

Ministry of Health and Social Affairs 1

The Faroese Government

Ministry of Health and Social Affairs
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The Faroese Public Health Plan

- a part of Vision 2015

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Forword

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” WHO

This document marks the beginning of the Faroese Government’s work to establish a Public Health Plan. The Government hopes that the Public Health Plan will call attention to the importance of good health as well as suggest ways to improve public health. It is also intended that this plan be the basis of future public health policy in the Faroe Islands.

The Government holds the belief that norms of health promotion must permeate all aspects of society. According to the World Health Organisation, health is not merely the absence of disease or infirmity, but also a state of complete physical, mental and social well being.

Thus, the Faroese Government has taken steps to formulate a Public Health Policy whose purpose is to improve the general health of the Faroese public, promote healthy life styles, and advance health promotion initiatives to prevent the causes of disease and reduce health risks in society overall.

An effective public health plan has to encompass health promotion as well as disease prevention initiatives. The Public Health Plan is part of the Faroese Government’s Vision 2015, however, special focus is placed on the period from 2006-2009.

In connection with the creation of a public health policy, it is necessary to ascertain the Faroese population’s current health status as well as trends in that status. This knowledge will be used as a basis for making political decisions regarding health and is at the same time the prerequisite for identifying initiatives that will benefit public health.

With this Public Health Policy Plan it is my hope that we all can walk together on the path towards better public health in the Faroe Islands.

Hans Pauli Strøm
Minister for Health and Social Affairs

Summary

In 2004, the Faroese Minister for Health and Social Affairs appointed a working group with the purpose of analysing and making recommendations concerning an overall public health policy, encompassing health promotion and disease prevention initiatives.

The purpose of the public health policy is to begin a focused and strategic approach to improving the health status of the Faroese people including improvements in the quality of life and increasing life spans.

So-called lifestyle diseases are caused mainly by the way people live and are the most prevalent type of disease. These types of diseases are a growing world health problem. Not all of these diseases are immediately life threatening, but they have serious effects on the individual and on society as a whole.

The effect of lifestyle disease on the individual can be both social and financial. Such disease can seriously reduce the quality of life, lessen the ability to work and decrease life span.

For society, the main effects of lifestyle diseases are increased social and health care sector expenses. This can be seen in an increase in the number of people taken ill and who then require treatment. Also, there are an increasing number of people who have to stop working due to illness and are unable to support themselves; instead they have to rely on public money. Initiatives to improve public health are therefore also important for the progress of society.

The lifestyle diseases, which will be further discussed in this material, are: type 2 diabetes, cancer, cardiovascular disease, osteoporosis, musculoskeletal disorders, hypersensitivity disorders, mental health disorders and chronic obstructive pulmonary disease.

The dangers connected to lifestyle diseases are many, and knowledge about these diseases and their dangers is on the increase. Effective health promotion and disease prevention requires that the Faroese people learn about and follow current developments in this area.

Work in this area has once more revealed a lack of statistical material, which makes it difficult to compare the Faroese health situation with the situation in other countries. This also makes it difficult to determine a clear baseline for setting long-term public health goals. This is the reason why obtaining knowledge about the Faroese public health situation has been given a high priority. The other priority is recommending tangible health promotion and disease prevention initiatives for different target groups, which range from infants to the elderly. These various target groups have quite different needs and situations.

The Faroese government acknowledges that it is impossible to achieve all the public health goals at the same time. Accordingly, the government has decided to focus on these areas in the coming years: getting people - to eat healthier food like fruit and vegetables, to exercise more, to smoke less and to reduce the use of alcohol and abusive drugs.

It is also the task of the government to get other parts of the society like the municipal authorities and other organisations involved in the general public health plan in order to provide the proper framework

for an effective public health policy. This will require added financial and human resources to obtain information and to implement tangible preventative measures. An effective framework is a necessary prerequisite to the Government's public health plan.

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Introduction

In neighbouring countries, more and more people are developing diseases because of their lifestyle – and apparently the tendency is the same in the Faroe Islands.

Lifestyle diseases have serious consequences for the individual as well as for society as a whole. This situation has been documented and researched in many countries to which we usually compare ourselves. As a result, governments in those countries have, for a number of years, formulated public health plans that address overall health matters as well as individual risks and lifestyle diseases.

We do not have precise, organized knowledge about the general public health situation of the Faroese people. As a consequence, we often use statistics from other countries when working with public health issues because we believe that the circumstances in the Faroe Islands are similar to the circumstances in the other Nordic countries. The Government feels that reliance on outside statistics is inadequate. It is preferable to change this situation so that we obtain and use domestic statistics.

The Government is of the opinion that current public health policy has not had clear enough targets. Various public authorities, institutions and councils as well as other organisations have undertaken their own public health initiatives without any coordination, as the Government has not had any overall public health policy with the aim of improving the general health of the Faroese people. The government is convinced that because risks and lifestyle diseases are so closely connected, it is necessary to look at the health situation in general and hence to create targeted, effective and coordinated initiatives.

In order to realize the plans of the Faroese Government, the Minister for Health and Social Affairs appointed a working group in 2004 with the task of analysing and making recommendations for an overall public health policy. The working group included the Minister, specialists in the primary and secondary health sector, and civil servants in the Ministry of Health and Social Affairs.

The members of the working group were:

- Hans Pauli Strøm, Minister for Health and Social Affairs
- Andor Ellefsen, Chairman of the General Practitioners Union
- Bjarta Vilhelm, Nursing Specialist
- Pál Weihe, Chief Physician, Department of Occupational and Public Health
- Høgni Debes Joensen, Chief Medical Officer
- Heðin Thomsen, Chairman of the Health Promotion Advisory Committee 1
- Aibritt á Plógv, Permanent Secretary at the Ministry of Health and Social Affairs
- Katrin Gaard, Special Adviser to the Ministry of Health and Social Affairs

Using the conclusions of the working group as a basis, the Chief Medical Officer and the newly elected Health Promotion Advisory Committee made a proposal for a public health plan with explicit recommendations and submitted it to the Ministry of Health and Social Affairs. The Ministry for Health and Social Affairs has since reviewed this proposal and, together with material from public health plans from other Nordic countries, used it as a basis for formulating this Public Health Plan.

1 A new Health Promotion Advisory Committee was appointed in January 2005.

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The Public Health Plan includes specific targets for improving health; long-range targets have also been set. The Public Health Plan identifies the most common risk factors and lifestyle diseases. In addition, emphasis is placed on acquiring the necessary statistics and establishing monitoring systems with the purpose of monitoring the health situation, disease and mortality rates. This is a prerequisite for being able to evaluate policy and to change its course if necessary.

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1. Public Health Risks

Risk factors

Risk factors are an individual's circumstances, lifestyle or environmental factors that negatively influence a given individual's health. It is scientifically documented that different risk factors increase the chance of an individual developing lifestyle diseases. It is also documented that the risk of developing lifestyle diseases decreases if the individual, for instance, increases physical exercise, does not smoke/use tobacco, eats low-fat foods and increases the intake of fruits and vegetables. Tobacco use is the greatest risk factor linked to all lifestyle diseases. After this, nutrition and exercise play large roles in public health.

Knowledge of risk factors is the basis for focused prevention. Knowledge in this area continues to increase. It is very important that we access the most current knowledge so that health promotion and disease prevention initiatives can be adjusted accordingly.

Targeted efforts, which focus on risk factors, will hopefully have the effect of improving the quality of life and reducing the number of premature deaths.

The risk factors defined in the public health plan are those associated with preventable lifestyle diseases and premature death.

The risk factors are:

- Tobacco use
- Physical inactivity
- Unhealthy diet
- Obesity
- Alcohol and substance abuse
- Poor working environment
- Environmental exposures
- Accidents and injuries

Lifestyle Diseases

So-called lifestyle diseases are caused mainly by the way people live and are the most prevalent type of disease. Not all of these diseases are immediately life threatening, but their effects can severely impact the quality of life, lessen the ability to work and decrease life span. One thing lifestyle diseases have in common is that they are preventable if people change their habits.

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The lifestyle diseases are:

- Type 2 Diabetes
- Cancer
- Cardiovascular Diseases
- Osteoporosis
- Musculoskeletal Disorders
- Hypersensitivity Disorders
- Mental Disorders
- Chronic Obstructive Pulmonary Disease

Facts about risk factors and lifestyle diseases

- Tobacco use
- Physical inactivity
- Unhealthy diet
- Obesity
- Alcohol and substance abuse
- Poor working environment
- Environmental hazards
- Accidents and injuries

Tobacco use is the single greatest risk factor threatening public health. Tobacco use causes several different diseases and many of these are life threatening *i.e.* different types of cancer, chronic obstructive pulmonary disease and cardiovascular diseases.

Physical inactivity has many detrimental effects and increases the risk of, for instance, cardiovascular diseases, certain types of cancer, type 2 diabetes and obesity. The back and limbs become less flexible. In the new Nordic Nutritional Recommendations, physical activity is, for the first time, given the same importance as

nutrition in general disease prevention.

An unhealthy diet increases the risk of obesity and type 2 diabetes, which can lead to cardiovascular disease (especially myocardial infarction and stroke). The diet also has an influence on growth, so it is very important that the body is given the proper nutrients – especially at a young age when growth is occurring.

Alcohol and substance abuse are the cause of great human tragedies due to disease, death and a destroyed working life, which affects the entire household. Heavy consumption of alcohol can cause cirrhosis of the liver, pancreatitis, and various types of cancer in addition to social problems. Large numbers of fatal accidents are alcohol related.

Environmental exposures are connected to several lifestyle diseases, for instance cancer. In addition to pollution, in the broadest sense, these factors include noise, the indoor environment or chemical substances in various products or foods. The working environment influences the risk of developing problems in the musculoskeletal system (*i.e.* back problems, arthritis), hypersensitivity disorders and cardiovascular diseases.

Driving culture influences the number of fatal accidents. Motor vehicles were involved in more than a third of fatal accidents in the last 25 years. Often it is the younger people who are injured or killed in traffic accidents. Other accidents or injuries can be linked to the workplace, for instance onboard ships, or linked to leisure activities and private home life.

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The connection between risk factors and lifestyle diseases

Figure 1 shows the connection between risk factors and lifestyle diseases. The figure shows which risk factors are linked to the various lifestyle diseases. As risk factors and lifestyle diseases are so closely connected, it is possible to decrease both the number of people who develop one or more of the diseases and the impacts of the diseases by working to decrease the risk factors. So to improve the health of the public, it is important that health promotion and disease prevention initiatives target risk factors (Figure 1).

Figure 1: The connection between risk factors and lifestyle diseases

Risk factors	Lifestyle diseases
Tobacco use	Type 2 diabetes
Alcohol and substance abuse	Cancer
Unhealthy diet	Cardiovascular diseases
Physical inactivity	Osteoporosis
Obesity	Musculoskeletal Disorders
Accidents	Hypersensitivity Disorders
Poor working environment	Mental Disorders

Description of Lifestyle Diseases

Type 2 diabetes

Approximately 1,200 people in the Faroe Islands have been diagnosed with type 2 diabetes. According to estimates, about the same number of people have the disease and are not aware of it. The number of cases will probably increase in the coming years as more people and younger people develop the disease (Andreassen *et al.*, 2003).

This type of diabetes is closely linked to lifestyle (Dansk Selskab for Intern Medicin *et al.*, 2000). The most important risk factors are physical inactivity, an unhealthy diet and obesity. The disease can be partly inherited and certain types of medications can increase the risk of developing the disease.

Type 2 diabetics are at risk of complications and developing other diseases *i.e.* arteriosclerosis, amputation, cerebral haemorrhage, myocardial infarction, blindness, damage to the kidney and nerves, disability and death. Tobacco use greatly increases the risk of complications.

In addition to the pain and suffering that complications from these diseases inflict on the patients, the diseases also burden the health and social sector with large expenses in the form of treatment and care in connection with blindness, kidney failure, amputations and work inability.

Health policy target

- Reduce the number of people developing type 2 diabetes. Associated complications should be prevented.

Prevention

As type 2 diabetes is mainly caused by lifestyle, it is important that emphasis is put on preventing the risk factors that cause the disease (Dansk selskab for almen medicin, 2004). A healthy lifestyle is the most effective way of preventing people from developing the disease and the associated complications. In this regard, the main emphasis should be put on increasing physical activity and eating a healthy diet. In addition to this, it is important to increase the public knowledge and awareness of the seriousness of the disease.

The available treatment for type 2 diabetics in the Faroe Islands has improved markedly in recent years. In 2005, diabetes clinics were established at the three hospitals in the Faroe Islands. This is a great improvement, which has enabled type 2 diabetics to get treatment, advice, diet instruction and necessary medical tests nearer to home.

Cancer

On average, 180 people in the Faroe Islands are diagnosed with cancer every year, and about 90 people die every year from the disease. (Sjúklingaskráin, 2005 & Sundhedsstyrelsen, 2001). Cancer is the most common cause of death in people under the age of 65.

It is estimated that about 20-30% of cancer in both males and females is preventable. The types of cancer that are most preventable are cancer in the respiratory system (pharynx, lungs and mesothelium), the gastrointestinal system (mouth, throat, oesophagus, stomach and the large intestine), skin cancer (melanoma), genitourinary cancer (kidneys and bladder) and cervical cancer.

According to estimates, tobacco use, obesity, infections and ultra violet radiation are the causes of approximately 35% of all cancer cases. Tobacco use is the cause of 25% of all types of cancer in males and 15% in females, and smoking is the cause of 85% of all cases of lung cancer.

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Health policy targets

- To decrease the number of new cases of preventable cancer by reducing the risk factors that cause the disease.

Prevention

Several studies show that the best preventative results are achieved when both general and detailed initiatives are coordinated, for instance, general health promotion initiatives (setting a legal minimum age for people to buy tobacco and alcohol, pricing policy and marketing restrictions) and more detailed initiatives (stop smoking programs, physical exercise programs and health advice) (Sundhedsstyrelsen, 2000).

Effective screening is available for certain types of cancer. Early diagnosis allows early intervention and treatment, thus decreasing mortality rates. These cancer types are cervical cancer, breast cancer and intestinal cancer. For several years, Faroese women in the 23-59 year age group have had access to cervical cancer screening. This screening has had a large impact on the number of diagnosed cases of cervical cancer and the mortality rate. For women in the 50-69 year age group, mammography screening has been shown effective in reducing mortality rates as far as breast cancer is concerned. Screening of males and females in the 50-74 year age group for cancer in the large intestine has had some effect on the mortality rate for this group of patients.

In the future it might be possible to offer screenings for lung cancer and prostate cancer.

In order to prevent people from developing cancer, the Faroese government is going to formulate a cancer strategy. The purpose of the cancer strategy will be to decrease the number of cancer cases and to increase survival rates to levels similar in countries to which we usually compare ourselves.

Cardiovascular Diseases

The term cardiovascular disease covers various diseases in the heart and blood vessels. The most common cause of cardiovascular diseases is arteriosclerosis (Færgeman et.al., 2000). Many different

factors increase the risk of arteriosclerosis, and lifestyle is linked to several of them, for instance, smoking/tobacco use, exercise habits and diet. Biological factors are also of importance, for instance, having relatives with the disease, elevated blood pressure, high levels of cholesterol in the blood etc. Mental symptoms such as stress can also be influential. There is also a connection between the risk of developing cardiovascular diseases and life circumstances, for instance, educational status, social conditions, working conditions and financial conditions.

There were, on average, approximately 1,100 hospital admissions for these diseases annually in the years 1999-2003, and this corresponds to about 11% of all admissions and to about 22% of the total bed-day use (NOMESCO, 2003). During the period 2000-2004, on average, about 400-500 people were admitted annually for the first time to hospital diagnosed with arteriosclerosis (Sjúklingaskráin, 2005). In addition to this, a large number of Faroese are at risk of developing some type of cardiovascular disease, thus, this disease affects a great number of people.

Expenses for cardiovascular disease medication are on the increase. In 2003, these expenses were about 25 million DKK and this corresponds to approximately 25% of total medication costs (NOMESCO, 2003).

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Health policy target

- To decrease the number of new cases of arteriosclerosis.

Prevention

As the risk of developing cardiovascular diseases is closely linked to lifestyle, the best way of preventing such diseases is through adopting a healthy lifestyle. This applies to both those who have not yet developed the disease and to those who have been diagnosed with the disease. For those who have not yet developed the disease, the risk of developing cardiovascular diseases can decrease significantly if lifestyle changes are made including not smoking, exercising more, eating more fruit and vegetables and having a healthier diet in general. Those who are at increased risk of developing cardiovascular diseases, such as persons who smoke, who are genetically predisposed to cardiovascular diseases, who have elevated levels of cholesterol in the blood, who have high blood pressure, or who are obese or have diabetes, can prevent cardiovascular disease by changing their lifestyle. Those who have already been diagnosed with the disease can reduce some of the problems and effects of the disease by adopting a healthier lifestyle.

Osteoporosis

The bone density in humans increases up until the age of 30. After this, the body is not able to replenish the bones at the same rate as bone is naturally broken down. The effect is that the bones become more brittle. Those who have developed osteoporosis are at a greater risk of suffering fractures in various bones of the body. Not all people develop this disease as they get older, but those with a low body mass index and females who enter menopause early are at increased risk of osteoporosis. The disease is also partly hereditary and some medications are linked to its development. Osteoporosis is mainly linked to lifestyle. The greatest risk factors are physical inactivity, an unhealthy diet and tobacco smoking (Sundhedsstyrelsen & Fødevarerdirektoratet, 2000).

Health policy target

- Reduce the number of people suffering from osteoporosis.

Prevention

Initiatives, which can prevent osteoporosis, are physical exercise, a healthy diet, limiting alcohol intake and refraining from smoking. For elderly people it is important to prevent accidents that result in bone fractures.

As osteoporosis is closely linked with lifestyle, it is important that people who are at risk of developing the disease be given necessary information about the impact a change of lifestyle can have for the prevention of this disease. For those who have already developed the disease, it is important that they be given proper treatment and that emphasis is placed on preventing a deterioration of their situation, including associated complications.

Musculoskeletal Disorders

Musculoskeletal disorders include diseases and ailments in muscles, joints and tendons. The diseases in this group are diverse and include tender and stiff muscles, aches in joints caused by among other things osteoarthritis and rheumatoid arthritis, whiplash, mouse elbow (Repetitive Stress Injury) and back ache. Most people with musculoskeletal disorders suffer from back pain.

Musculoskeletal disorders are quite common and affect people in all age groups. The causes of these disorders are diverse. In some cases it is possible to establish the cause of the disorder, while in other cases, this may not be possible because all the causes are not yet well understood. The unfortunate effect of this lack of knowledge is that musculoskeletal disorders can be difficult to prevent and treat.

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In Sweden and in Denmark, people with musculoskeletal disorders are in the patient group that has the greatest number of sick days from work, and this is also the most common reason for early retirement (Friis, *et al.*, 2001). According to the Department of Occupational and Public Health and the Faroese Chief Medical Officer, hip pain is probably the most common reason why people in the Faroe Islands are unable to work.

Health policy target

- Reduce the number of people who develop musculoskeletal disorders. Adequate treatment has to be offered, and this should limit the effects of the disorders and ensure that those who are of working age can continue to be fit for employment.

Prevention

In order to prevent the most common musculoskeletal disorders, it is necessary to deal with the physical inactivity of all age groups. Emphasis should be placed on initiatives that promote better exercise habits. In addition, in the work place, work could be organised in such a way to minimise the risk of developing musculoskeletal disorders. Those with musculoskeletal disorders should be offered the necessary treatment, follow up treatment and rehabilitation.

Hypersensitivity Disorders

The term hypersensitivity covers a number of diseases, which are characterized by the increased risk of those with the diseases to exhibit symptoms. So far the knowledge of the causes of different types of hypersensitivity is incomplete. It is however established that animal hair, house dust mites, pollen, mould and fungus, chemical substances, certain food products, air pollution and passive smoking can produce allergic reactions. Some disorders might also be hereditary (Teknologiráðdet, 2000).

Health policy target

- Reduce the number of people suffering from hypersensitivity disorders.

Prevention

As the types of hypersensitivity disorder are so diverse, treatment methods vary in accordance with the particular sensitivity in question. Those affected by the disorders can partly prevent symptoms by avoiding substances that trigger symptoms. Some people require the use of medication. In other cases it is not possible to establish the cause of the hypersensitivity, and in these cases it is difficult to find the proper treatment for the disorder.

Mental Disorders

There can be several different causes of mental disorders. These disorders can be connected to social and psychological factors or the disorders can be hereditary (Gormsen *et al.*, 2001). Patients with mental disorders use approximately 30% of all bed-days in Faroese hospitals (Sjúklingaskráin, 2005).

According to the ESPAD survey of 2003, which in general is a survey of among other things alcohol consumption and substance abuse among 15-year-old students in 35 European countries, some 15-year-old Faroese students have mental problems. A total of 35% of the respondents to the survey had thought about harming themselves, and 12% answered that they had tried to commit suicide (ESPAD, 2003). This is about the same rate as in the other 12 European countries where a similar survey was conducted. A total of 36% of the students had been victims of bullying.

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Health policy target

- Reduce the number of people struggling with mental disorders. In families, where the parents have mental disorders, suffer addictions or substance abuse, special initiatives must be created to help the children.

Prevention

Children and youths are an important target group for prevention initiatives, as the foundations of mental strength are laid down while growing up (Middelboe *et al.*, 2002). Children whose parents are drug addicts or have mental disorders are a particularly fragile group. Preventative measures include supporting the development of children and youths, including protecting them from inadequate parental care or abuse, from bullying, and from constant stress. Initiatives could also stimulate their self-esteem and prevent isolation.

Prevention work amongst adults can be done in the workplace by improving the mental environment at work, for instance, by preventing discrimination and bullying, by improving the work organisation and by preventing the causes of constant stress. The mental environment at work can also be important in connection with mental health in general. This applies to stress, but also to mental burnout. Swift and effective treatment can in some cases prevent certain mental conditions from deteriorating, and treatment can also decrease the number of sick days.

Chronic Obstructive Pulmonary Disease (COPD)

COPD has serious effects on the health of those who develop it (Juel & Døssing, 2003). Tobacco smoking is the cause of 85-90% of all cases of Chronic Obstructive Pulmonary Disease. The risk of developing the disease is linked to the number of pack years (one pack year is the equivalent of 20 cigarettes daily for a year). Approximately 15% of all smokers develop Chronic Obstructive Pulmonary Disease. In addition to smoking, the working environment can to some degree be linked to the disease.

Health policy target

- To prevent people from developing COPD; and to give patients suffering from the disease adequate treatment.

Prevention

As Chronic Obstructive Pulmonary Disease is so closely linked to tobacco smoking, the best way of preventing the disease is to prevent smoking (Lange *et al.*, 1998). Emphasis should be put on preventing children and youths from starting to smoke, as well as on enabling those who smoke to stop or at least decrease the amount of cigarettes smoked. It is also important that those who want to stop smoking get needed help from stop smoking programs.

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2. INDIVIDUAL AND COLLECTIVE RESPONSIBILITY

Three types

The lifestyle disease initiatives are divided into three main types:

- Individual action
- Disease prevention and health promotion
- Advice, support, and rehabilitation for those with present or past illness

Individual action is important in order to maintain and improve one's health, and in this case knowledge and the opportunity to act are vital. Actions can be carried out by the individual, family and friends in addition to public initiatives addressing disease prevention, patient advice etc.

In general, each individual is responsible for his or her life and so, together with family and friends, has to assume responsibility for personal health. Based on individual capacity, there is a lot a person can do to lead a healthy life. The Public Health Plan should encourage a healthy lifestyle, and it should encourage everyone to treat their health with greater respect.

This, however, does not mean that all responsibility is left to the individual. We also share a common responsibility for each other in the family, among friends, in the local community, in organisations, in the workplace, and where ever we gather. We should support and encourage each other by creating the proper environment for a healthy lifestyle with systematic programs and with agreement on health-promoting habits.

We also share a common responsibility for each other based on our social welfare system, which is a basic part of our society. This includes a special common responsibility for those who are too weak or too ill to assume responsibility for their own health, and for those in the special risk groups mentioned below.

The health and social sector has a special responsibility for those affected by chronic or long-term illness. It is often necessary for the patient to change his or her lifestyle. Assuming responsibility for one's health and individual actions can be decisive in the effort to preserve health in the best way possible. In addition to this, it is the task of the health and social sector to create the necessary framework and to provide encouragement so that the individual has the opportunity to live in the best possible way with his or her illness.

In order to ensure the proper course of action in connection with lifestyle diseases, progress has to be tracked in indicator programs and in long-term plans, and implemented initiatives must be continually analysed and assessed, for instance, in annual progress reports.

Mynd: Kalmar

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Long-term Planning and Monitoring

Lifestyle diseases must be reduced through long-term planning. One of the most important actions in this respect is to gather information about the extent of the most common lifestyle diseases in order to ensure continuous and permanent monitoring and documentation of progress. This documentation is critical to the work.

This work has to be monitored continuously and adjusted according to any new knowledge obtained through monitoring and documentation of health behaviour and diseases.

A focused long-term plan is to be the basis of the creation of concrete strategies in specific areas in addition to being used in connection with obtaining necessary documentation. In this respect, it is necessary to continually gather new information on disease causes, on useful prevention methods etc.

Target groups

The focus of the prevention work should be the health problems of different target groups in connection with the possibility of implementing health promotion and disease prevention initiatives.

For this reason people can be divided into different target groups such as children, youth, men, women, the elderly and the chronically ill.

Strenuous work – sedentary work

The level of physical activity in the work place can also differentiate the target groups. Some types of work involve strenuous physical activity: fishermen on small boats, deck hands on large ships, and men and women doing manual labour. However, as a result of automation and mechanisation, there are fewer jobs involving strenuous physical exercise. A large proportion of jobs available today require that people work in an office sitting in front of computers.

If we differentiate people who are naturally physically active in their job from those who are not, it is quite clear that we cannot give the two groups the same advice. The carpenter or the cleaning lady, who come home from work exhausted, do not have the same need for health advice regarding physical activity as the office worker. And it is not possible to give the same advice to all people on a fishing vessel. The skipper might spend most of his time sitting on the bridge and thus need more physical activity, while the men on the deck are constantly physically active. So when health advice is given, it needs to be adapted to the relevant target group.

Different life stages

The different stages of life are characterized by unique health challenges and social circumstances. In some life stages, we are closely tied to social systems, for instance, childcare institutions, schools, or work places. In other stages, the link might be looser, for instance, in healthy adults. Prevention work has to be based on the health problems of the various target group and their life stages.

There are certain groups and individuals who are especially at risk in all target groups. These include children at risk, adults with substance abuse problems, or chronically ill people. Pregnant women, the chronically ill, and adults in risk groups are often in contact with health and social services. Emphasis should be placed on using this contact point for prevention work.

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Children

For the welfare of children it is extremely important that the family has good circumstances. In addition, children are in close contact with day-care institutions and schools, so these institutions are important for prevention work, for instance, against bullying, loneliness, and other peer problems. It is also important to improve safe transport to day-care and school and to improve the cleanliness of these institutions in order to minimize the risk of contagious disease. The school and day-care institutions should also provide a healthy setting for the child, for instance, in terms of nutrition and exercise.

Children at risk are in need of special help, and they and their parents should be offered help as soon as possible. This should be done in cooperation among the parents, the school, the children's social services and other workers in the health and social services.

Youth

In addition to the family, youth are in close contact with educational institutions and youth and leisure organisations, like sports clubs. This contact should be used as much as possible in prevention work.

Youth are healthy in general, but signs are appearing of serious health problems. The risks are for the most part linked to the dangerous driving culture, tobacco smoking and alcohol abuse. There are also risks in connection with the lifestyle of youth, for instance, worsening dietary habits and growing physical inactivity.

In addition, there are social problems where stress is a more and more common excuse for youth skipping school in the western world. At the same time, surveys show that there are several 15-year olds in the Faroe Islands who are unhappy with their situation. This could be an indicator that stress in general is growing and probably has the greatest effect on youth.

Thus, there is a great need for focused prevention initiatives that include youth themselves, their parents, schools, and sport associations. The community should work to create an environment that supports good health behaviours in youth.

Adults

There is a distinct difference between healthy adult men and women. Healthy men are seldom in contact with the health and social services, but they are often in contact with peers in leisure and social contexts. They are also, of course, in daily contact with the workplace. Thus, it is easiest to target prevention work for men in these settings. Healthy women, however, come in contact with the health and social services, for instance in connection with childbirth, child examinations and for certain special health screenings.

It is important that pregnant women are given pregnancy counselling until they give birth, including information about breast feeding and infant care, as well as the importance that a healthy lifestyle has for the development and health of the foetus and child. The information should be based on health promotion initiatives of general practitioners, midwives and nurses.

As far as middle-aged women and men are concerned, it is important that they are offered preventative health screenings (more on this later).

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The elderly

The target group of the elderly includes the healthy elderly, who enjoy a high quality of life without restrictions in their daily life, and the elderly with problems like disability, disease, loneliness and poor quality of life.

It is important for the elderly to be aware of the importance of good health so that they do not stop being physically active in retirement and continue to want to lead a diverse life. It is important that they continue to have a sense of purpose in life even in old age. Emphasis must be placed on preventing them from becoming isolated and promoting their participation in various social activities.

Being active is of great importance for their health. In general, the elderly can benefit greatly from regular physical exercise, so they should be given the opportunity to exercise.

It is not enough to rely on relatives alone for support. Organized prevention initiatives are necessary and should be offered in collaboration with organisations for the elderly, home care, general practitioners and other health professionals.

85-year old Brynhild Andreassen from Eiði takes a walk every day.

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3. Health Promotion and Disease Prevention Initiatives

Prioritizing public health initiatives

The Faroese Government has decided to divide this Public Health Plan into two parts:

- Determining public health status and gathering statistics
- Specific health promotion and disease prevention initiatives

The government recognizes that part of the public health policy is obtaining knowledge about the current health status of the Faroese public - and to continually monitor developments in this area. Knowledge is currently insufficient, as there is no general, organized collection of the public health statistics. The government feels that this knowledge is a prerequisite to the formulation of a more specific health policy, and so the procurement of information has been given a high priority.

There are a number of different risk factors and lifestyle diseases, and specific health promotion and disease prevention initiatives, which address these many risk factors and lifestyle diseases, are diverse and wide ranging. The government acknowledges that it is impossible to try to deal with all the problems in this, the first public health plan, so it is necessary to prioritise health initiatives. In accordance with this, the public health plan only addresses a portion of the risk factors and lifestyle diseases. This beginning stage will include the implementation of initiatives in an attempt to decrease risky behaviours and lifestyle choices that result in disease.

The government has decided that the first public health plan should address the implementation of initiatives in these areas:

- Health Screenings
- Physical inactivity
- Tobacco use
- Unhealthy diet
- Alcohol and substance abuse

Health screenings serve a dual purpose. They should prevent people from developing diseases because of the way they live. They should also help to diagnose diseases at an early stage, so they

can be treated as soon as possible. This should have the effect of reducing the number of deaths from lifestyle diseases.

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The risk factors of physical inactivity, tobacco use and an unhealthy diet have been chosen because they are the cause of most of the lifestyle diseases (see Figure 1). By implementing initiatives in these areas, the government hopes to reduce the number of lifestyle diseases. Alcohol abuse has negative medical and social effects, and by reducing its abuse, the government hopes to reduce the number of problems caused by the abuse. It is difficult to estimate the level of substance abuse in the Faroe Islands, as it goes on behind closed doors. There are, however, indications that several types of drugs are available in the Faroe Islands. The government feels that initiatives must be implemented before substance abuse becomes more common among Faroese youth.

Future public health plans will address other risk factors and other lifestyle diseases. The working environment at sea and on land, work-related accidents, accidents at home and accidents related to leisure activities are some of these. Future public health plans will also address lifestyle diseases such as various types of cancer, asthma and hypersensitivity disorders, and environmental exposures. Motor vehicle accidents cause the injury or death of many people, especially the young. So this will also be an important area of future public health plans.

There are a lot of initiatives, mostly spearheaded by the Council for Traffic Safety, that aim to prevent motor vehicle accidents. Based on the work done by the Council for Traffic Safety, the government proposes rewriting the opening article of the traffic law so that it stipulates that the law's purpose is to ensure that no one dies or is seriously injured in a traffic accident. This is also called "Vision Zero".

Public Health Status and Statistics

A prerequisite for increasing knowledge about developments in public health is obtaining good, reliable statistics. The Faroe Islands does not systematically gather statistics for this purpose, and, thus, this has the negative effect of lack of knowledge about the public health situation in general. In order to procure these statistics, it is necessary to gather and organize the data that is currently available in the health system and, in addition, to conduct necessary overall surveys of health and lifestyle patterns.

The data must be organized in such a way that it is possible to follow progress in the public health situation here and to compare our progress to that in other countries when such a comparison proves useful.

A statistical basis can be established by conducting the same research in the Faroe Islands, as, for instance, the Danish National Institute of Public Health has conducted for several years, *i.e.* an interview survey that includes different geographical areas and age groups.

Knowledge about the public health status in the Faroe Islands will be used as the basis for future political health decisions, and it is also a prerequisite for setting targets for public health initiatives.

Initiatives to be implemented

Research into lifestyle, health status and disease occurrence in 3,000 randomly selected people in the Faroe Islands will start in 2006. The study will examine personal habits that influence health as well as the environment at home and in the work place. Focus will be placed on tobacco smoking, alcohol consumption, physical activity and diet. This study will be conducted every three years. In this way, it should be possible to establish whether the situation changes and, if so, how.

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Preventative Screening

Physical inactivity, obesity, smoking and stress are threats to public health. Over the years, these can lead to elevated blood pressure, arteriosclerosis and diabetes type 2. These lifestyle choices can be interrelated and lead to a vicious circle that reduces the quality of life and shortens the expected life span. Arteriosclerosis places one of the largest burdens on the health sector today.

It is possible to combat one or more of the risk factors early or late in life, thereby decreasing the risk of developing one of the aforementioned lifestyle diseases. Not all people are aware of this. This lack of awareness is not due to lack of knowledge, but rather is due to the fact that it has never entered people's consciousness that their lifestyle might cost them their health in the end. The purpose of preventative screening is to create an opportunity for people to decide to change their lifestyle and/or start treatment at an early stage in order to prevent serious disease.

The health sector has already come to the point where cell changes in the cervix are found at such an early stage that cancer does not develop. All women in certain age groups are offered screening. The system, which was implemented some 10 years ago, has worked well and is a good example of a screening examination.

Blood pressure screening

Picture: J.K. Vang, Sosialurin

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Health screening is based on these conditions:

1. Participation is voluntary.
2. The participant will receive all screening results, and the results will not be passed on to any third party, not even to other parts of the health sector.
3. The information will be stored by the health sector for statistical analyses of public health status in the Faroe Islands and in order to track the situation of an individual who might participate in other screenings over the years.

The government intends to have a well-established system of health screenings available to all middle-age people by the year 2015.

Screenings should, if possible, be available near where people live. A screening will include, among other things, measurements of height, weight, blood pressure, blood sugar level and cholesterol level, *i.e.* LDL (low-density lipoprotein -which should be low), and HDL (high-density lipoprotein - which

should be high). Based on these measurements, a disease risk-assessment can be made, and detailed recommendations can be made regarding individual lifestyle changes that can lessen the risk of disease. If medical treatment is recommended, the individual will be advised to go to a general practitioner. This might be the case, for example, if the individual has high blood pressure or a high level of fat in the blood.

A system like this can also be used as the basis of a Faroese public health status evaluation as well as for assessing any progress in the situation.

Nutrition

Current situation

Eating habits have great importance for the public's health. A healthy diet is important for promoting and maintaining good health and for preventing diet-linked diseases like cardiovascular diseases, diabetes type 2, osteoporosis and certain types of cancer. In addition to this, diet and obesity are closely linked.

What is a healthy diet? We can read about what we should eat or avoid eating almost every day, and often these recommendations contradict each other. This can be confusing, and we do not know which dietary advice to follow or which products to buy if we want to buy good, healthy food that promotes health and prevents disease.

According to the most recent dietary advice from 2004, the following is recommended (Nordic Council of Ministers, 2005):

- Eat fruit and vegetables – 6 pieces a day.
- Eat fish – several times a week.
- Eat potatoes, rice or pasta, and brown bread – every day.
- Minimize sugar intake – especially from soft drinks, sweets and cakes.
- Eat less fat – especially from dairy products and meat.
- Eat a varied diet – and maintain a healthy weight
- Drink water if you are thirsty.
- Exercise at least 30 minutes every day. ²

² When the Nordic dietary recommendations were revised in 2004, exercise was included for the first time on an equal footing with other recommendations.

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Image 2: The nutrition pie chart

The Nordic countries have cooperated in making scientifically based dietary recommendations since 1980. The dietary recommendations are called De Nordiske Næringsstofs anbefalinger (abbr. NNA), and they give us information about how we can combine the proper foods in our diet. These dietary recommendations are in relation to the physiological needs of the body and in relation to health

promotion, so that we can decrease the risk of developing diet-linked chronic diseases. The recommendations are targeted at healthy people. So, for those living with a disease or those with special dietary needs, we should bear in mind that their diet must be adapted to their circumstances (Astrup *et al.*, 2005).

Faroese dietary habits

We do not have recent, overall statistics regarding the general diet of the Faroese people. As a consequence, we do not have necessary knowledge of dietary habits or knowledge of the possible effects of diet. This is not satisfactory. A survey of dietary habits in the Faroe Islands will be conducted in 2006. The survey will be repeated, so it will be possible to develop knowledge of dietary habits and to follow their progress.

This is the desired balance in the diet according to the dietary recommendations (Lange, P., 1999).

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Two surveys have been conducted which show the average daily diet composition of the Faroese people. The first survey, from 1981-1982, tried to document the general dietary habits of the Faroese people (Vestergaard & Zachariassen, 1987). The latter survey, from 2000-2001, documents the dietary habits of pregnant women. A comparison of the two surveys shows that the average daily diet composition has changed markedly during this period (Weihe *et al.*, 2003). Bearing in mind that the target groups of the two surveys are different, it is still worth noting that the average daily consumption of meat has risen, while the average daily consumption of fish has decreased. The figure below shows the composition of the average daily diet (see figure 3).

Figure 3: Diet composition
1980-1981 (adults) 2000-2001 (pregnant women)

Dairy products	390 g	517 g
Meat	68 g	155 g
Fish	72 g	38 g
Fats	40 g	31 g
Potatoes	192 g	132 g
Grains	215 g	323 g
Vegetables	32 g	140 g
Whale meat	12 g	1.4 g
Whale blubber	7 g	0.6 g

In connection with another project, the Health Promotion Advisory Committee conducted a survey in 2004 looking at the eating, drinking, and physical activity habits of school children in the municipality of Tórshavn (Fyribyrgingarráðið *et al.*, 2005). In connection with this survey, the Health Promotion Advisory Committee installed water coolers in the schools in the municipality. The results of the survey show that the water coolers had the intended effect on the drinking habits of the pupils, as the pupils increased their intake of water and decreased their intake of sugary drinks. The survey shows that convenient access to cool water can decrease the consumption of soft drinks.

The Health Promotion Advisory Committee's survey also showed that the older pupils ate more unhealthy food than the younger pupils. A greater number of the older pupils never ate breakfast; they

ate less fruit and vegetables, and drank more sugary drinks. It appears that when the pupils become teenagers and, to a greater extent, are left to decide for themselves what they want to do and eat, the dietary habits worsen.

As diet and public health are closely linked, the government decided to implement a system in order to improve the eating and drinking habits of children. The government hopes that this initiative will encourage healthier dietary habits and that the children and youths will continue these healthy eating habits when they grow up. Government funding is being used towards installing water coolers in schools and offering pupils fruit and vegetables when they are at school.

This governmental health policy initiative has proved successful. Grants of 4 million DKK (2005) and 2.5 million DKK (2006) funded the initiative. The system is set up so that municipal authorities can apply for support on behalf of

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the schools in the municipality. In 2005, 82% of the municipal authorities representing a total of 88% of the schools applied for support. In 2006, 50% of the municipal authorities applied for support for 58% of the schools. As a consequence, 94% of the pupils benefited from this health promotion initiative in 2005 and 71% in 2006.

Obesity

Unhealthy food, over consumption, and physical inactivity are the main reasons for obesity. In neighbouring countries, more and more people are overweight. The World Health Organisation has estimated that current developments will lead to an estimated 60-70% of Europeans being overweight in 2030 (Indenrigs- og Sundhedsministeriet *et al.*, 2005). Obesity is a large problem for the individual as well as society in general. Those who are overweight are at greater risk of developing a lifestyle-related disease. The effects on society are increased costs to the health and social service sectors.

A survey conducted by Gallup for the Health Promotion Advisory Committee looking at the weight of the Faroese people found that we have to take this issue seriously. The survey showed that approximately half of the Faroese population weighs too much. Of these, around 35% are in the group classified as overweight, and around 10-15% are obese (see figure 4) www.fyribyrg.fo).

Figure 4: Weight of individuals in the Faroese population

Body Mass Index (BMI)

The percentage of overweight people is about 35%, and obesity is between 10-15%. So around 50% of the population is either in the "overweight" or "obese" group.

60%
50%
40%
30%
20%
10%
0%

Underweight

Normal weight

Overweight

Obese

Did not respond

2003

2004

2005

Gallup on behalf of the Health Promotion Advisory Committee 2005©

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By measuring the BMI, we can determine if a person is underweight, normal weight or overweight. The BMI is the relationship between weight and height ($BMI = \text{weight/height in metres} \times \text{height in metres}$). In adults, the BMI should be between 18.5 and 24.9 for normal weight. If the BMI is lower than this, the person is underweight, and if the BMI is higher, the person is overweight (see figure 5). The BMI scale for children is slightly lower than that of adults.

Figure 5: BMI

Underweight Normal weight Overweight Obese

BMI Below 18.5 18.5 – 24.9 25 – 30 Over 30

The Department of Occupational and Public Health has examined the BMI of seamen (Deildin fyri Arbeiðs og Almannaheilsu)³. All seamen have to have a health certificate before they are allowed to register on a ship. A doctor examines them and measures their height and weight. The average BMI for 4,332 seamen, which were examined in 2001-2004, was 26.8. A large proportion of the seamen had a BMI over 30. In other words, a large number of seamen are overweight and are at risk of developing one or more lifestyle diseases. The figure below shows the BMI of the seamen (see figure 6).

Figure 6: The BMI of seamen 2001-2004

Frequency

Body Mass Index ³

³ The research has not been published.

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The Department of Occupational and Public Health has examined the BMI of Faroese children and compared the findings with the BMI of the same age group in other parts of Europe. The examination of children, who were born in 1986-1987, showed that 7 and 14 year olds in the Faroe Islands have approximately the same BMI as in other places in Europe. At age 7, practically no Faroese children

were overweight, but, by the age of 14, 7% of the boys and 14% of the girls had a BMI that was higher than 25. One percent of the boys and 2% of the girls had a BMI above 30. These figures are similar to findings in Danish children aged 14-16 in 1996-1997.

The figures below show a comparison of the examinations of Faroese children and the average BMI of children in Sweden, Cyprus, and Italy. The figures show that for boys and girls the average BMI and the increase in average BMI are similar in the four countries. It is worth noting that both examinations show an increase in BMI in children between the ages of 7 and when they are examined again at age 14 (see figures 7 and 8) 4.

Figure 7: BMI of Boys

BMI
Birth
7 years
14 years
Faroe Islands
Sweden
Cyprus
Italy

Figure 8: BMI of Girls

BMI
Birth
7 years
14 years
Faroe Islands
Sweden
Cyprus
Italy 4

4The research has not been published.

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Health Policy Targets

- Everyone, including children and adults, should have a healthy diet.
- Markedly reduce the number of Faroese people who are overweight.
- Make significant improvements to eating conditions in schools.

Initiatives to be implemented

- Increase public knowledge about dietary habits and weight categories.
- Implement initiatives concerning healthy food and dietary habits.
- Create a dietary plan for children in day care and in public school.
- Create a public information campaign promoting a healthier diet.

Increase public knowledge of dietary habits and weight categories.

So far there are no overall organised statistics that show changes in dietary habits, weight, or overweight trends. It is of the utmost importance that the needed resources be allocated for procuring this necessary knowledge. This should be done by organising existing data and through new research. An example of the former is the data on health examinations that for many years have been made on all Faroese school children, recording, among other things, height and weight. If data from these examinations was organized, we would have unique and valuable insight concerning both the current status and change or progress in this area. Emphasis should be placed on organizing this statistical information. In future dietary habit and weight surveys, care should be taken to do in-depth research. Obtaining baseline information gives us knowledge about the kind of initiatives that need to be implemented and how to target various groups within the population e.g. children, youth, adults and the elderly.

Implement initiatives concerning healthy food and dietary habits.

There are many initiatives that can be implemented for the purpose of promoting healthier diets and preventing diet related diseases. Some of these are general information on a healthy diet, dietary advice, initiatives against obesity etc.

As our diet has such a great influence on our health, it is important that people are given access to reliable and accurate information on the importance of diet for public health, how they can adopt healthier dietary habits, and how they can prevent diet related diseases. The Health Promotion Advisory Committee naturally should play a part in disseminating information on dietary matters in general.

In addition to general dietary advice, it is also necessary to provide special advice that targets certain specific groups or individuals. At the moment, only those who are under treatment in the health services system can be referred to a dietician. Others, apart from those in treatment, don't have the

opportunity to be referred to a dietician, although they might be in need of seeing one. This situation is not satisfactory, so a dietary team will be established. The dietary team will include a dietician and other health staff. The team will have the task of initiating events and lectures as well as providing advice in the local community, so that everyone is offered similar opportunities. Events will be organised at day care centres, schools, in the work place, in homes for the elderly, at general practitioners offices etc. The dietary team will be charged with the task of providing sound, specific advice to groups and individuals on healthy diets and how to make dietary changes. Included topics will be, among others, the dietary habits of: children and youth in general, of overweight children and youths, of the elderly who weigh too little or too much, and of adults who weigh too much. Individual advice will only be given if recommended by a doctor.

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In our neighbouring countries, an increasing number of people have become unable to work because they weigh too much. As around half the population of the Faroe Islands is overweight, the risk of encountering the same problems in the Faroe Islands is high. It is of great importance that initiatives are implemented with the purpose of decreasing the number of those who are overweight. These initiatives should be aimed at preventing people from becoming overweight and helping those who already weigh too much. The initiatives must be organised and focused in such a way that they target different groups such as children, youths, adults, and the elderly. Priority should be given to children and youth in addition to adults who are unable to work because of their excessive weight. Children, youth, and adults should be offered treatment in order to lose weight and then to maintain a weight that does not endanger their health.

An example of an initiative for children and youth is the summer course at Skarvanes in the summer of 2006. The target group is children aged 7-15 years who are overweight to such a degree that their health is at risk. Three professionals will participate in the course: a dietician in charge of buying and preparing the food, a child physiotherapist in charge of physical activity, and a child nurse to help children in need of special medication. The Jólamerkjagrunnurin will finance the course, which was free for all participants.

Create a dietary plan for children in day care and in public school.

The goal of the dietary plan is for children and youth to adopt healthier eating and drinking habits, so that they can obtain the health benefits from a healthy diet. The dietary plan has to be based on the official Nordic dietary recommendations. The dietary plan will be created in collaboration between parents and staff at day care centres and schools.

It is recommended that the government initiative of providing water, fruit, and vegetables for school children be continued. This can be done in cooperation among parents, schools and municipal authorities.

Create a public information campaign promoting a healthier diet.

An information campaign will be launched with the purpose of getting people to change their dietary habits, so that eating healthy food becomes more frequent than eating unhealthy food. The Health Promotion Advisory Committee will be in charge of the information campaign. This will ensure that the

information about healthy food in general will be formulated in accordance with the Nordic dietary recommendations.

Physical Exercise

Current situation

Physical activity is important for promoting and maintaining good health and for preventing lifestyle diseases. It is important that people are physically active all their life. Physical activity decreases the risk of becoming overweight and developing cardiovascular diseases, diabetes type 2, high blood pressure, lung diseases, certain cancers, and certain mental illnesses etc. In addition, physical activity strengthens the musculoskeletal system.

In the last few years, knowledge about the positive effects of physical activity on health has markedly increased. This resulted in physical activity being included, for the first time, on an equal footing with other dietary recommendations in the list of disease prevention measures in the revised (2004) Nordic dietary recommendations (NNA) (Nordic Council of Ministers, 2005).

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We do not have organised statistics yet showing general physical activity habits of the Faroese public or showing progress in this area in recent years. This is unfortunate, so physical activity is one of the subjects that will be covered in the lifestyle survey of people in the Faroe Islands.

In 2005, the Health Promotion Advisory Committee did a study to see if people, aged 15 years or older, took part in sports or other regular physical exercise. The study showed that many people are prone to physical inactivity. According to the survey, 26% answered that they are active 4 times a week or more, 36% practice some sports, while 37% answered that they rarely or never do sports (see figure 9) (www.fyribyrg.fo).

Figure 9: Physical activity of people aged 15 years or older

Do you participate in sports or some other regular physical exercise? This includes every kind of physical activity -- individual or group – like swimming, walking, jogging etc.

4 times a week or more

1-3 times a week

1-3 times a month

Less than once a month

Never

Don't know

Gallup on behalf of the Health Promotion Advisory Committee 2005©

Public Health 'Run' Initiative

As part of the government's work to improve public health, the Minister for Health and Social Affairs has organized so called - public health "runs". The purpose of these events is to get the young and old to exercise. The first public health run was organised in 2004, and, because of the large number of participants, it was decided to make this an annual event. Up until now, events have been organised only in Tórshavn and Suðuroy, but, in 2006, events will be organised in other parts of the country as well. Health runs were organised in Klaksvík by independent initiative in 2005, and this will probably also be the case in 2006.

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Health Policy Targets

- Make physical activity a natural part of every day life, all through life.
- Increase the number of those who exercise regularly.

Initiatives to be implemented

- Increase knowledge of exercise and physical activity habits.
- Creation of an exercise plan for children in day care centres and schools.
- Improvements in opportunities for exercising in the work place.
- More emphasis on exercise than on competition in sports.
- Construction of more cycle lanes.
- Increase the level of physical activity of the elderly.
- Organisation of a special exercise year: "The Faroe Islands in Motion".

The knowledge of exercise and physical activity habits must be increased

At the moment, we do not have sufficient knowledge of the physical activity habits of the Faroese public, and this is quite unfortunate. The lifestyle survey will provide us with detailed knowledge of the physical activity habits as well as changes in these habits. The survey will also be an excellent tool for use in connection with future physical activity initiatives. Acquiring knowledge about physical activity habits enables us to assess whether or not new initiatives need to be implemented and how the different exercise promotion initiatives can be customized to target various groups.

Creation of an exercise plan for children in day care centres and schools

The purpose of this exercise plan is to increase the level of physical activity among children and youths and to teach them about the positive effects of exercise. This increased activity can come in the form of active games, gymnastics, ball games, and swimming etc. In schools, the exercise plan can include activities during breaks as well as activities in physical education classes. Exercises will be formulated in collaboration between the parents and the day care centres or schools. In addition, day care centres and schools must formulate a plan for making the outside areas and school yards compliant with the objectives in the exercise plan.

Stig is an initiative of the Health Promotion Advisory Committee. The purpose of the initiative is to encourage people to be more active (www.stig.fo).

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The number of physical education lessons in school must be increased. This should be done gradually. In 2008, all pupils should have at least three lessons of PE a week. This number will be increased to 4 lessons a week in 2012, and in 2015 all pupils should have at least 5 PE lessons a week. This should be possible to implement as all schools have adequate facilities and qualified PE teachers. The lessons can include gymnastics, swimming, ball games, and active games etc. The necessary funding for the extra lessons will be provided.

Improvements in opportunities for exercising in the work place

Employers, public as well as private, should implement an exercise policy that promotes physical activity in order to provide health benefits to the individual and increase work energy. There are many exercise promotion initiatives that could be implemented in the work place. Fitness rooms can be constructed, especially on ships that seldom come into port. Good changing and shower facilities would also encourage physical activity during work and leisure.

By 2009, a third of all public work places should have made it possible for the workers to have access to physical training equipment during their working day. This should first and foremost be targeted at those people who spend a lot of their time sitting at a desk. In a similar way to schools having gyms, other places of employment should also offer their employees the opportunity to take part in exercises to improve physical strength, condition and flexibility. This could take the form of a fitness room at work or an employer making it possible for the employees to take part in physical exercise outside the work place, in gyms or other training facilities.

Hopefully these initiatives in the public sector will lead to the private sector implementing similar initiatives. Employees, for instance, in fish factories perform repetitive work and thus really need physical exercise in order to prevent work related pain in the musculoskeletal system.

Employers could also hand out pedometers to the employees, so that individuals or companies can compete in being the most physically active. This system could also be used in a competitions between schools, pupils, and classes.

More emphasis on exercise rather than competition in sports

Together with the voluntary sports, steps should be taken to ensure that sports clubs around the country provide diverse exercise opportunities. The opportunities should be offered to all age groups.

These opportunities could include training as well as local and national competitions, where the emphasis is placed on taking part rather than on winning. We should try to provide exercise opportunities in all sports being practised in the Faroe Islands.

Construction of more cycle lanes

Cycling cannot be recommended in the Faroe Islands at the moment because roads in and between towns are not safe for cyclists. Cycling is, however, an excellent mode of transport – also in the Faroe Islands. Most towns are close to the sea, so there are not steep grades. By 2009, national and municipal authorities will have been charged with the task of making a plan for safe cycling in the Faroe Islands. As a consequence, present roads must be widened with a cycle lane, or cyclists must be allowed to ride their bikes on the pavement. When new roads are constructed or existing roads are modified, a cycling lane should be a natural part of the project. This work should be done in cooperation among: the Interior Ministry, the Ministry of Industry, the Council for Traffic Safety, the Faroese Office of Public Works, the municipal authorities and municipal organisations.

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Increasing the level of physical activity of the elderly

It is important for the well being of the elderly that they remain active and do not become isolated from others. Lack of training and rehabilitation opportunities is a serious problem for the elderly, and this also leads to physical inactivity. The consequence of this is a poorer quality of life.

All old age pensioners should be offered organised physical exercise, individually or in groups. Training and rehabilitation for the elderly in need of *i.e.* physiotherapy and ergo therapy should be prioritised. This should be organised in such a way that the elderly receive adequate, high-quality training and rehabilitation opportunities.

For instance, facilities and possibilities for treatment should be better utilised in: hospitals, homes for the elderly, schools, swimming and sports halls, and where the elderly gather. Physical activities like walking or other forms of exercise can be organised in connection with pensioners clubs and other places the elderly come together. Exercise could also be organised as a type of treatment by professional health care workers. If the elderly are able to maintain their strength and flexibility, the need for home care, for instance, can be delayed.

Organisation of a special exercise year: “The Faroe Islands in Motion”

In recognition of the fact that physical activity is of great importance for the promotion of public health, a special exercise initiative – an exercise year named “The Faroe Islands in Motion” – will be organised. The purpose of the exercise year is to highlight the importance of regular physical activity in everyday life. Events will be organised encouraging young and old to participate in various exercises for fitness. Emphasis will be placed on giving everyone, wherever they may live, the opportunity of taking part in physical activity and exercise. In addition to this, information initiatives, conferences etc. will be organised, which can disseminate knowledge and educate people about the effects and benefits of regular physical exercise.

Tobacco use

Harmful effects of tobacco use

Over the last 50 years, detailed knowledge of the harmful effects of smoking and tobacco use has been gathered. This knowledge has been gained through thorough epidemiological research and thousands of studies. Based on the quantity and quality of these studies, it is now a scientific fact that tobacco use is linked to a number of diseases.

It has been scientifically established that smoking is the single risk factor, which has the greatest harmful effect on health in our part of the world (Prescott, 2004). Smokers are at increased risk of contracting various diseases, some of which are fatal. As a consequence of chronic, dangerous diseases, smokers are also at risk of having a poorer quality of life due to smoking. The best known of these diseases are cancer (for instance in the mouth, throat, oesophagus, stomach, kidneys, bladder, pancreas, and the blood), cardiovascular diseases and chronic obstructive pulmonary disease (COPD). In addition, diseases such as periodontal disease, back problems, loss of hearing, osteoporosis, peptic ulcers, pneumonia, and psoriasis are more commonly found in smokers than in non-smokers.

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Approximately half of those who start smoking as teenagers and continue as adults will eventually die from a disease they develop as a result of their smoking. A quarter of these smokers will die before their seventieth birthday. Experts estimate that in the most developed countries in the world about 20% of all deaths are related to smoking, and this figure is rising (Peto *et al.*, 1992). In other words, about 80 people die every year in the Faroe Islands from smoking related diseases.

In addition to smoking, passive smoking is also harmful (Rasmussen, 2004). Research shows that passive smoking increases the risk of contracting lung cancer, heart disease, and chronic respiratory system disorders. Conditions such as asthma and hypersensitivity disorders can be aggravated. Small children and people with chronic illnesses are at greatest risk.

Research in Denmark from 2004 shows that around 2,000 children a year are admitted to hospital and another 2,000 receive outpatient treatment in hospital as a consequence of passive smoking (Rasmussen, 2004). The most common diseases treated in children are: infections in the respiratory system, asthma, lung diseases and middle ear infection. These diseases could have been prevented if the children had not been subjected to passive smoking. Danish physicians state that the number of children who suffer from and become ill as a result of passive smoking is in fact substantially higher, as only those children who are really ill receive outpatient treatment or are admitted to hospital. The Danish statistics can give us an idea of the situation in the Faroe Islands, as the Faroe Islands have roughly the same proportion of smokers. If we calculate probable Faroese statistics based on the Danish situation, about 17 children are admitted to hospital every year and about 20 receive outpatient treatment in hospital for diseases linked to passive smoking.

Experts disagree on the exact number of people who become ill and die as a result of passive smoking. They do, however, agree that these diseases and deaths could be avoided if these people were not subjected to passive smoking (Arbejdsmiljøinstituttet, 2004).

Smoking habits in the Faroe Islands

Over the last few years, the Health Promotion Advisory Committee has studied the smoking habits of the Faroese public. The research shows that the number of those who smoke has decreased since 2003, but there is still a large proportion of people who smoke. In 2005, 27% of the Faroese public smoked daily, while the number in 2003 was 36% (see figure 10). The number of non-smokers has increased during the same period. In 2003, 59% answered that they did not smoke, and in 2005 the number had increased to 68% (www.fyribyrg.fo).

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Figure 10: Shows how many Faroese people 15 years or older smoke

Do you smoke?

Those who smoke have decreased from 36% to 27%

Sometimes (less than once a month)

Just at weekends or special occasions

Daily

Never

Gallup on behalf of the Health Promotion Advisory Committee 2006©

The number of heavy smokers (those who smoke 15 or more cigarettes a day) as a proportion of smokers is increasing. Since 2003, the number of heavy smokers has increased from 49% to 58% in 2005. The number of those who smoke less than 15 cigarettes a day has decreased from 51% in 2003 to 42% in 2005 (see figure 11).

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Figure 11: The difference between “normal” smokers and heavy smokers

How many cigarettes do you smoke a day?

The number of heavy smokers (more than 15 cigarettes a day) is increasing.

21% say they smoke 15 cigarettes a day

Less than 15 cigarettes a day

More than 15 cigarettes a day

Gallup on behalf of the Health Promotion Advisory Committee 2006©

The Danish Health Council points to the fact that the starting age for smokers influences which harmful effects the smoker will experience later in life (Prescott, 2004). This has to do with the fact that the earlier a person starts smoking, the greater the risk that the person will continue smoking as an adult and the greater the risk of the person dying from a smoking linked disease. Those who start smoking when they are young find it difficult to stop smoking as adults. Based on this, it is of great importance that initiatives to decrease tobacco smoking are targeted towards youths and children.

In a study performed by the Health Promotion Advisory Committee in 2003, people were asked how old they were when they started smoking. The study showed that most of the people asked started to smoke at a young age. Of those asked, 84% stated that they were younger than 20 years old when they started smoking. Seventy-eight percent started smoking when they were younger than 18 years old; 38% started smoking as 14-15 year olds. So this is the age group when most people start smoking. The Health Promotion Advisory Committee's study also shows that very few start smoking when they are older than 20 (see figure 12) (www.fyribyrg.fo).

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Figure 12: The age when people start smoking

How old were you when you started smoking?

Most people are aged between 12 and 20 years when they start smoking.

Gallup on behalf of the Health Promotion Advisory Committee 2005©

In the European School Survey Project on Alcohol and other Drugs (ESPAD) from 2003, the 9th grade pupils were asked: "How often have you smoked cigarettes in the last 30 days?" and "Do you smoke daily?" The survey shows that a large number (47%) of Faroese youths stated that they had smoked in the last 30-day period (ESPAD, 2003). According to the Department of Occupational and Public Health study from 2003, 33% of the 9th grade pupils smoked daily (*i.e.* 15-16 year olds) and 21% of all the pupils stated that they smoked daily even when they were 13 years old or younger.

When the findings of the 2003 ESPAD survey are compared to studies of the smoking habits of young people in the Faroe Islands in recent years, it is evident that smoking is on the increase again after a small decrease. In the period 1996-1999, the number of young people who state that they smoke daily

and the number of those who have smoked in the last 30 days decreased, while, in 2003, it has increased for both groups (see figure 13 on the next page).

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Figure 13: Smoking habits of 9th grade pupils

	1996	1997	1998	1999	2003
Smoke daily	37%	31%	26%	23%	33%

	1996	1997	1998	1999	2003
Have smoked within the last 30 days	39%	37%	30%	28%	47%

Department of Occupational and Public Health

Young people in the Faroe Islands also smoke a lot compared to youth in other countries. The figure shows that young people from the Faroe Islands and Greenland are among those who smoke the most. The pupils were asked if they had, "Smoked cigarettes 40 times or more in their life" (ESPAD, 2003) (see figure 14).

Figure 14: Smoking habits of 9th grade pupils in Europe

Information uncertain or missing

Non-participating country	19 %
20-24 %	
25-30 %	
31-35 %	
36- %	

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New tobacco legislation

In May 2005, as part of the government's endeavour to improve public health in the Faroe Islands, the Parliament passed a new tobacco law. The tobacco law is an important step on the path towards decreasing the use of tobacco, and, thereby, decreasing the harmful effects of smoking on health. The main purpose of the tobacco law is to guarantee everyone the right to live and work in a smoke free environment and to increase the number of smoke free environments. One effect of the law is that it is no longer permitted to smoke in public offices. Special smoking rooms may be allowed in certain cases. The law especially targets children and young people, and emphasis is put on preventing them from starting to smoke. For this reason, the legal age for buying tobacco was set at 18 years old; it used to be 15. In addition, the law stipulates that it is illegal to display tobacco products in visible places in stores. It is intended that these regulations will reduce tobacco use.

Health Policy Targets

- By 2009, the number of smokers should be no more than 20%; by 2015, the number of smokers should be no more than 15%.
- The number of people who start smoking should decrease markedly.
- The aim is that children born in 2000 or later will be smoke free.
- By 2009 at the latest, public offices and spaces, where people gather for work or leisure, should be smoke free.

Examples of initiatives to reduce smoking

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Initiatives to be implemented

- Revision of the legal framework of smoking laws and regulations.
- Knowledge of the smoking habits of the Faroese public.
- Information on the harmful effects of smoking.
- Fewer (new) smokers.
- Smoke-free policy.
- Increase in the number of smoke free environments.
- Offers of help to quit smoking.
- Regulation of the price of tobacco.
- Cooperation on anti smoking initiatives.

Revision of the legal framework of smoking laws and regulations

The Faroese government will continue to monitor developments in smoking habits and will continue to promote smoke free environments. The government aims to make public offices and spaces, where people gather for work or leisure, smoke free in 2009. If this goal cannot be achieved voluntarily, the government will tighten the tobacco law in order to accomplish the law's purpose, namely that everyone is guaranteed the right to live and work in a smoke free environment. Non-smokers should have access to smoke free environments in more and more places.

Knowledge of the smoking habits of the Faroese public

Regular studies must be made of the smoking habits of the Faroese people. The studies must be organised in such a way that they can be compared to similar studies in other countries. The Health Promotion Advisory Committee has studied the smoking habits in the Faroe Islands over the last few

years, and these studies have given us valuable knowledge. Smoking habits will also be a part of the study that will be made in 2006 on the health status of the Faroese.

Information on the harmful effects of smoking

Although everyone knows that smoking is unhealthy, it is important to continue to educate the public about the risks associated with smoking and the harmful effects of passive smoking. The information should be adapted to different target groups. The information should first and foremost be aimed at children and youths. The aim is to prevent them from starting to smoke – or secondly to delay the starting age, if they choose to smoke. Professionals in the health sector, teachers, pharmacies, coaches and other sports organizers should provide health education about the health dangers that are related to smoking. The Health Promotion Advisory Committee has the responsibility for providing general information about the health risks associated with smoking.

Fewer (new) smokers

The starting age for smokers has an influence on the types of harmful effects the smokers will encounter later in life. The reason for this is that the earlier a person starts smoking, the greater the risk that the person will continue smoking as an adult. The longer a person smokes, the greater the risk of the person developing – and dying of smoking related diseases. Those who start smoking at an early age find it more difficult to stop smoking as adults. Based on this, it is very important that either children and young people do not start smoking or that the time when they start smoking is delayed. We must make sure that smoking is not a natural part of daily life for children and young people. Initiatives should be implemented in schools, in sports and leisure clubs, in religious organisations, and where children and youth normally gather, with the purpose of preventing smoking initiation. An example of this type of initiative is material on smoking and alcohol use created by the Faroese Confederation of Sports. The purpose of the material is to encourage discussion and the wording of rules regarding smoking and alcohol use in sports clubs around the country (ÍSF, 2006). The Health Promotion Advisory Committee has an important role to play in these initiatives also.

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The aim is both to decrease the number of those who start smoking and the number of those who continue smoking. The goal is that no more than 20% of the population smoke by 2009. In 2015, the percentage of smokers should be no more than 15%. Another goal is that age groups born in 2000 or later should be smoke free.

Smoking policy

The public labour market has an official smoking policy whose purpose is to ensure that all employees are able to work in a smoke free environment. The aim of this policy is that work places in the private sector, which do not yet have a smoking policy, will make one voluntarily. This should be done by 2009, when all work places have to be smoke free.

Increase in the number of smoke free environments

As smoking as well as passive smoking are dangerous, we should strive to create more and more smoke free environments. In order to guarantee everyone the right to live and work in a smoke free environment, the tobacco law states that smoking indoor in public offices is prohibited. The clause

does not include workplaces in the private sector, hotels, and restaurants. Employees in the private sector should, like their colleagues in the public sector, have the right to work in a smoke free environment. All guests and employees in hotels and restaurants should be guaranteed a smoke free environment. This means that all public spaces in hotels and restaurants should be smoke free. Special smoking rooms can be made. It is our hope that this system can be implemented voluntarily by 2009. If this is not possible the system might be enforced by legislation.

Offers of help to quit smoking

Many smokers want to quit smoking, however, many find it difficult. Several of those who try to quit smoking start smoking again at some stage. Offers of help to stop smoking should be given to everyone who wants to quit smoking. The help should be organised keeping in mind a focus on various target groups. School pupils who have started smoking should be offered help.

Stop smoking advisers are at work in pharmacies and organise quit smoking courses. The pharmacies and other outlets also carry various products that can help smokers quit, like nicotine replacement products. Nicotine replacement products should be easily accessible and inexpensive to buy.

As a new initiative, the Health Promotion Advisory Committee has organised a quit smoking campaign on the Faroese radio in cooperation with the Faroese Broadcasting Corporation. The campaign includes 10 radio programs in which an experienced stop smoking adviser explains the various steps in quitting smoking. Also on the program are other experts who speak about issues related to quitting and discuss the difficulties those who are quitting may encounter, as well as possible solutions. The complete stop smoking campaign can also be found on the Health Promotion Advisory Committee's website. This means that anyone can follow the programme when and where it is best for them (www.fyribyrq.fo).

Regulation of the price of tobacco

As the use of tobacco products is partly linked to the price of the products, initiatives like taxes are an important part of decreasing tobacco use. According to the tobacco agreement, Framework Convention on Tobacco Control (FCTC), which the member countries of WHO have endorsed, public health should be taken into account when initiatives are implemented regarding the taxation and pricing of tobacco products (WHO, 2003). The Faroese government has, in accordance with this, increased the price of tobacco products in 2005 and in 2006.

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Cooperation on anti-smoking initiatives

The four pharmacies in the Faroe Islands and the health and nursing systems are obviously qualified partners for anti-smoking initiatives. Overall coordination of various initiatives is crucial to initiating and maintaining collaboration in this area. This responsibility will be placed with the Health Promotion Advisory Committee. This Committee will make decisions about funding and strategy for initiatives.

Alcohol and substance abuse

A new alcohol law was adopted in 1992 establishing a national alcohol retail monopoly, Rúsdrékkasøla Landsins. The new law completely changed the Faroese public's access to buying alcohol, which according to the new law can only be purchased at the alcohol retail monopoly's outlets around the country.

During the period 1970-2004, the total sales calculated in litres of pure alcohol per inhabitant aged 15 years or over has varied. Since the establishment of the alcohol retail monopoly, the consumption of alcohol has been fairly constant. The average consumption, however, has decreased from 7 litres in 2002 to 6,7 litres in 2004 (Rúsdrékkasøla Landsins, 2004). Although the average consumption is decreasing, it is still important to keep an eye on consumption and more importantly on the abuse of alcohol. One main reason for decreasing consumption is the decrease in sales of strong alcoholic beverages. The consumption is calculated in litres of pure alcohol, so the average consumption decreases significantly when people start using weaker types of alcohol (see figure 15).

Figure 16: Alcohol consumption per person 15 years or older in the period 1970-2004

Faroe Islands (1970-2004)

Total sales of pure alcohol. litres per inhabitant 15 years or older.

Pure alcohol

Liquor

Wine

Beer

Litres of alcohol

Year

National Alcohol Retail Monopoly (Rúsdrékkasøla Landsins), 2004.

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If we compare alcohol consumption in the Faroe Islands with consumption in other Nordic countries, most similarities are seen with the consumption in Iceland and Åland. The consumption in Finland is slightly above that of the Faroe Islands. Denmark and Greenland have by far the greatest consumption of the Nordic countries. According to Norwegian and Swedish authorities, the consumption figures in those two countries do not include the total consumption, as the authorities register only a part of the consumption. As a consequence, the statistics for Norway and Sweden in the figure below have been split into two parts: the official consumption statistics and the estimated consumption (in brackets). The Norwegian authorities estimate that 75% of the alcohol consumption is recorded in the official statistics. The Swedish authorities estimate that 68% of the consumption is recorded in the official Swedish statistics (see figure 16).

Figure 16: Alcohol consumption in litres of pure alcohol per person 15 years or older

Denmark Faroe Islands Greenland Finland Aland Iceland Norway Sweden

1995 12.1 6.4 12.6 8.3 5.8 4.8 4.8 (6.4) 6.1 (9.0)
 2000 11.5 6.8 13.4 8.6 6.1 6.1 5.6 (7.5) 6.2 (9.1)
 2003 11.5 6.9 12.7 9.3 6.4 6.5 6.0 (8.0) 7.0 (10.3)
 2004 6.7

Health Statistics in the Nordic Countries (NOMESCO), 2003; National Alcohol Retail Monopoly (Rúsdrekkasøla Landsins), 2004.

Faroese drinking habits

In 1991, the Department of Occupational and Public Health conducted a study of the drinking habits of the Faroese public on behalf of the Health Promotion Advisory Committee (Weihe & Wang, 1994). The Faroese findings were compared to similar studies in Iceland, Norway, Sweden, and Finland. The study was repeated in 1994, two years after the establishment of the alcohol retail monopoly (Rúsdrekka- og Narkotikaráðið, 1994). Among other things, the study shows that the Faroe Islands had comparatively the highest rate of people who didn't drink at all in the last months (28% of the women, and 13% of the men). The study also showed that alcohol consumption in the Faroe Islands follows the Nordic pattern, *i.e.* not drinking daily but at special occasions. Forty percent of both women and men replied that they had been intoxicated less than once a month.

Alcohol consumption among young people

In 1999 and in 2003, the drinking habits of 9th grade pupils were studied (ESPAD, 2003). The results show that:

- 62% of the pupils replied that they had consumed alcohol at least once in the last 30 days. In comparison, this figure was 49% in 1999.
- 43% replied that they had been drunk at least once in the last 30 days. This figure was 34% in 1999.

According to the study, young people in the Faroe Islands drink a lot, and the consumption is rising. As figure 17 shows, young people in the Faroe Islands also drink a lot compared to young people in other European countries (ESPAD, 2003).

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Information uncertain or missing

Non-participating country
 4.0 cl
 4.1-5.0 cl
 5.1-6.0 cl
 6.1-6.9 cl
 7.0- cl

Figure 17: Alcohol consumption of 9th grade pupils in Europe

Effects of alcohol abuse

There is no clear boundary between alcohol consumption and alcohol abuse. This means that it can be difficult to establish whether we are dealing with consumption or abuse. It is however possible to say that excessive use of alcohol has several negative alcohol-linked medical and social effects. The medical effects include various diseases like cirrhosis of the liver, pancreatitis, various types of cancer, and a shortened life span. The social effects include: social problems, violence, problems with finding and maintaining employment, effects on children that grow up in homes that are affected by abuse, and accidents. The social effects do not only influence the addict but also family members. Alcohol abuse is also a reason for fatalities and/or serious injuries in traffic accidents (Sigvardsen & Kragestein, 2003).

Alcohol abuse can cause cirrhosis of the liver, pancreatitis, and various types of cancer in addition to social problems. Large numbers of fatal accidents are also alcohol related.

Substance abuse

It is difficult to describe the extent of substance abuse in the Faroe Islands, *i.e.* the amount of imported narcotic substances, consumption, and the number of users. This has to do with the fact that purchasing, selling, and using narcotic substances is illegal, and, as a consequence, use is hidden from public view.

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The police have statistics for the types and quantities of seized substances (www.politi.fo). But as the statistics only show the quantities seized by the police, it is difficult to estimate the exact amount coming into the country. The statistics can, however, give us an idea of which types of substances are being brought in.

According to the police, hashish is the most common narcotic substance used in the Faroe Islands. However, the statistics show that stronger substances like amphetamine, speed, cocaine and ecstasy are found in the Faroe Islands as well. These are dangerous drugs, which are highly addictive. Ecstasy pills are a new type of drug in the Faroe Islands. Abroad, ecstasy pills are commonly found at so-called rave parties. We do not have these parties in the Faroe Islands yet, but ecstasy can be found in the discotheque environment. Young people, who like taking risks, are especially at risk of trying these substances. In 2005, the police seized 537 ecstasy pills. In 2004, the figure was 30. Drug addicts, who have been addicted to strong substances for a longer period of time, commonly use heroine. Heroine can be injected into the body, but is also available in a form that can be smoked. There are a few people using this substance in the Faroe Islands.

As narcotic substances are illegal products, they are smuggled into the Faroe Islands. According to the police, smuggling methods vary. The methods can be divided into two groups: personal transport or freight. Personal transport is when people bring narcotic substances with them into the country

when they arrive by airplane or ship. Narcotic substances are also sent to the Faroe Islands as freight on ships and airplanes.

Methods of smuggling drugs to the Faroes also vary. In 2005, police found several cases of persons smuggling drugs internally, either by ingesting the drugs or by inserting them into body cavities. Hiding strong substances internally can have serious consequences if the substances seep out into the stomach or intestines and are absorbed by the body. Young females were also used to smuggle drugs into the Faroe Islands. The payment for doing this could, for instance, be a weekend trip to Denmark with some pocket money.

Always, the greatest task, however, is to prevent people from becoming addicted to narcotic substances, especially young people. Prevention education is very important. The police, the Health Promotion Advisory Committee, and others cooperate in order to educate young people and their parents about narcotic substances and the dangers linked to using them. This education is conducted in schools and other places.

As far as rehabilitation programs for young drug addicts are concerned, the programs offered in the Faroe Islands are not adequate. This has the adverse effect that addicts are at risk of not receiving the treatment they need. The treatment centres in the Faroe Islands mostly cater to the needs of people with alcohol problems.

Health Policy Targets

- Reduce general alcohol consumption
- Delay the age when young people start drinking alcohol
- Safeguard children and young people as they grow up from alcohol and substance abuse
- Drug free Faroe Islands
- Reduce the medical and social effects of alcohol and substance abuse

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Initiatives to be implemented

- Obtain knowledge regarding alcohol and drug habits.
- Information campaigns on the harmful effects of alcohol and substance abuse.
- Formulation of an alcohol and drugs policy by all workplaces.
- Increase in the number of alcohol and drug free environments.
- Treatment for alcohol and substance abuse.
- Strengthen prevention initiatives against alcohol and substance abuse - especially those targeting children and young people.
- Increase the effectiveness and efficiency of the control over the import of illegal substances.

Obtain knowledge regarding alcohol and drug habits

A requirement for obtaining knowledge about the alcohol and drug habits of people in the Faroe Islands – and especially young people – is that the necessary statistics are available. This information

in also necessary for implementing possible initiatives in order to reduce alcohol and substance abuse and for obtaining knowledge about the medical, social, and societal effects of the abuse. The survey of the health status of the Faroese public will, among other things, describe people's drinking habits. Similar studies of substance abuse should be made.

Information campaigns on the harmful effects of alcohol and substance abuse.

It is of great importance to inform the public about the harmful effects of alcohol and substance abuse. Initiatives should especially be targeted at children and young people. At the moment, this information is, for the most part, disseminated in schools by both voluntary organisations and by the Health Promotion Advisory Committee. The material made by the Faroese Confederation of Sports, which is mentioned in connection with tobacco smoking above, is a good example of a manner in which such information can be organised.

Formulation of an alcohol and drugs policy by all workplaces.

All public workplaces have an alcohol and drugs policy. The purpose of the alcohol and drugs policy is threefold: to ensure that all public places of employment are alcohol and drug free, to prevent problems related to alcohol and substance abuse, and to give employees an opportunity to escape potential abuse as soon as possible. The policy also contains provisions concerning help in the treatment for drug abuse and procedures for possible dismissal of employees on the grounds of abuse. The aim of this initiative is that all workplaces, which are currently without an alcohol and drugs policy, should formulate one.

Increase in the number of alcohol and drug free environments.

All children and young people should be offered high quality and healthful leisure activities in an alcohol and drug free environment. Municipal authorities play an important role in implementing such initiatives and providing the facilities in the local community, which are necessary for reaching this goal. Examples of such initiatives are the Margarine Factory (Margarinfabrikkin) in Tórshavn and the Activity House for children and youth (Virkishúsið fyri børn og ung in Klaksvík).

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Treatment for alcohol and substance abuse.

Treatment for alcohol and substance abuse should be available for anyone who wants it. At the moment, two rehabilitation institutions perform treatment for alcohol abuse in most cases. In 2005, the government's budget allotment was about 10 million DKK for both treatment and rehabilitation at these two institutions.

Strengthen prevention initiatives against alcohol and substance abuse - especially those targeting children and young people.

As part of the effort to decrease alcohol and substance abuse, prevention initiatives are necessary. The Health Promotion Advisory Committee has the task of organising and implementing preventative initiatives. Such initiatives can be based on information campaigns, education, and courses that can be held at schools and places of employment. The government's budget in 2005 was 1.9 million DKK for prevention, including prevention initiatives against alcohol abuse. This amount is divided between the Health Promotion Advisory Committee and support for initiatives against alcohol abuse.

Increase the effectiveness and efficiency of the control over the import of illegal substances.

In order to prevent illegal import of narcotic substances to the Faroe Islands, control must be effective, efficient, and comprehensive. This includes close control of travellers and luggage entering the Faroe Islands. The police have requested permission to obtain lists with the names of people travelling on ships, boats, and planes, as this will enable them to conduct regular studies of the travelling patterns of some people. This is not legally possible yet. As passenger manifests are such an important tool in the investigative work of the police in connection with narcotic crimes, the government will soon take the necessary steps to give the police the necessary legal rights to obtain passenger manifests. It is also necessary to have close cooperation between the police and customs officers in this area, as well as to closely control freight and mail entering the Faroe Islands. Strengthening control by using an increased number of 'sniffer' dogs is important. Sniffer dogs discover most of the drugs that are confiscated. A single dog does not have the energy to work for prolonged periods and can, of course, only be in one place at a time.

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4. The Road Forward

The area of public health must be given a greater priority. This is important because we have not yet been impacted by all the consequences of lifestyle diseases, which will affect us just as they have other places in the western world.

Many organisations and individuals have made a great effort to improve the health of the Faroese people. However, coordination of initiatives has been lacking, as has a comprehensive public plan for the future.

It is time to change course. The way forward is to awaken the interest of the public in public health issues and to make a united effort in this area.

Healthy habits and keeping a balance

Public health is about habits. Good public health depends on meeting the challenge of having good habits.

It is, of course, a question of finding a sound balance that we all can live with, rather than a question about single and isolated causes. Diseases like type 2 diabetes, cardiovascular disease and chronic obstructive pulmonary disease can partly be prevented by a healthy diet and lifestyle.

So the great challenge is to get as many people as possible to adhere to basic advice concerning diet and lifestyle, advice, which over the course of time, has become common knowledge. This is because we know that we should exercise, that we should stop smoking, and that we should limit the intake of fatty foods.

So the great challenge is also to get us all to act, to move forward from just having the knowledge and saying the right things.

Individuals and society

Using the knowledge we already have plus the knowledge we are going to obtain, we all have to do our best to ensure that both adults and children do not become part of the growing number of individuals who need treatment.

There are some things we can do as individuals. We can individually accept the challenges: to stop smoking, to decrease alcohol consumption, and to change our dietary and exercise habits.

The other thing we must do as a society is to improve general living conditions by creating the right framework for a good life.

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Political and administrative leadership

The Minister for Health and Social Affairs and his ministry have the ultimate responsibility for the work toward improved public health. The Health Promotion Advisory Committee will be given the task of conceiving, organising, and implementing initiatives.

The Health Promotion Advisory Committee will in time develop into a public health council and eventually into the Public Health Institution of the Faroe Islands.

Framework and content

The work to improve Faroese public health must be organised at various levels and in different parts of society.

The framework for better public health must be generated by initiatives and agreements concerning health and welfare: a healthy diet, appropriate quantities of fruit and vegetables, exercise, reductions in smoking, and safe levels of alcohol consumption. These initiatives and agreements should be considered tools for setting and achieving goals in as many places as possible: the work place, schools, day care centres, hospitals, leisure organisations, in short, everywhere we live.

The framework for better public health should be ensured through an appropriate legal framework concerning, for instance, smoking, alcohol consumption, the working environment and other health related issues.

Specific health initiatives, based on a general public health plan, should be targeted at clearly defined target groups such as students, people who have sedentary work, people with physically heavy work, and old age pensioners. Special risk groups, such as smokers, obese people and substance addicts must also be targeted.

Regular health screening should be organised for special target groups, such as screenings for cervical cancer in women and health screenings for children and young people.

We must strive to increase knowledge about the great importance of a social safety net. Family, neighbours, friends and colleagues are important parts of the daily safety net in good times as well as bad.

Information

Finally, public information, public information, and more public information is vital. We have to increase knowledge about public health issues and improve our ability to disseminate information in a more interesting and effective way - information about the great importance of public health initiatives for the individual and society in general. The media is an important factor in all this, as it can play an important role in getting the message across to the broader public.

Who and how?

If the public health plan is to be implemented, the Faroese government, the Parliament, and municipal authorities must cooperate in charting the road ahead by creating opportunities and leading the way.

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This is not only a job for the Ministry of Health and Social Affairs, the health sector, and the Health Promotion Advisory Committee. This is also a task for the Ministry of Culture with its educational and cultural institutions; for the Ministry of Industry, which is responsible for the labour market; for the Ministry of the Interior, which is responsible for environmental policy; for the Ministry of Fisheries, which is responsible for our seamen; for the Ministry for Finance, which is responsible for public employee policy- which includes the task of helping us administer the country in a beneficial and responsible way; and for the Prime Minister's Office, which is the highest administrative authority in the country.

The two national organisations for municipal authorities, Kommunusamskipan Føroya and Føroya Kommunufelag, are responsible for the local communities, schools and day care centres. They should, in cooperation with the homes initiate and support a healthy culture.

Work and leisure

However, this is not only a task for the Faroese authorities. If this work is to succeed, it must be organised in such a way that parts of the labour market, the business community, companies, and indeed all workplaces become an active part of the public health plan. The majority of us are at work for most of the day, so the importance of a common welfare and health culture in the workplace cannot be overestimated.

The public health plan must be made specific and relevant, not only by the health sector, but by all public authorities, institutions, municipal authorities, day care centres, day centres for the elderly, schools, workplaces, leisure clubs, sports clubs, pensioners clubs, youth clubs, scouts, walking clubs, churches, religious organisations, beer clubs and knitting clubs. We could mention many others.

The people's plan

There is a growing interest and consciousness among people about the fact that it is beneficial and important to live a healthy life. Interest in health matters is growing; health initiatives are being implemented in many places. This grassroots movement will be the driving force for the public health

plan in the future. If the public health plan is to succeed, it has to belong to the people and not be imposed with finger pointing.

This is also about making life better for all the citizens in this country. With this public health plan, it is our hope that we all can walk together on the road towards better public health in the Faroe Islands.

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5. Conclusion

The purpose of this document is to make a proposal for a broad general public health policy based on a change in mentality and a growing public awareness of health matters. The public health plan is also intended to encourage coordinated instead of scattered initiatives, which over the years have been implemented by authorities, councils, and organisations.

Based on this, the Faroese government has initiated the formulation of a public health policy with the aim of strengthening the general health status of the Faroese people: by encouraging a healthy lifestyle, by developing health promotion initiatives, and by preventing, in general, disease-causing and unhealthy conditions in society.

The first chapter of this document establishes the fact that there is a clear connection between public health risk factors and lifestyle diseases. It also establishes that it is important to target these risk factors and various target groups linked to various risk factors with health promotion and disease prevention initiatives

The public authority's responsibility for creating a framework, its responsibility for creating opportunities to continually improve public health, and its intention in setting up this framework is established several times in this document. However, Chapter 2 also states that every individual citizen is responsible for his or her own life, and thereby, his or her own health.

One of the conclusions is that the basis for creating a specific, long-term plan for public health is the procurement of more information about the present state of public health in the Faroe Islands. This is to be done through gathering, organizing, and analysing public health statistics. In addition, it is important to gather statistics about any initiatives implemented in order to assess the effectiveness of the different prevention measures.

Acknowledging that it is impossible to solve all the problems at the same time, this document recommends that public health initiatives be prioritised and that we focus on certain initiatives and target groups.

Although knowledge about Faroese public health status is limited, this document points out that individual limited studies give us a clear indication that the Faroe Islands face the same type of public health problems as other countries. Also, in some areas – for instance smoking – young people in the Faroe Islands are worse off than youths in other Nordic countries. As far as diet is concerned, the

indications are that about half of the Faroese population is overweight. Studies also show that older school pupils often eat unhealthy food. However, at the same time, other studies show that simple measures like installing water coolers might decrease the consumption of sugary beverages. Other simple initiatives like encouraging and supporting increased physical activity in all age groups, including groups in society that are too inactive, are important parts of the public health plan. This is however dependent on the public authorities' willingness to meet the requirements for various physical activity initiatives.

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The Faroe Islands are not worse of then other Nordic countries in all areas. The average alcohol consumption is among the lowest in the Nordic countries, although it is fairly high among young people. There is no clear picture of the narcotics situation. It has, however, been established that all types of narcotic substances are available in the Faroe Islands.

Changing the mentality of the Faroese people towards public health might seem a demanding task. Part of this might be due to old traditions – for instance the special Faroese culinary culture. There are, however, signs that more and more people think about their own health and get exercise through sports such as jogging, swimming, walking and ball sports. Among young people, participation in rowing is larger than ever.

A few years ago, not many people would have believed that in 2006 all public workplaces would be smoke free in several of the countries in our part of the world. Yet this is the reality. So there is no reason to think that other health promotion and disease prevention initiatives cannot be implemented in the Faroe Islands. It takes time, but sooner or later, we will achieve our goals if we are united in our efforts.

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6. Recommendations

An effective public health effort includes both health promotion and disease prevention initiatives.

We recommend a public health plan in two parts:

- A. Obtaining knowledge about the status of Faroese public health, and
- B. Implementing specific health promotion and disease prevention initiatives

A. Obtaining knowledge:

The Faroese government has set a target of studying the health status of the Faroese public and establishing efficient monitoring systems, which will ensure that it will be possible to monitor and track public health, track changes in disease and mortality rates, and monitor the role of risk factors.

Target: The public health status in the Faroe Islands will be studied and efficient monitoring systems established.

Initiatives:

- Initiate research into the lifestyle, health status, and disease frequency of 3,000 randomly selected people in the Faroe Islands.
- Establish efficient monitoring systems that: will monitor the health of the public, track changes in disease and mortality rates, and monitor the role of risk factors.

B. Health policy targets and initiatives:

Below are listed the main health policy targets and recommended initiatives:

1. Health screening

The government intends to have a well-established system of health screenings in place by the year 2009. The intention is to start with people in middle age. A cancer strategy will be formulated.

2. Nutrition

Target: Everyone in the Faroe Islands should have a healthy diet. Emphasis should be put on children in day care institutions and pupils in school as well as in improving eating arrangements in schools. Work should be carried out to considerably decrease the number of people who are overweight.

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Initiatives:

- Increase the knowledge of dietary habits and the weight status of the Faroese public.
- Implement initiatives promoting healthy food and good dietary habits.
- Create a dietary plan for children in day care and pupils in school.
- Produce an information campaign promoting a healthier diet.
- Organize a nutrition team

3. Physical activity

Target: Markedly increase the number of people, who exercise regularly. Exercise should be a natural part of daily life. By 2015, all school pupils will have one lesson in physical education every day.

Initiatives:

- Increase knowledge in the area of exercise and physical activity habits.
- Create an exercise plan for children in day care centres and schools.
- Improve exercising opportunities in the work place.
- Place more emphasis on exercise rather than competition in sports.
- Construct more cycle lanes.
- Increase the level of physical activity of the elderly.
- Organize a special exercise year "The Faroe Islands in Motion".

4. Tobacco use/smoking

Target: The number of people, who smoke, should be reduced to at most 20% by 2009. By 2015, the number of smokers should be no more than 15%. Markedly decrease the number of those who start smoking. The goal is for children born in the year 2000 or later to be smoke free.

The number of smoke free environments must continue to increase. Public offices and spaces, where people gather for work or leisure, must be smoke free at the latest in 2009.

Initiatives:

- Revision of the legal framework.
- Knowledge of the smoking habits of the Faroese public.
- Information on the harmful effects of smoking.
- Fewer (new) smokers.
- Smoking policy.
- Increase in the number of smoke free environments.
- Offers of help to quit smoking.
- Regulation of the price of tobacco.
- Cooperation on anti-smoking initiatives.

5 Alcohol and narcotics

Target: Decrease alcohol and substance abuse, and, thereby decrease the harmful medical and social effects of the abuse. Delay the age when young people start to drink alcohol. Ensure that children and young people grow up in an environment free from alcohol and substance abuse. The Faroe Islands should be free of narcotic substances.

Initiatives:

- Obtain knowledge about alcohol and drug habits.
- Provide public health information on the harmful effects of alcohol and substance abuse.
- Formulate an alcohol and drugs policy in all work places.
- Increase the number of alcohol and drug free environments.
- Treatment for alcohol and substance abuse.
- Strengthen preventative initiatives against alcohol and substance abuse. This especially applies to initiatives targeted at children and young people.
- Increase the effectiveness and efficiency of control over the import of illegal substances.

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Internet Links

The Faroe Islands

www.fyribyrg.fo – Health Promotion Advisory Committee

www.ahr.fo – Ministry of Health and Social Affairs

www.apotek.fo – The National Pharmacy Service

www.politi.fo – The Faroese Police

Denmark

www.folkesundhed.dk – Danish National Institute of Public Health

www.sundhed.dk

www.folkesygdom.dk

Sweden

www.fhi.se – The Swedish National Institute of Public Health

Norway

www.folkehelse.no – The Norwegian Institute of Public Health

Finland

www.ktl.fi – The Finnish National Public Health Institute.

www.folkhalsan.fi

Iceland

www.landlaeknir.is – The Icelandic Directorate of Health

The World Health Organisation

www.who.int/en/

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