
















	AUSTRIA 	BELGIUM 	CYPRUS 	CZECH REPUBLIC 
Population	Population: 8,1 million	Population: 10,5 million	Population: 802,000 habitants	Population: 10,2 million
Live Birth	Live Birth: 9,7%	Live Birth: 11%	Live Birth: 11,1%	Live Birth: 9,1%
Death rate	Death rate: 9,4%	Death rate: 8%	Death rate: 6,8%	Death rate: 10,6%
Life Expectancy	Life Expectancy: 76 years for men and 82 years for women	Life Expectancy: 75 years for men and 81 years for women	Life Expectancy: 78 years for men and 82 years for women	Life Expectancy: 72 years for men and 78 years for women
GDP	GDP: 224 billion euros	GDP: 267 billion euros	GDP: 11 billion euros	GDP: 80 billion euros
GDP per capita	GDP per capita: 27,700 euros	GDP per capita: 26,000 euros	GDP per capita: 16,000 euros	GDP per capita: 7,800 euros
Total Health Care expenditure	Total Health Care expenditure: 7.7% of GDP	Total Health Care expenditure: 8.8% of GDP	Total Health Care expenditure: 6.1% of GDP	Total Health Care expenditure: 7.4% of GDP
NBR of hospitals	280 hsp including 180 acute care hsp	220 hsp including 155 acute care hsp	116 hsp, including 3 specialized hsp, 5 large district hsp, 3 small rural hsp and 105 private hsp and clinics	370 hsp including 200 acute care hsp
Legislation on tobacco control for the hospital setting	Health Care Facilities: Smoking is restricted and enforced, except for designated smoking rooms. 167. Federal Law Gazette that changes the Federal Law on producing and putting in circulation of tobacco products as well as on advertising tobacco products and protection of non smokers ("tobacco law")	Smoking ban in hospitals, but designated smoking areas are allowed. (Royal Decree dated 19th January 2005 and came in effect on January 2006)	Smoking is prohibited in health care facilities in all areas except in limited, designated, closed and ventilated rooms, but not enforced. Protection of health, Tobacco control law.	Health Care Facilities: Smoking restricted and enforced. It is not allowed with exception of special areas for smokers (the conditions of such areas are not specified - it could be e.g. smoking corner" at the corridor)
Exceptions				
Law applying to smoking in health facilities	Date of law : 30.12.2004 Date of coming into force : 1.1.2005	Date of law : 19/01/2005 Date of coming into force : 01/01/2006	Date of law : 1980 Date of coming into force : 1987	Date of law : 28/03/1989 Date of coming into force : 01/07/1989
Enforcement	Enforced	Enforced	Not enforced	Enforced
ENSH members	ENSH member	ENSH member	In Contact	ENSH member
National Network of Smoke Free Hospitals	Yes / implemented in 2005	Yes / implemented in 2005	No	Yes / Implemented in 2005
Number of members	12 Hospitals	13 Hospitals		
ENSH Code	Kodex des Europäischen Netzwerkes rauchfreier Krankenhäuser 1. Alle Entscheidungsträger werden in die Aktivitäten zum Rauchfreien Krankenhauseinbezogen und wirken mit. Patienten und Besucher werden informiert 2. Eine Arbeitsgruppe wird eingerichtet. 3. Ein Strategie- und Maßnahmenplan wird entwickelt. 4. Tabakentwöhnungsmaßnahmen für Patienten und Personal werden angeboten. Unterstützung bei der Tabakentwöhnung wird Patienten auch nach deren Entlassung gewährleistet. 5. Raucherbereiche, solange ihr Vorhandensein als notwendig erachtet wird, sind von klinischen Bereichen und Aufnahmehereichen strikt getrennt. Sie sind deutlich ausgewiesen. 6. Eine ausreichende Beschilderung (auch Poster, Wegweiser, usw.) weist auf das generelle Rauchverbot hin. Tabakautomaten und Aschenbecher werden aus dem Krankenhausegebäude und vom Gelände entfernt. 7. Die Gesundheit des Krankenhauspersonals wird durch Nichtraucherschutz gefördert. 8. Das Krankenhaus unterstützt Aktionen zur Förderung des Nichtrauchens in der Region. 9. Informationsmaterialien werden laufend aktualisiert. Die Einhaltung der Nichtraucherschutzregelungen wird ständig geprüft und dokumentiert. 10. Zuerst überzeugen! Verbote – wenn nötig! Geduld haben!	Code Européen Hôpital sans Tabac 1. Mobiliser les décideurs et sensibiliser tout le personnel. Informer le personnel et les patients. 2. Mettre en place un comité de prévention du tabagisme. Définir une stratégie et coordonner les actions. 3. Mettre en place un plan de formation des personnels et les former à l'abord du fumeur. 4. Prévoir l'aide au sevrage, organiser la prise en charge adaptée et le suivi du fumeur dépendant. 5. Etablir un plan d'aménagement des zones fumeur à distance des lieux de soin et d'accueil. 6. Adopter une signalétique appropriée : panneaux, affiches et supprimer toute incitation au tabagisme : suppression des cendriers 7. Protéger et promouvoir la santé au travail de tout le personnel hospitalier. 8. Multiplier les initiatives pour donner à l'hôpital son rôle de promoteur de santé 9. Renouveler les campagnes d'informations. Assurer la continuité et se doter des moyens d'évaluation : assurance qualité. 10. Convaincre d'abord, contraindre si besoin. Soyez patients !	Ευρωπαϊκός Κώδικας Νοσοκομείων Χωρίς Κάπνισμα 1. Δέσμευση των υπεύθυνων για τη λήψη αποφάσεων . Ενημέρωση του προσωπικού και των ασθενών . 2. Δημιουργία ομάδας δράσης. Πρόταση μιας στρατηγικής και συντονισμός των ενεργειών της . 3. Οργάνωση ενός προγράμματος τας κατάρτισης για όλο το προσωπικό, ώστε να μπόει να προσεγγίζει το κάπνιστή με το καλύτερο δυνατό τρόπο . 4. Οργάνωση προγραμμάτων / υπηρεσιών διακοπής του καπνίσματος για τους ασθενείς και το προσωπικό του νοσοκομείου μέσα στο νοσοκομείο και παροχή δυνατότητας συνέχειας τους και έξω από το νοσοκομείο . 5. Υπόδειξη χώρων που επιτρέπεται το κάπνισμα, εφόσον αυτό θεωρείται απαραίτητο, μακριά από τους θαλάμους νοσηλείας και τους χώρους υποδοχής . 6. Υποθέσει της κατάλληλης σηματοδότησης (αφίσες, πινακίδες , κλπ) απαγόρευσης πώλησης καπνών στο νοσοκομειακό χώρο και αφαίρεση κάθε κλητρού για κάπνισμα (αφαίρεση σταγυδοδεξιών) . 7. Παροχή προστασίας και πρόωξη της υγείας στο χώρο εργασίας για όλο το προσωπικό του νοσοκομείου . 8. Συμμετοχή του νοσοκομείου σε δραστηριότητες για τη διακοπή του καπνίσματος, που προάγουν και αναδεικνύουν το ρόλο του, ως προς τη προαγωγή της υγείας . 9. Ανάθεση και διεύθυνση της σχετικής πληροφόρησης και ενημέρωσης , ώστε να διασφαλιστεί η συνέχεια και η ποιότητα αυτής της προσπάθειας . 10. Πρώτα απ'όλα πειθώ και μόνο όταν απαιτείται , προσφυγή στις διατάξεις του νόμου .	
Web site: http://ensh.aphp.fr				
General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence
Total adult prevalence 1994 - 1998 1999 - 2001 2002 - 2005	Total adult prevalence 1994 - 1998: 23,9 1999 - 2001: 29 2002 - 2005: 47	Total adult prevalence 1994 - 1998 : 30 1999 - 2001 : 30 2002 - 2005 : 27	Total adult prevalence 1994 - 1998 : - 1999 - 2001 : - 2002 - 2005 : 23,9	Total adult prevalence 1994 - 1998 : 26,2 1999 - 2001 : 23,3 2002 - 2005 : 25,4
Male adult prevalence 1994 - 1998 1999 - 2001 2002 - 2005	Male adult prevalence 1994 - 1998: 29,6 1999 - 2001: - 2002 - 2005: 48,1	Male adult prevalence 1994 - 1998 : 34 1999 - 2001 : 36 2002 - 2005: 30	Male adult prevalence 1994 - 1998 : 38,5 1999 - 2001 : - 2002 - 2005 : 38,1	Male adult prevalence 1994 - 1998 : 32,8 1999 - 2001 : 28,4 2002 - 2005 : 31,1
Female adult prevalence 1994 - 1998 1999 - 2001 2002 - 2005	Female adult prevalence 1994 - 1998: 18,7 1999 - 2001: - 2002 - 2005: -	Female adult prevalence 1994 - 1998 : 27 1999 - 2001 : 26 2002 - 2005 : 25	Female adult prevalence 1994 - 1998 : 7,6 1999 - 2001 : - 2002 - 2005 : 10,5	Female adult prevalence 1994 - 1998 : 20,2 1999 - 2001 : 20,4 2002 - 2005 : 20,1
Health Staff Smoking prevalence	Health Staff Smoking prevalence	Health Staff Smoking prevalence	Health Staff Smoking prevalence	Health Staff Smoking prevalence
1999-2001	1999-2001: No data	1999-2001 : No data	1999-2001 : No data	1999-2001 : No data
2002-2005	2002-2005: No data	2002-2005 : No data	2002-2005 : No data	2002-2005 : No data
Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation
Training of health professionals and medical students	YES	YES	NO	YES
Cessation clinics	YES	YES	YES	YES
Help lines	YES	YES	YES	YES
Price-incentive or reduced cost for treatment	NO	YES	NO	NO
Pharmacotherapies available for cessation	Bupropion and nasal spray are only available on prescription In pharmacies, without prescription	Bupropion is only available on prescription NRT : In pharmacies, without prescription	Nicotine patch available as OTC. Bupropion is not available. No data available	Bupropion is only available on prescription In pharmacies, without prescription

	DENMARK 	ESTONIA 	FINLAND 	FRANCE 
Population	Population: 5,4 million	Population: 1,3 million	Population: 5,2 million	Population: 59,6 million
Live Birth	Live Birth: 12,7%	Live Birth: 9,6%	Live Birth: 10,7%	Live Birth: 13,5%
Death rate	Death rate: 11,1%	Death rate: 13,5%	Death rate: 9,5%	Death rate: 9,0%
Life Expectancy	Life Expectancy: 75 years for men and 80 years for women	Life Expectancy: 65 years for men and 77 years for women	Life Expectancy: 74 years for men and 81 years for women	Life Expectancy: 76 years for men and 83 years for women
GDP	GDP: 118 billion euros	GDP: 8 billion euros	GDP: 143 billion euros	GDP: 1,560 billion euros
GDP per capita	GDP per capita: 35,000 euros	GDP per capita: 6,000 euros	GDP per capita: 27,400 euros	GDP per capita: 26,100 euros
Total Health Care expenditure	Total Health Care expenditure: 8.8% of GDP	Total Health Care expenditure: 5.5% of GDP	Total Health Care expenditure: 7.3% of GDP	Total Health Care expenditure: 9.7% of GDP
NBR of hospitals	69 hsp including 62 acute care hsp	50 hsp including 37 acute care hsp	391 hsp including 61 public acute care hsp	3055 hsp including 1031 public health institutions, 2024 private institutions of which 772 are part of the public hospital service (PSPH), 241 are non-profit and non-PSPH, and 1211 are for profit clinics
Legislation on tobacco control for the hospital setting	Health Care Facilities: Smoking Restricted and enforced.	Smoking in health care facilities is banned, but smoking rooms with special ventilation requirements are allowed) New Tobacco Act	Smoking in health care facilities is restricted and enforced. Act on Measures to Reduce Tobacco Smoking NO. 693/1976	Smoking ban in hospitals, but designated smoking areas are allowed. (1991, Evin Law). Thus, the act does not apply to psychiatric hospitals.
Exceptions				Not enforced in psychiatric hospitals/ departments
Law applying to smoking in health facilities	Date of law : 14/06/1995 Date of coming into force : 01/07/1995.	Date of law : 05.06.2005 Date of coming into force : 05.06.2007	Date of law : Issued 13/08/1976 Date of coming into force : 01/03/1977	Date of law : 1991 Date of coming into force : 1992
Enforcement	Enforced		Enforced	Enforced
ENSH members	ENSH collaborating member	ENSH member	ENSH member	ENSH member
National Network of Smoke Free Hospitals	Yes / implemented in 1999	Yes/ implemented in 2005	Yes / Implemented in 2003	Yes / Implemented in 1996
Number of members	43 Hospitals	3 Hospitals	14 Hospitals	711 Hospitals
ENSH Code	EUROP/EISK KODE FOR RØGFREIT HOSPITAL 1. Engager beslutningstagerne. Informer alle personale-grupper og patienter. 2. Nedsæt en arbejdsgruppe. Lav en strategi og en plan for implementering. 3. Etabler et uddannelsesprogram for personalet i motiverende samtaler om tobak. 4. Organiser rygestoptilbud for patienter og personale og mulighed for opfølgning udenfor hospitalsregi. 5. Afmærk rygerum tydeligt, så længe disse eksisterer, og etabler dem ikke i nærheden af kliniske afdelinger og hospitalets indgang. 6. Synliggør hospitalets rygeregler mest muligt via skilte, plakater etc og fjern alt, der lægger op til rygning, fx askebægre og salg af tobak. 7. Understøt etableringen af foranstaltninger, der kan beskytte og fremme personalets sundhed på hospitalet. 8. Deltag i udredelsen af rygfrihed og rygestopaktiviteter i lokalområdet. 9. Forny informationsmateriale og udbred information så der skabes en bred forståelse for og opbakning til rygepolitikken. Følg op og organiser forankring og kvalitetssikring. 10. Overbevis først, dernæst begræns. Overvej lovgivning om nødvendigt. Hav tålmodighed!	Euroopa suitsuvabade haiglate koodeks 1. Kaasata otsustetajad. Informeerida kogu personali ja patsiente. 2. Määrata töögrupid. Arendada välja strateegia ja tegevuskava. 3. Koostada kogu personali instrueerimiseks koostuskava, mis selgitaks, kuidas suitsetajale kõige paremini probleemi tõstatamiseks läheneda. 4. Korraldada patsientidele ja personalile suitsetamisest loobumist toetavaid tegevusi tervishoiuasutuses ja kindlustada teotuse jätkumine ka antud kogukonnas. 5. Määrata selgelt ära suitsetamiseks ettenähtud kohad –seniks, kuni neid veel üldse tarvilikuks peetakse, arvestades, et need kohad ei tohi kindlasti olla haigla ravi- ja vastuvõturuumide alal. 6. Kohandada vajalikud asjakohased tähisid – viidad, posterid jmt ning kõrvaldada kõik suitsetama õhuvad (tuhatosid, sigarettide müük jne). 7. Tuleb välja töötada selline tugisüsteem, mis aitaks kaitseda ja edendada kõigi haiglas töötavate inimeste tervist. 8. Edendada suitsuvabu tegevusi antud paikonnas. 9. Uuendada ja laiendada informatsiooni, kohustudes tagama poliitika jätkusuutlikkust ja kvaliteeti 10. Esmalt veenmine, siis piirangud ja vajadusel seadus-test lähtuvad meetmed. Oligem kannatlikud!	Euroopan Savuton Sairaala –Verkosto 1. Aktivoi päättäjät. Tiedota asiasta henkilökunnalle, potilaille ja muille sairaalassa kävijöille. 2. Perusta savuton sairaala –työryhmä. Ehdota strategia ja toteutussuunnitelma. 3. Laadi suunnitelma henkilökunnan kouluttamiseksi ja opeta heitä kohtaamaan tupakoitsijat parhaalla mahdollisella tavalla. 4. Järjestä nikotiinikorvaushoitojen saatavuus, ohjaus ja varmista tuen jatkuminen sairaalan ulkopuolella. 5. Suunnittele tupakointitilat kaus hoito- ja vastaanotto-tiloista ja osota ne selvästi kyteillä. 6. Valitse sopiva tiedottamistapa: julistete, kyltit jne. Poista kaikki tupakointiin viittaava, kuten tuhkakupit, tupakan myynti jne. 7. Tupakoinnattomuutta tukeva järjestelmä suojaa ja edistää kaikkien sairaalassa työskentelevien terveyttä. 8. Tue savuttomuutta edistävää toimintaa yhteisössäsi. 9. Uudista ja laajenna savuton sairaala- prosessiin liit-tyvää tietoa sitoumuksen säilyttämiseksi. Seuranta ja laaduntarkkailu- Varmista toimintaperiaatteiden seuranta ja arviointi. 10. Ole vakuuttava ja kärsivällinen, käytä pakkokeinoja vain, jos ei ole muuta mahdollisuutta.	Code Européen Hôpital sans Tabac 1. Mobiliser les décideurs et sensibiliser tout le personnel. Informer le personnel et les patients. 2. Mettre en place un comité de prévention du tabagisme. Définir une stratégie et coordonner les actions. 3. Mettre en place un plan de formation des personnels et les former à l'abord du fumeur. 4. Prévoir l'aide au sevrage, organiser la prise en charge adaptée et le suivi du fumeur dépendant. 5. Etablir un plan d'aménagement des zones fumeur à distance des lieux de soin et d'accueil. 6. Adopter une signalétique appropriée : panneaux, affiches et supprimer toute incitation au tabagisme : suppression des cendriers 7. Protéger et promouvoir la santé au travail de tout le personnel hospitalier. 8. Multiplier les initiatives pour donner à l'hôpital son rôle de promoteur de santé 9. Renouveler les campagnes d'informations. Assurer la continuité et se doter des moyens d'évaluation : assurance qualité. 10. Convaincre d'abord, contraindre si besoin. Soyez patients !
Web site: http://ensh.aphp.fr	www.forebyggendesygehuse.dk			www.hopitalsanstabac.org
General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence
Total adult prevalence 1994 - 1998 1999 - 2001 2002 - 2005	Total adult prevalence 1994 - 1998 : 37 1999 - 2001 : 30,5 2002 - 2005 : 25	Total adult prevalence 1994 - 1998 : 35,8 1999 - 2001 : 29,4 2002 - 2005 : 28	Total adult prevalence 1994 - 1998 : 24 1999 - 2001 : 23 2002 - 2005 : 23	Total adult prevalence 1994 - 1998 : 28 1999 - 2001 : 27 2002 - 2005 : 30
Male adult prevalence 1994 - 1998 1999 - 2001 2002 - 2005	Male adult prevalence 1994 - 1998 : 39 1999 - 2001 : 32 2002 - 2005 : 28	Male adult prevalence 1994 - 1998 : 52,1 1999 - 2001 : 44,1 2002 - 2005 : 42	Male adult prevalence 1994 - 1998 : 29 1999 - 2001 : 27 2002 - 2005 : 27	Male adult prevalence 1994 - 1998 : 35 1999 - 2001 : 33 2002 - 2005 : 33,3
Female adult prevalence 1994 - 1998 1999 - 2001 2002 - 2005	Female adult prevalence 1994 - 1998 : 35 1999 - 2001 : 29 2002 - 2005 : 23	Female adult prevalence 1994 - 1998 : 23,4 1999 - 2001 : 19,9 2002 - 2005 : 21	Female adult prevalence 1994 - 1998 : 20 1999 - 2001 : 20 2002 - 2005 : 20	Female adult prevalence 1994 - 1998 : 21 1999 - 2001 : 21 2002 - 2005 : 26,5
Health Staff Smoking prevalence	Health Staff Smoking prevalence	Health Staff Smoking prevalence	Health Staff Smoking prevalence	Health Staff Smoking prevalence
1999-2001	1999-2001 : No data	1999-2001 : No data	1999-2001 : No data	1999-2001: No data
2002-2005	2002-2005 : No data	2002-2005 : No data	2002-2005 : No data	2002-2005: Doctors 15,9% - Nurses 21,4 % Midwives 16,7
Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation
Training of health professionals and medical students	YES	YES	YES	YES
Cessation clinics	YES	YES	YES	YES
Help lines	YES	YES	YES	YES
Price-incentive or reduced cost for treatment	YES	NO	NO	YES
Pharmacotherapies available for cessation	Bupropion is only available on prescription	Bupropion is only available on prescription	Bupropion and nasal spray are only available on prescription	Bupropion is only available on prescription
	In pharmacies, without prescription	In pharmacies, without prescription	In pharmacies, without prescription	In pharmacies, without prescription

GERMANY 	GREECE 	HUNGARY 	IRELAND 	ITALY 
Population: 82,5 million	Population: 11 million	Population: 10 million	Population: 4,040,000	Population: 57,3 million
Live Birth: 9,3%	Live Birth: 9,8%	Live Birth: 9,5%	Live Birth: 15,3%	Live Birth: 9,3%
Death rate: 10,1%	Death rate: 9,7%	Death rate: 13,1%	Death rate: 7,0%	Death rate: 9,7%
Life Expectancy: 75 years for men and 81 years for women	Life Expectancy: 76 years for men and 81 years for women	Life Expectancy: 68 years for men and 77 years for women	Life Expectancy: 75,1 years for men and 80,3 years for women	Life Expectancy: 77 years for men and 83 years for women
GDP: 2,130 billion euros	GDP: 53 billion euros	GDP: 70 billion euros	GDP: 134 billion euros	GDP: 1,300 billion euros
GDP per capita: 25,800 euros	GDP per capita: 13,900 euros	GDP per capita: 12,700 euros	GDP per capita: 34,000 euros	GDP per capita: 22,700 euros
Total Health Care expenditure: 10,9% of GDP	Total Health Care expenditure: 9,5% of GDP	Total Health Care expenditure: 7,8% of GDP	Total Health Care expenditure: 7,3% of GDP	Total Health Care expenditure: 8,5% of GDP
3513 hsp of which 1316 rehabilitation clinics source: Destatis 2003 Gesundheitswesen	337 hsp including 298 acute care hsp	182 hsp including 150 acute care hsp	100 hsp including 53 acute care hsp	1307 hsp including 1144 acute care hsp
There is no specific legislation banning smoking in hospitals. However, since October 2002 there is a new paragraph in the occupational health ordinance (Arbeitsstättenverordnung § 3a Nichtraucherschutz) which obliges employers to protect workers from the dangers of passive smoking in all workplaces except places open to the public "where the nature of the business and type of occupation does not allow the implementation". This exception concerns mainly the restaurant business.	Smoking is prohibited in health care facilities but not enforced. Ministerial decision in 1993, banning smoking in health care facilities. Thus, legislation has never been strictly implemented. New legislation measures were in effect since november 2002 and directives to hospital managers for their strict application were made.	Smoking is banned in hospitals except for designated areas (since November 1999) and the implementation is enforced. The law forbids designation of smoking areas in primary health care (family doctors' wards) and outpatient specialist units as well as pharmacies. The 19 December 2005 amendment of the 1999 act forbids designation of smoking areas in pediatric care units.	Smoking is completely banned in health care facilities and enforced. Public Health Tobacco Amendment Act introduced on 29 March 2004 bans smoking in all work-places and public places including hospitals.	Smoking is completely banned in health care facilities and the ban is enforced. Law n.584 of 11 november 1975. President of Council Directive of 14th February 1995. Law n.3 of 16th January 2003
			Psychiatric hospitals and homes for the elderly	
Date of law : 31/05/ 2001 Date of coming into force 10/2002	Date of law : 1993, 2002 Date of coming into force :	Date of law : 13/04/1999 Date of coming into force :1/11/1999 Date of amendment: 19/12/2005 Date of coming into force: 01/01/2006	Date of law : 2004 Date of coming into force : 29/03/2004	Date of law : 16/01/2003 Date of coming into force :10/01/2005
Enforced	Not enforced	Enforced	Enforced	
ENSH member	ENSH member	ENSH member	ENSH member	ENSH member
Yes / Implemented in 2005	Yes / Implemented in 2003	To be established	Yes - Implemented in 2000	Yes
24 Hospitals	22 members		88 Health Service Organisations	
Kodex des Europäischen Netzwerkes rauchfreier Krankenhäuser 1. Alle Entscheidungsträger werden in die Aktivitäten zum Rauchfreien Krankenhaus einbezogen und wirken mit. Krankenhauspersonal und Patienten werden informiert 2. Eine Arbeitsgruppe wird eingerichtet. Ein Strategie- und Maßnahmenplan wird entwickelt. 3. Ein Schulungsprogramm wird eingerichtet und das Personal im richtigen Umgang mit Rauchern geschult. 4. Tabakentwöhnungsmaßnahmen für Patienten und Personal werden angeboten. Unterstützung bei der Tabakentwöhnung wird Patienten auch nach deren Entlassung gewährleistet. 5. Raucherbereiche, solange ihr Vorhandensein als notwendig erachtet wird, sind von klinischen Bereichen und Aufnahmebereichen strikt getrennt. Sie sind deutlich auszuweisen. 6. Eine ausreichende Beschilderung (auch Poster, Wegweiser, usw.) weist auf das generelle Rauchverbot hin. Tabakautomaten und Aschenbecher werden aus dem Krankenhausgebäude und vom Gelände entfernt. 7. Die Gesundheit aller im Krankenhaus Tätigen wird geschützt und gefördert. 8. Das Krankenhaus unterstützt Aktionen zur Förderung des Nichtrauchens in der Region. 9. Informationen zur Unterstützung der Verbindlichkeit der Rauchfrei-Politik werden weiterentwickelt. Der weitere Verlauf und die Qualitätssicherung sind gewährleistet. 10. Zuerst überzeugen! Verbote – wenn nötig! Geduld haben!	Ευρωπαϊκός Κώδικας Νοσοκομείων Χωρίς Κάπνισμα 1. Δέσμευση του υπεύθυνου για τη λήψη αποφάσεων . Ενημέρωση του προσωπικού και των ασθενών . 2. Δημιουργία ομάδας δράσης. Πρόταση μιας στρατηγικής και συντονισμού των ενεργειών της. 3. Οργάνωση ενός προγράμματος τριτοβάθμιας για όλο το προσωπικό, ώστε να μάθει να προσεγγίζει το κάπνισμα με το καλύτερο δυνατό τρόπο. 4. Οργάνωση προγραμμάτων / υπηρεσιών διακοπής του καπνίσματος για τους ασθενείς και το προσωπικό του νοσοκομείου μέσα στο νοσοκομείο και παροχή δυνατότητας συνέχειας τους και έξω από το νοσοκομείο . 5. Υπόδειξη χώρων που επιτρέπεται το κάπνισμα, εφόσον αυτό θεωρείται απαραίτητο, μακριά από τους θαλάμους νοσηλείας και τους χώρους υποδοχής. 6. Υπόδειξη της κατάλληλης σηματοδότησης (ραφιάς, πινακίδες, κλπ) απαγόρευσης πώλησης καπνικού στο νοσοκομειακό χώρο και απαγόρευση κάθε κίνησης για κάπνισμα (απαγόρευση σταγόνων) . 7. Παροχή προστασίας και προώθηση της υγείας στο χώρο εργασίας για όλο το προσωπικό του νοσοκομείου . 8. Στήριξη του νοσοκομείου σε δραστηριότητες για τη διακοπή του καπνίσματος, που προάγουν και αναδεδεικνύουν το ρόλο του, ως προς τη προαγωγή της υγείας. 9. Ανάθεση και διεύθυνση της σχετικής πληροφορίας και ενημέρωσης , ώστε να διασφαλιστεί η συνέχεια και η ποιότητα αυτής της προσπάθειας . 10. Πρώτα απ'όλα πείθω και μόνο όταν απαιτείται , προσαγωγή στις διατάξεις του νόμου .	"A DKEH Kódex 1. A kórház döntéshozóinak befolyásolása, bevonása. A tervekről az összes dolgozót és a betegeket is tájékoztatni kell. 2. Létre kell hozni egy akciócsoportot. Ki kell dolgozni egy stratégiát és egy végrehajtási tervet. 3. Ki kell dolgozni egy olyan továbbképzési módszert, mely kiterjed a teljes dolgozó állományra, és magában foglalja azt, hogy az egyes munkatársaknak milyen szereznek van a dohányzás visszacsökkentésében, a dohányfüst-mentesség elérésében. 4. Biztosítani kell, hogy a munkavállalók és a betegek a kórház területén tanácsot kapnak a dohányzásról való leszokáshoz; meg kell szervezni, hogy a betegek számára az alkalmazott intézkedések számára, beleértve a posztereket, szórólapokat, matricákat, stb. 5. A kórház területén kell elhelyezni a kórház területén meg kell szüntetni a dohánytermékek árusítását. Hamutálcaikat csak a dohányzóhelyeken helyezzük el, minden más helyen azokat el kell távolítani. 6. Biztosítani kell a folyamatos információ-áramlást a vezetőség és az intézkedések alkalmazói felé, hogy elkötelezettségüket fenntartsuk a folyamattal kapcsolatban. 7. Figyelmet kell fordítani a nyomon követésre és a minőségbiztosításra. 8. Először a meggyőzés, csak utána a szigorú intézkedések és a szabályok! Legyen türelmesek!	European Code of Smoke Free Hospitals 1. Engage decision-makers. Inform all personnel and patients. 2. Appoint a working group. Develop a strategy and an implementation plan. 3. Set up a training plan to instruct all staff on how best to approach smokers. 4. Organise cessation support facilities for patients and staff in the hospital and ensure continuity of support on discharge into the community. 5. Indicate smoking zones clearly, for as long as they are considered necessary, and keep them away from clinical and reception areas. 6. Adopt appropriate signage, including posters, signposts, etc and remove all incentives to smoke (such as ashtrays, tobacco sales, etc.). 7. Support systems are in place to protect and promote the health of all that work in the hospital. 8. Promote smoke-free actions in the community setting. 9. Renew and broaden information to maintain commitment to the policy. Ensure follow-up and quality assurance. 10. First convince, then constrain considering legislation if needed. Have patience!	Codice del 1. Responsabilizzare i dirigenti. Informare i pazienti e i visitatori. 2. Istituire un gruppo di lavoro. Svilappare una strategia e un piano di implementazione. 3. Elaborare un piano di formazione per formare tutto il personale al miglior approccio al paziente fumatore. 4. Organizzare un servizio per la disassuefazione di pazienti e operatori nell' ambito ospedaliero; assicurare la continuità assistenziale a questi pazienti quando dimessi. 5. Indicare chiaramente le aree dove eventualmente sia consentito fumare, che dovranno essere nettamente separate dalle aree di accoglienza e cliniche. 6. Adottare la segnaletica più adeguata, compresi cartelli, manifesti, eccetera e rimuovere tutti gli incentivi al fumo. 7. Assicurarsi che siano disponibili sistemi per la protezione e la promozione della salute di tutti coloro che lavorano in ospedale. 8. Promuovere azioni per il controllo del fumo nella comunità. 9. Aggiornare e allargare la informazione per mantenere costante l' impegno nella politica decisa. Assicurare il monitoraggio e il controllo della qualità del programma. 10. Prima di tutto convincere, vietare- anche considerando misure legislative solo se necessario. Avere pazienza!
www.rauchfreie-krankenhaeuser.de	www.ednpy.gr (under construction)		www.hphallireland.org	http://www.aimnetwork.org/default.jsp
General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence
Total prevalence 18-59 : 1995: 36,5% 1997: 36,5% 2000: 34,25% (source: BMG/IFT)	Total adult prevalence 1994 - 1998 : 37 1999 - 2001 : 37,6 2002 - 2005 : -	Total adult prevalence 1994 - 1998 : 37 1999 - 2001 : 33 2002 - 2005 : 33,8	Total adult prevalence 1994 - 1998 : 31 1999 - 2001 : - 2002 - 2005 : 23,9	Total adult prevalence 1994 - 1998 : 24,7 1999 - 2001 : 24,1 2002 - 2005 : 24
Total prevalence 18-59 male: 1995: 43,5% 1997: 43% 2000: 34,25%	Male adult prevalence 1994 - 1998 : 46 1999 - 2001 : 46,8 2002 - 2005 : -	Male adult prevalence 1994 - 1998 : 46 1999 - 2001 : 40,6 2002 - 2005 : 40,5	Male adult prevalence 1994 - 1998 : 32 1999 - 2001 : - 2002 - 2005 : 24,2	Male adult prevalence 1994 - 1998 : 32,6 1999 - 2001 : 31,6 2002 - 2005 : 31,3
Total prevalence 18-59 female: 1995: 29,5% 1997: 30% 2000: 29,5%	Female adult prevalence 1994 - 1998 : 28 1999 - 2001 : 29 2002 - 2005 : -	Female adult prevalence 1994 - 1998 : 28 1999 - 2001 : 26,3 2002 - 2005 : 27,8	Female adult prevalence 1994 - 1998 : 31 1999 - 2001 : - 2002 - 2005 : 23,6	Female adult prevalence 1994 - 1998 : 17,5 1999 - 2001 : 17,1 2002 - 2005 : 17,2
Health Staff Smoking prevalence 2003 Source: Mikorzensus 2003	Health Staff Smoking prevalence	Health Staff Smoking prevalence	Health Staff Smoking prevalence	Health Staff Smoking prevalence
1999-2001 : No data 2002- 2005 Health staff : 27,75% Doctors: 16,76% - Nurses & Midwives 32,90%	1999-2001 : No data 2002-2005 : No data	1999-2001 : No data 2003: male doctors: 56% - female doctors : 35,8%	1999-2001 : No data 2002-2005 : No data	1999-2001 : No data 2002-2005 : No data
Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation
YES	YES	YES	YES	YES
YES	YES	YES	YES	YES
YES-Telefonberatung BZGA - Das Rauchertelefon DKFZ	NO	YES	YES	YES
Smoking cessation courses can benefit from 70-80% re-imburement by health insurance funds in the frame of general life style prevention programmes	NO	NO	YES	NO
Bupropion and inhaler are only available on prescription	NRT & Bupropion are available on prescription. Not cover by insurance.	NRT are available; bupropion is not available. NRT can be bought over the counter.	Nasal spray, inhaler and bupropion are only available on prescription	Bupropion is only available on prescription
NRT =OTC		In pharmacies, without prescription	In pharmacies, without prescription	In pharmacies, without prescription

LATVIA	LITHUANIA	LUXEMBOURG	MALTA	NETHERLANDS
Population: 2,3 million	Population: 3,4 million	Population: 400,000 habitants	Population: 394,000 habitants	Population: 161,1 million
Live Birth: 8,5%	Live Birth: 8,7%	Live Birth: 11,8%	Live Birth: 9,8%	Live Birth: 12,9%
Death rate: 13,9%	Death rate: 11,8%	Death rate: 8,3%	Death rate: 7,7%	Death rate: 8,8%
Life Expectancy: 65 years for men and 76 years for women	Life Expectancy: 66 years for men and 77 years for women	Life Expectancy: 75 years for men and 82 years for women	Life Expectancy: 76 years for men and 81 years for women	Life Expectancy: 76 years for men and 81 years for women
GDP: 10 billion euros	GDP: 16 billion euros	GDP: 23 billion euros	GDP: 4 billion euros	GDP: 454 billion euros
GDP per capita: 4,200 euros	GDP per capita: 4,700 euros	GDP per capita: 42,400 euros	GDP per capita: 10,800 euros	GDP per capita: 28,000 euros
Total Health Care expenditure: 4.9% of GDP	Total Health Care expenditure: 5.8% of GDP	Total Health Care expenditure: 6.2% of GDP	Total Health Care expenditure: 9.7% of GDP	Total Health Care expenditure: 9.1% of GDP
129 hsp including 90 acute care hsp	188 hsp including 39 specialized hsp and 85 general hsp	11 acute care hsp	10 hsp including 9 acute care hsp	205 hsp including 106 acute care hsp
Smoking is completely banned in health care facilities, but closed rooms are allowed. The ban will be enforced the 1st July 2006 smoking areas are allowed.	Smoking is totally banned in health care facilities, although designated smoking areas are allowed. The ban is enforced.	Smoking is banned in all areas with the exception of limited, designated, closed and ventilated areas. (Règlement Grand-ducal du 16 septembre 2003 portant exécution de la loi modifiée du 24 mars 1989)	Smoking is totally banned in health care facilities, the ban is enforced. Legal notice 414 of 2004. Tobacco (Smoking Control) Act. Smoking in public places, 2004.	Smoking is banned in hospitals, but designated smoking areas are allowed. The Tobacco Law states that all employees and visitors must be able to work and/or use facilities in a completely smoke free environment. This means that in practice, smoking is only allowed as long as non-smokers are not exposed. (no specific requirements for smoking rooms are mentioned in the law)
				Exception to the enforcement of this ban are homes for elderly and other institution, where patients reside for longer periods of time.
Date of law : 18/12/96 Date of coming into force :	Date of law : 20/12/1995, (New redaction 20/11 2003) Date of coming into force :01/05/2004	Date of law : 16/09/2003 Date of coming into force :01/01/2004	Date of law : 1986, 2004 Date of coming into force : 5/04/04	Date of law : Date of coming into force :
Will be enforced	Enforced			
No	No	No	No	No
No	No	No		
No	No	No		
		Code Européen Hôpital sans Tabac 1. Mobiliser les décideurs et sensibiliser tout le personnel. Informer le personnel et les patients. 2. Mettre en place un comité de prévention du tabagisme. Définir une stratégie et coordonner les actions. 3. Mettre en place un plan de formation des personnels et les former à l'abord du fumeur. 4. Prévoir l'aide au sevrage, organiser la prise en charge adaptée et le suivi du fumeur dépendant. 5. Etablir un plan d'aménagement des zones fumeur à distance des lieux de soin et d'accueil. 6. Adopter une signalétique appropriée : panneaux, affiches et supprimer toute incitation au tabagisme : suppression des cendriers 7. Protéger et promouvoir la santé au travail de tout le personnel hospitalier. 8. Multiplier les initiatives pour donner à l'hôpital son rôle de promoteur de santé 9. Renouveler les campagnes d'informations. Assurer la continuité et se doter des moyens d'évaluation : assurance qualité. 10. Convaincre d'abord, contraindre si besoin. Soyez patients !	European Code of Smoke Free Hospitals 1. Engage decision-makers. Inform all personnel and patients. 2. Appoint a working group. Develop a strategy and an implementation plan. 3. Set up a training plan to instruct all staff on how best to approach smokers. 4. Organise cessation support facilities for patients and staff in the hospital and ensure continuity of support on discharge into the community. 5. Indicate smoking zones clearly, for as long as they are considered necessary, and keep them away from clinical and reception areas. 6. Adopt appropriate signage, including posters, signposts, etc and remove all incentives to smoke (such as ashtrays, tobacco sales, etc.). 7. Support systems are in place to protect and promote the health of all that work in the hospital. 8. Promote smoke-free actions in the community setting. 9. Renew and broaden information to maintain commitment to the policy. Ensure follow-up and quality assurance. 10. First convince, then constrain considering legislation if needed. Have patience!	
General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence
Total adult prevalence 1994 - 1998 : 35,7 1999 - 2001 : 29,2 2002 - 2005 : 30,1	Total adult prevalence 1994 - 1998 : 24,8 1999 - 2001 : 32 2002 - 2005 : 27	Total adult prevalence 1994 - 1998 : 32 1999 - 2001 : 30 2002 - 2005 : 33	Total adult prevalence 1994 - 1998 : 24,1 1999 - 2001 : - 2002 - 2005 : 23,4	Total adult prevalence 1994 - 1998 : 34,6 1999 - 2001 : 34,5 2002 - 2005 : 28
Male adult prevalence 1994 - 1998 : 53 1999 - 2001 : 49,1 2002 - 2005 : 47,3	Male adult prevalence 1994 - 1998 : 43,3 1999 - 2001 : 51,5 2002 - 2005 : 39,4	Male adult prevalence 1994 - 1998 : 39 1999 - 2001 : 34 2002 - 2005 : 39	Male adult prevalence 1994 - 1998 : 33,7 1999 - 2001 : - 2002 - 2005 : 29,9	Male adult prevalence 1994 - 1998 : 38,5 1999 - 2001 : 38,9 2002 - 2005 : 31
Female adult prevalence 1994 - 1998 : 18,4 1999 - 2001 : 13 2002 - 2005 : 17,8	Female adult prevalence 1994 - 1998 : 6,3 1999 - 2001 : 15,8 2002 - 2005 : 14,2	Female adult prevalence 1994 - 1998 : 27 1999 - 2001 : 26 2002 - 2005 : 26	Female adult prevalence 1994 - 1998 : 14,9 1999 - 2001 : - 2002 - 2005 : 17,6	Female adult prevalence 1994 - 1998 : 30,7 1999 - 2001 : 30,2 2002 - 2005 : 25
Health Staff Smoking prevalence	Health Staff Smoking prevalence	Health Staff Smoking prevalence	Health Staff Smoking prevalence	Health Staff Smoking prevalence
1999-2001 : No data 2002-2005 : No data	1999-2001 : No data 2002-2005 : No data	1999-2001 : No data 2002-2005 : No data	1999-2001 : No data 2002-2005 : No data	1999-2001 : No data 2002-2005 : No data
Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation
YES	YES	No data available	YES	YES
NO	YES	No data available	YES	NO
No data available	No data available	No data available	YES	YES
NO	NO	No data available	NO	YES
Bupropion is only available on prescription	Bupropion is only available on prescription	No data available	Bupropion is only available on prescription	Bupropion is only available on prescription
In pharmacies, without prescription	In pharmacies, without prescription	No data available	In pharmacies, without prescription	In pharmacies, without prescription

	 POLAND	 PORTUGAL	 ROMANIA	 SLOVAKIA
Population	Population: 38,6 million	Population: 10,4 million	Population: 22,41 million	Population: 5,4 million
Live Birth	Live Birth: 9,1%	Live Birth: 11,0%	Live Birth: 10,5%	Live Birth: 9,5%
Death rate	Death rate: 9,3%	Death rate: 10,3%	Death rate: 11,32%	Death rate: 9,6%
Life Expectancy	Life Expectancy: 71 years for men and 79 years for women	Life Expectancy: 74 years for men and 81 years for women	Life Expectancy: 67,63 years for men and 74,82 years for women	Life Expectancy: 70 years for men and 78 years for women
GDP	GDP: 185 billion euros	GDP: 130 billion euros	GDP: 106 billion euros	GDP: 29 billion euros
GDP per capita	GDP per capita: 4,800 euros	GDP per capita: 12,500 euros	GDP per capita: 7250 euros	GDP per capita: 5,400 euros
Total Health Care expenditure	Total Health Care expenditure: 6.1% of GDP	Total Health Care expenditure: 9.3% of GDP	Total Health Care expenditure: 8.1% of GDP	Total Health Care expenditure: 5.7% of GDP
NBR of hospitals	829 hsp	205 hsp including 180 acute care hsp	521 hsp including 442 acute care hsp	92 hsp, 7 university hospital centers, including 200 acute care hsp
Legislation on tobacco control for the hospital setting	Smoking is banned in health care facilities, with exception of rooms marked-off and adequately adapted for smokers. In special cases the attending physician may exempt a patient staying at the health care facility from the ban on smoking. Law on the protection of Public Health against the Effects of Tobacco Use.	Smoking is banned in health care facilities, although dedicated smoking areas are allowed.	Smoking ban in the sanitary and public institutions, but designated smoking areas are allowed. Law no.349/2002 for preventing and combating the use of tobacco products, with further modifications and competitions.	Smoking is banned in health care facilities, although dedicated smoking areas are allowed. Act No. 377/2004 Coll. LL. On Protection of Non/Smokers
Exceptions				
Law applying to smoking in health facilities	Date of law : 9/11/1995 Date of coming into force : 05/1996	Date of law : Date of coming into force :	Date of law : 2002, 2004 Date of coming into force :31/12/04	Date of law : 2004 Date of coming into force :01/07/04
Enforcement				
ENSH members	No	ENSH member	ENSH member	No
National Network of Smoke Free Hospitals		Yes	Yes / Implemented in 2005	
Number of members		9 Hospitals	18 Hospitals	
ENSH Code		Carta da Rede Europeia dos SSST 1. Mobilizar os dirigentes, sensibilizar todo o pessoal e informar os utentes e visitantes. 2. Constituir uma comissão de prevenção do tabagismo. Definir uma estratégia e coordenar as acções. 3. Elaborar um plano de formação para preparar o pessoal na abordagem aos fumadores. 4. Implementar acções de apoio aos fumadores que queiram deixar de fumar. 5. Estabelecer locais para fumar, que devem ser afastados dos locais de recepção e de tratamento. 6. Adotar um sistema de sinalização apropriado sobre a proibição de fumar através de painéis, cartazes, avisos, etc e remover todos os incentivos a fumar, cinzeiros, venda e publicidade ao tabaco. 7. Colocar suportes com sistemas de protecção e promoção da saúde de todos os que trabalham na Unidade. 8. Promover acções de cessação tabágica para os profissionais em causa. 9. Renovar periodicamente os materiais utilizados nas campanhas de sensibilização e informação. Assegurar o acompanhamento e controlo de qualidade das acções.	Codul European pentru Spitale fara Fumat 1. Angajarea factorilor de decizie. Informarea intregului personal si a pacientilor. 2. Numirea unui grup de actiune. 3. Propunerea unei strategii si a unui plan de implementare. 3. Stabilitarea unui plan de pregatire privind instruirea intregului colectiv asupra modalitatilor eficiente de abordare a fumatorilor. 4. Organizarea de facilitati in procesul de renuntare la fumat atat pentru pacient cat si pentru personalul din spital cu asigurarea continuitatii acestuia si in afara spitalului. 5. Indicarea clara a zonelor in care se poate fuma, cata vreme ele sunt considerate necesare; situarea la distanta de arealul clinic si de receptie a bolnavului. 6. Adoptarea de semne corespunzatoare, incluzand postere, indicatoare, si eliminarea tuturor tentatilor legate de fumat (scrumiere, dozatoare de tigari etc.) 7. Protejarea si promovarea sanatatii tuturor celor care lucreaza in spital. 8. Promovarea de actiuni fara fumat la nivelul comunitatii. 9. Innoirea permanenta a informatiilor pentru a mentine aderarea la politica. Asigurarea urmaririi si calitatii asistentel.	
Web site: http://ensh.aphp.fr				
General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence
Total adult prevalence	Total adult prevalence	Total adult prevalence	Total adult prevalence	Total adult prevalence
1994 - 1998	1994 - 1998 : 34	1994 - 1998 : 19,5	1994 - 1998 : 28,0	1994 - 1998 : 32
1999 - 2001	1999 - 2001 : 32,5	1999 - 2001 : 20,5	1999 - 2001 : 18,28	1999 - 2001 : -
2002 - 2005	2002 - 2005 : 32	2002 - 2005 : -	2002 - 2005 : 21,5	2002 - 2005 : 28
Male adult prevalence	Male adult prevalence	Male adult prevalence	Male adult prevalence	Male adult prevalence
1994 - 1998	1994 - 1998 : 44	1994 - 1998 : 32,7	1994 - 1998 : 42,7	1994 - 1998 : 41,1
1999 - 2001	1999 - 2001 : 42	1999 - 2001 : 32,8	1999 - 2001 : 48,0	1999 - 2001 : -
2002 - 2005	2002 - 2005 : 38	2002 - 2005 : -	2002 - 2005 : 33,4	2002 - 2005 : -
Female adult prevalence	Female adult prevalence	Female adult prevalence	Female adult prevalence	Female adult prevalence
1994 - 1998	1994 - 1998 : 24	1994 - 1998 : 7,6	1994 - 1998 : 15,5	1994 - 1998 : 14,7
1999 - 2001	1999 - 2001 : 23	1999 - 2001 : 9,5	1999 - 2001 : 25,0	1999 - 2001 : -
2002 - 2005	2002 - 2005 : 25,6	2002 - 2005 : -	2002 - 2005 : 22,6	2002 - 2005 : -
Health Staff Smoking prevalence	Health Staff Smoking prevalence	Health Staff Smoking prevalence	Health Staff Smoking prevalence : 43.2	Health Staff Smoking prevalence
1999-2001	1999-2001 : No data	1999-2001 : No data	1999-2001 : 44.3	1999-2001 : No data
2002-2005	2002-2005 : No data	2002-2005 : No data	2002-2005 : 30.8	2002-2005 : No data
Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation
Training of health professionals and medical students	YES	YES	YES	YES
Cessation clinics	YES	YES	NO	YES
Help lines	YES	YES	NO	NO
Price-incentive or reduced cost for treatment	YES	NO	NO	NO
Pharmacotherapies available for cessation	No data	Bupropion is only available on prescription	Bupropion is only available on prescription	Bupropion is only available on prescription
	No data	In pharmacies, without prescription	NO	In pharmacies, without prescription



	SLOVENIA	SPAIN*	SWEDEN	UNITED KINGDOM
Population	Population: 2 million	Population: 41,6 million	Population: 8,9 million	Population: 59,3 million
Live Birth	Live Birth: 8,6%	Live Birth: 10,0%	Live Birth: 10,3%	Live Birth: 11,3%
Death rate	Death rate: 9,4%	Death rate: 8,8%	Death rate: 10,5%	Death rate: 10,2%
Life Expectancy	Life Expectancy: 73 years for men and 81 years for women	Life Expectancy: 76 years for men and 83 years for women	Life Expectancy: 78 years for men and 82 years for women	Life Expectancy: 77 years for men and 81 years for women
GDP	GDP: 24 billion euros	GDP: 745 billion euros	GDP: 267 billion euros	GDP: 1,590 billion euros
GDP per capita	GDP per capita: 12,300 euros	GDP per capita: 18,000 euros	GDP per capita: 30,000 euros	GDP per capita: 26,800 euros
Total Health Care expenditure	Total Health Care expenditure: 8,2% of GDP	Total Health Care expenditure: 7,6% of GDP	Total Health Care expenditure: 9,2% of GDP	Total Health Care expenditure: 7,7% of GDP
NBR of hospitals	28 hsp including 24 acute care hsp	799 hsp including 359 public, 296 private non profit, 144 private for profit	80 hsp including 77 acute care hsp	481 hsp including 230 private institutions
Legislation on tobacco control for the hospital setting	Total smoking ban in health centres and medical facilities	Total smoking ban in health centres and medical facilities, including hospitals. (new smoking ban legislation that came in effect on January 2006, including a total ban of advertising of tobacco and total ban of consumption in workplaces and complete ban in all indoor premises.	Smoking ban in health care centres and hospitals, but designated smoking areas are allowed. (Swedish tobacco act 1993, amended 1994, 1997, 2002) The same law applies to the hospital as to the outpatient health facilities.	Smoking is restricted in health care facilities. At discretion of ministry or local authority. Due to become mandatory from 2006. Health and Safety at Work Act 1974, Health and Safety at Work Regulations 1999.
Exceptions		Not enforced in psychiatric hospitals/departments.	Not enforced in psychiatric hospitals/departments.	Not enforced in psychiatric hospitals/departments.
Law applying to smoking in health facilities	Date of law : 2/10/1996 Date of coming into force : 19/11/1996	Date of law : 27/12/05 Date of coming into force : 01/01/06	Date of law : 1993 Date of coming into force : 01/07/93	Date of law : 1974, 1999 Date of coming into force :
Enforcement		Lack of compliance because of the direction bodies of the health centres do not perform the required enforcement measures, specially in hospitals. Better compilation at Primary Health Care Centres. The situation is improving each year.	The enforcement is improving but still only moderate, especially in psychiatric hospitals/departments.	
ENSH members	ENSH member	ENSH member	ENSH member	ENSH member
National Network of Smoke Free Hospitals	Yes/ implemented in 2005	Yes - Implemented in 2000	Yes - Implemented in 2000	Yes
Number of members		94 Hospitals	30 Hospitals	14 Hospitals
ENSH Code	Evropska koda bolnišnic brez tobaka 1. Vključiti ljudi, ki oddajo. Obvestiti osebe in bolnike. 2. Določiti delovno skupino. Razviti strategijo in načrt uvedbe. 3. Vzpostaviti načrt navodil za zaposlene o tem, kako na pravi način pristopiti h kadilcem. 4. Organizirati podporo opuščenju kajenja za bolnike in zaposlene v organizaciji. Zagotoviti kontinuiteto podpore po odpustu. 5. Jasno označiti območja, kjer je dovoljeno kajenje, dokler so takšna območja potrebna, ta območja naj bodo ločena od recepcije in delovnih območij. 6. Pripraviti primerno označbo in odstraniti vse znake kajenja (npr. pepelnike, prodajo tobaka,...) 7. Podporni sistem, ki varuje in promovira zdravje vseh, ki delajo v bolnišnici. 8. Promocija dejavnosti proti tobaku v javnosti. 9. Obnavljati in razširjati informacijo z namenom vzdrževanja strategije. Zagotoviti spremljanje in nadzor kakovosti. 10. Najprej prepričaj, nato vztrajaj, razmisli o uporabi zakonodaje. Imej potrpljenje.	El Código Europeo de Hospitales Libres de Humo 1. Implicar a los responsables de la toma de decisiones y sensibilizar al personal. Informar a todo el personal y a los pacientes. 2. Crear un comité de prevención del tabaquismo. Definir una estrategia y coordinar las actuaciones. 3. Establecer un plan de formación para todo el personal y formarlos en el abordaje del paciente fumador. 4. Proporcionar medios para la deshabituación tabáquica de pacientes y personal, y garantizar el seguimiento y soporte de todos ellos. 5. Establecer un plan de delimitación de zonas de fumadores alejadas de las de las áreas clínicas y de recepción. 6. Adoptar una señalización apropiada que incorpore carteles, indicaciones y folletos, y suprimir cualquier elemento incitador del consumo de tabaco (ceniceros, venta de tabaco, etc.). 7. Proteger y promover la salud en el trabajo de todo el personal del hospital. 8. Fomentar iniciativas para que el hospital asuma su rol de promotor de la salud. 9. Actualizar y ampliar la información de acuerdo con las políticas que vayan estableciéndose. Garantizar la continuidad y definir instrumentos de evaluación: asegurar la calidad. 10. Primero convencer, después obligar aplicando la ley, si es necesario. Tener paciencia!	EUROPEISK KOD FÖR RÖKFRITT SJUKHUS 1. Engagera beslutsfattarna. Informera all personal och patienter. 2. Tillsätt en arbetsgrupp. Skapa en strategi och koordinera genomförandet. 3. Skapa en plan för utbildning av personalen i hur man bemöter rökare. 4. Skapa rökavvänjningsstöd för patienter och personal med uppföljnings möjligheter i öppen vård. 5. Bestäm var rökning kan vara tillåten, så att mottagningar och vårdavdelningar inte störs. 6. Skydda informativt och tydligt och ta bort askfat, tobaksförsäljning och annat som kan främja rökning. 7. Främja personalens hälsa på alla sätt. 8. Främja rökfria aktiviteter i lokalsamhället. 9. Förmå och bredda informationen för att hålla intresse och engagemang uppe. Tillförsäkra kontinuerlig uppföljning och utvärdering. 10. Övertygga först, tvinga bara om nödvändigt. Ha tålamod!	European Code of Smoke Free Hospitals 1. Engage decision-makers. Inform all personnel and patients. 2. Appoint a working group. Develop a strategy and an implementation plan. 3. Set up a training plan to instruct all staff on how best to approach smokers. 4. Organise cessation support facilities for patients and staff in the hospital and ensure continuity of support on discharge into the community. 5. Indicate smoking zones clearly, for as long as they are considered necessary, and keep them away from clinical and reception areas. 6. Adopt appropriate signage, including posters, signposts, etc and remove all incentives to smoke (such as ashtrays, tobacco sales, etc.). 7. Support systems are in place to protect and promote the health of all that work in the hospital. 8. Promote smoke-free actions in the community setting. 9. Renew and broaden information to maintain commitment to the policy. Ensure follow-up and quality assurance. 10. First convince, then constrain considering legislation if needed. Have patience!
Web site: http://ensh.aphp.fr		www.xchsf.com	www.natverket-hfs.se	
General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence	General Population Smoking Prevalence Source :Statistics Sweden	General Population Smoking Prevalence
Total adult prevalence 1994 - 1998	Total adult prevalence 1994 - 1998 : 26,4	Total adult prevalence 1994 - 1998 : 33,2	Total adult prevalence 1994 - 1998 : 21,4	Total adult prevalence 1994 - 1998 : 28
1999 - 2001	1999 - 2001 : 23,7	1999 - 2001 : 31,7	1999 - 2001 : 19	1999 - 2001 : 27
2002 - 2005	2002 - 2005 : 23	2002 - 2005 : 28,1	2002 - 2005 : 17	2002 - 2005 : 25
Male adult prevalence 1994 - 1998	Male adult prevalence 1994 - 1998 : 33,2	Male adult prevalence 1994 - 1998 : 42,1	Male adult prevalence 1994 - 1998 : 19,8	Male adult prevalence 1994 - 1998 : 29
1999 - 2001	1999 - 2001 : 28	1999 - 2001 : 39,2	1999 - 2001 : 18	1999 - 2001 : 29
2002 - 2005	2002 - 2005 : 24	2002 - 2005 : 34,2	2002 - 2005 : 16	2002 - 2005 : 27
Female adult prevalence 1994 - 1998	Female adult prevalence 1994 - 1998 : 20,5	Female adult prevalence 1994 - 1998 : 24,8	Female adult prevalence 1994 - 1998 : 22,8	Female adult prevalence 1994 - 1998 : 28
1999 - 2001	1999 - 2001 : 20,1	1999 - 2001 : 24,6	1999 - 2001 : 20	1999 - 2001 : 25
2002 - 2005	2002 - 2005 : 22	2002 - 2005 : 22,4	2002 - 2005 : 18	2002 - 2005 : 24
Health Staff Smoking prevalence 1999-2001	Health Staff Smoking prevalence 1999-2001 :	Health Staff Smoking prevalence 1999-2001 : 37,8	Health Staff Smoking prevalence 2001 - Doctors : 6% - Nurses : 11%	Health Staff Smoking prevalence 1999-2001 : No data
2002-2005	2005 : 24,6% - Source: Slovene Institut of Public Health	2002-2005 : 35,2	2002-2005 : No data	2002-2005 : No data
Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation	Intervention to support smoking cessation
Training of health professionals and medical students	YES	YES	YES	YES
Cessation clinics	YES	YES	YES	YES
Help lines	NO	A new quit line available provided by pharmaceutical companies	YES	YES
Price-incentive or reduced cost for treatment	NO	In some autonomous communities and for some role models collectives	NO	YES
Pharmacotherapies available for cessation	Through prescription only	Bupropion is only available on prescription	Bupropion is only available on prescription	Bupropion is only available on prescription
	In pharmacies, without prescription	In pharmacies, without prescription	In pharmacies, without prescription	In pharmacies, without prescription

* The sources are: - Departament de Salut de la Generalitat de Catalunya. Enquesta sobre hàbits i actituds respecte al tabaquisme en els professionals Sanitaris 2002. In line: <http://www.gencat.net/salut/depsan/units/sanitat/pdf/dadesfum.pdf> - Prevalencia del consumo en profesionales sanitarios del Insalud. 1998. INSALUD - LEY 28/2005, de 26 de diciembre, de medidas sanitarias frente al tabaquismo y reguladora de la venta, el suministro, el consumo y la publicidad de los productos del tabaco. BOE núm. 309 de 27 de diciembre