 2003, time from the official start of the project was wasted (3.5 months from Sept. 15th on). This initially left 8.5 months for the whole amount of work. Even though there was the addendum until November 2003, this additional time could not be included into the working schedule, since this addendum was accepted late in the year. The time limitation affected quality of the data to a great amount. (b) We asked very comprehensive about tobacco control activities, so that knowledge that could not be provided by our cooperating partners had to be retrieved by them or the coordinator. This was very time consuming and led to discrepancies between the quality of data between countries or sections. While for example data about the specialty area of a cooperating partner was very elaborate, data about a more remote area is lacking that amount of detail. (c) Even though we got many countries involved and managed to get many experts involved, data is still lacking of reliability. While the first purpose of the project was to develop a questionnaire, data

assessment needs to include more experts for reliability reasons. Other channels than the ones we used to assess the data have to be discovered and used. (d) The existence of comprehensive legislation and regulations regarding tobacco control does not automatically transfer into compliance with the existing rules. Even though a country provides the most amount of directives that does not necessarily show in the population. The best example for this are the age restrictions in several countries. In spite of age restrictions and even in spite of high sanctions for offences, under age children can be observed smoking very widely. This report did not include enforcement of rules by institutions, which should be considered in interpreting the data.

13. Dissemination of the results

Two detailed reports about both questionnaires are kept available under www.medizin.uni-greifswald.de/epidem/eu/index.html since this report can only present a summary of the data the project accumulated. We presented parts of the results on the national conferences of (a) the German Society on Social Medicine and Prevention (DGSMP) in Greifswald (September 24th-29th) and (b) on the 1st Conference on Tobacco Control in Heidelberg (DKFZ, December 10th and 11th). Internationally we presented the data on the conference of the International Society on Research on Nicotine and Tobacco (SRNT) I Padova, Italy (20th-22nd). A manuscript for submission to Tobacco Control is in preparation.

For the future we plan to conduct an annually update of the MatoC-S and present the results on conferences and in scientific papers.

14. List of project partners

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