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The presenter will begin promptly at 9 am. The question and answer period will take place at the end of the presentation for approximately 10 minutes. We encourage you to wait until that time and then type in your questions in the group chat section.

During the web presentation, the virtual meeting will go to full screen and all web participants will be put in “view only” mode, disabling all the participant functions until the Q&A section. At that time, the room settings will change to allow web participants to type in their questions.

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Evaluating Global Tobacco Control Policies: Findings from the International Tobacco Control Policy Evaluation Project (the ITC Project)

Geoffrey T. Fong, Ph.D.
University of Waterloo and Ontario Institute for Cancer Research

CAN-ADAPTT Transdisciplinary Tobacco Rounds Centre for Addiction and Mental Health Toronto, Ontario, Canada—June 19, 2009
Some Statistics on Global Tobacco Use

- 1.1 billion people smoke (82% live in LMICs)
- 20th Century: 100 million tobacco-related deaths
- 21st Century: 1 billion tobacco-related deaths
- 5 million will die this year; 10 million will die in 2020
- WHO: Leading preventable cause of death and disability in the world
- Tobacco use: major drain on economic development (e.g., World Bank: health & environmental costs of tobacco use are about 11 times higher than the tobacco industry’s contribution to economies)
Framework Convention on Tobacco Control (FCTC)

- First-ever health treaty
- Unanimously adopted in 2003
- 166 nations have become Parties to the FCTC
- Conferences of the Parties:
  - COP-1: Feb 2006 in Geneva
  - COP-2: July 2007 in Bangkok
  - COP-3: Nov 2008 in S. Africa
Main Provisions of the FCTC

- More prominent warning labels
- Eliminating “light” “mild” and other deceptive names
- Restricting/prohibiting advertising/promotion
- Smoke-free public places
- Higher taxation
- Support for dependence/cessation
- Regulation of tobacco products
- Measures to reduce illicit trade
Potential of Policies to Flatten the Curve

Estimated cumulative tobacco deaths 1950-2050

Potential of Policies to Flatten the Curve

Estimated cumulative tobacco deaths 1950-2050

Impact of policies depends on two main factors:

Potential of Policies to Flatten the Curve

Impact of policies depends on two main factors:

1. Intervention date

Potential of Policies to Flatten the Curve

Impact of policies depends on two main factors:
1. Intervention date
2. Effect size

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2. Effect size

“The FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.”

– Foreword to the FCTC
Article 11
Packaging and labelling of tobacco products

1. Each Party shall, within a period of three years after entry into force of this Convention for that Party, adopt and implement, in accordance with its national law, effective measures to ensure that:

   (a) tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”; and
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Over 100 countries must enhance their warning labels within 3 years
Article 13
Tobacco advertising, promotion and sponsorship

1. Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products.

2. Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21.
Article 13
Tobacco advertising, promotion and sponsorship

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2. Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21.

Over 70 countries must implement an advertising/promotion/sponsorship restriction/ban within 5 years
1. Identify population-based policies and interventions that are most effective in either directly reducing the harms of tobacco use or in causing favorable changes in factors known to be related to (harmful) tobacco use: evaluate using best practices.
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2. Disseminate research findings to those who are in a position to do something about the problem (policymakers, advocates)
Broad Objectives for Global TC Research

1. Identify population-based policies and interventions that are most effective in either directly reducing the harms of tobacco use or in causing favorable changes in factors known to be related to (harmful) tobacco use: evaluate using best practices.

2. Disseminate research findings to those who are in a position to do something about the problem (policymakers, advocates)

3. Perform 1 and 2 as quickly as you can.
1. Identify population-based policies and interventions that are most effective in either directly reducing the harms of tobacco use or in causing favorable changes in factors known to be related to (harmful) tobacco use: evaluate using best practices.
1. Identify population-based policies and interventions that are most effective in either directly reducing the harms of tobacco use or in causing favorable changes in factors known to be related to (harmful) tobacco use: evaluate using best practices.

Research designs, research methods, and disciplines may well differ from those that were used to alert us to the tobacco epidemic.
Evaluation is even more important in tobacco control than in other domains

“Tobacco use is unlike other threats to global health. Infectious diseases do not employ multinational public relations firms. There are no front groups to promote the spread of cholera. Mosquitoes have no lobbyists.”

The International Tobacco Control Policy Evaluation Project

<table>
<thead>
<tr>
<th>Country</th>
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<td>Mexico</td>
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<td>Bangladesh</td>
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<td>Brazil</td>
<td>Mauritius</td>
<td>Bhutan</td>
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<td>India</td>
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</tbody>
</table>
Model for evaluating FCTC policies

- An international system for measuring: (1) basic tobacco use behaviours; (2) FCTC policy-relevant variables
Model for evaluating FCTC policies

- An international system for measuring: (1) basic tobacco use behaviours; (2) FCTC policy-relevant variables
- Common measures selected from a strong, theory-driven perspective
Model for evaluating FCTC policies

- An international system for measuring: (1) basic tobacco use behaviours; (2) FCTC policy-relevant variables
- Common measures selected from a strong, theory-driven perspective
- Common research designs and methods
An international system for measuring: (1) basic tobacco use behaviours; (2) FCTC policy-relevant variables

Common measures selected from a strong, theory-driven perspective

Common research designs and methods

Selecting countries to evaluate policy via “natural experiments”
Model for evaluating FCTC policies

- An international system for measuring: (1) basic tobacco use behaviours; (2) FCTC policy-relevant variables
- Common measures selected from a strong, theory-driven perspective
- Common research designs and methods
- Selecting countries to evaluate policy via “natural experiments”
- Surveillance of tobacco use behaviours and of policy-relevant variables and evaluation of policies.
Goal 1: Rigorous evaluation of national-level tobacco control policies of the FCTC
Goal 1: Rigorous evaluation of national-level tobacco control policies of the FCTC

Goal 2: To understand how and why these policies work (if they work)
Goal 1: Rigorous evaluation of national-level tobacco control policies of the FCTC

Goal 2: To understand how and why these policies work (if they work)

Policy
Goal 1: Rigorous evaluation of national-level tobacco control policies of the FCTC

Goal 2: To understand how and why these policies work (if they work)
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Goal 2: To understand how and why these policies work (if they work)
**Goal 1:** Rigorous evaluation of national-level tobacco control policies of the FCTC

**Goal 2:** To understand *how* and *why* these policies work (if they work)

Policy → ? → Behavior

**What’s inside the black box?**
**Goal 1:** Rigorous evaluation of national-level tobacco control policies of the FCTC

**Goal 2:** To understand how and why these policies work (if they work)

What’s inside the black box?

**Goal 3:** Disseminate findings to policymakers
- Build evidence base for FCTC
- Support evidence-based policies
Goal 1: Rigorous evaluation of national-level tobacco control policies of the FCTC

Goal 2: To understand how and why these policies work (if they work)

Policy → ? → Behavior

What’s inside the black box?

Goal 3: Disseminate findings to policymakers
   – Build evidence base for FCTC
   – Support evidence-based policies

Goal 4: Build capacity for tobacco control research
<table>
<thead>
<tr>
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<th>N others²</th>
<th>2002</th>
<th>2003</th>
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<th>2005</th>
<th>2006</th>
<th>2007</th>
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<td>5 Ireland/Scotland</td>
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<td>11 Uruguay</td>
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<td>500 NS</td>
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<td>17 Brazil</td>
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<td>600 NS</td>
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<td>180–540 ?</td>
<td>3,200 NS</td>
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<td>20 India</td>
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¹ “Smokers” = cigarettes in all countries, but also includes bidis/biri smokers in Bangladesh & India ² Other: NS = nonsmokers; SL = smokeless tobacco users
† The ITC Four Country Survey began as a cohort survey of N=2,000 in each country. For Wave 7 (Fall 2008): N=1,750; For Waves 8-12: N=1,500.
△ The last year for the ITC Ireland and ITC Scotland Surveys was 2007
β The ITC Thailand and Malaysian surveys included 4 survey waves over five years between 2005 and 2009; no survey was conducted in 2006.
§ The ITC Korea and ITC Mexico Surveys will increase their sample size to 1,750 and 2,000 beginning in Fall 2008 (Wave 2 in Korea; Wave 3 in Mexico)
△ The ITC Uruguay Survey will increase its sample size to 1,500 beginning in 2008
‡ The ITC Netherlands Survey sampled 400 smokers by phone (random digit dialed, as in the other ITC phone surveys) and 1,700 from a large Internet panel
? Smoking prevalence in Bhutan is unknown; we will conduct household surveys (1600 households, N=3,600) and estimate that 5-15% will be smokers.
THE ITC PROJECT: EVALUATING THE IMPACT OF FCTC POLICIES IN...

19 countries • 50% of the world’s population • 60% of the world’s smokers • 70% of the world’s tobacco users

Australia
Bangladesh
*Brazil
Canada
China (Mainland)
France
Germany
*India
Ireland
Malaysia
Mexico
Netherlands
New Zealand
South Korea
*Sudan
Thailand
United Kingdom
Uruguay
United States of America
*Under Development
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Mexico
Netherlands
New Zealand
South Korea
*Sudan
Thailand
United Kingdom
Uruguay
United States of America

*Under Development
NEARLY TWO THIRDS OF THE WORLD’S SMOKERS LIVE IN 10 COUNTRIES

Source: The number of smokers per country was estimated using adjusted prevalence estimates (see Technical Note II and Appendix III). A limitation of this approach is that adjusted estimates used to estimate the number of smokers are sometimes derived from limited country data, and for some countries large adjustments are needed. In these cases the adjusted estimates can be different from actual surveys reported by countries. Brazil prevalence data were obtained from VIGITEL 2006.
NEARLY TWO THIRDS OF THE WORLD’S SMOKERS LIVE IN 10 COUNTRIES

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### ITC Evaluation of FCTC Policies (Partial List)

**Warning labels**
- UK (2003): Text
- Mauritius (2009): Graphic
- UK (2009): Graphic
- Thailand (2006): Graphic
- Australia (2006): Graphic
- Canada (2010): Graphic, Round 2
- China (2008): Text
- Mexico (2008): Graphic
- Uruguay (2006,09): Graphic
- Brazil (2008/09): Graphic
- Malaysia (2008): Graphic
- India (2009?): Graphic

**Product policies**
- UK (EU): 10-1-10 regulation
- US/Canada: Reduced ignition propensity
- All countries: product; product x behavior

**Taxation**
- Multiple countries, including Brazil

**Advertising/Promotion**
- UK (2003): Comprehensive
- Canada (2003): Last part–comprehensive
- Thailand (2006): POS bans
- Mexico (2008): Comprehensive
- Canada (2008+): Re-emergence of “descriptive” ads & possible new ban
- China (2011): Comprehensive
- Many other countries (also Brazil): Partial

**Smoke-free**
- Germany (2007/08+)
- China (partial in 2008+)
- Netherlands (Part 2–2008/09)

**Light/mild bans**
- UK (2003)
- Australia (2005)
- Canada (2006)
- Many other countries (2009+)
The ITC Surveys

- Extensive surveys of probability samples of adult smokers in each country
- Measures of each FCTC demand policy
- Identical/similar methods/measures in all countries
  - Ongoing efforts to make survey questions as functionally equivalent as possible across countries
Conceptual Model of the ITC Project

Policy

Policy-Specific Variables
- Label salience
- Perceived cost
- Ad/promo awareness
- Awareness of alternative products
- Proximal behaviors (forgoing a cigarette because of labels)

Psychosocial Mediators
- Outcome expectancies
- Beliefs & Attitudes
- Perceived Risk
- Perceived Severity
- Self-Efficacy/Perc. Beh Control
- Normalization beliefs
- Quit intentions

Policy-Relevant Outcomes
- Quit Attempts
- Successful Quitting
- Consumption changes
- Brand switching
- Tax/price avoidance
- Attitude/belief changes (e.g., justifications)

Economic Impact

Public Health Impact

Moderators

Country
Sociodemographics (e.g., age, sex, SES, ethnic background)
Past Behavior (e.g., smoking history, CPD, quit attempts)
Personality (e.g., time perspective)
Psychological State (e.g., stress)
Potential Exposure to Policy (e.g., employment status)
Mediatinal Model(s) of Policy Effects

Policy → Proximal Variables (Policy-Specific) → Distal Variables (Psychosocial Mediators) → Behavior
Mediational Model(s) of Policy Effects

Policy \rightarrow \text{Proximal Variables (Policy-Specific)} \rightarrow \text{Distal Variables (Psychosocial Mediators)} \rightarrow \text{Behavior}

Labels \rightarrow \text{Label Salience} \rightarrow \text{Perceived risk} \rightarrow \text{Intentions to Quit} \rightarrow \text{Quit Attempt}

Perceived Effectiveness \rightarrow \text{Perceived severity} \rightarrow \text{Intentions to Quit} \rightarrow \text{Quit Attempt}
Mediational Model(s) of Policy Effects

**Policy** → **Proximal Variables (Policy-Specific)** → **Distal Variables (Psychosocial Mediators)** → **Behavior**

**Labels** → Label Salience
- Perc Effectiveness
- Depth of Processing

**Label Salience** → Perceived risk
- Perceived severity

**Perceived risk** → Intentions to Quit

**Intentions to Quit** → Quit Attempt

**Advertising salience** → Denorm beliefs
- Social accept
- Subjective norms

**Intentions to Quit** → Quit Attempt

**Intentionsto Quit** → Quit Attempt
Different policies operate differently, but can be described by the same general model.
Why Cohort Surveys? Some Major Reasons

- Only method of measuring the impact of an intervention (policy, program, etc.) on changes in behavior of individuals (rather than aggregates).
Why Cohort Surveys? Some Major Reasons

- Only method of measuring the impact of an intervention (policy, program, etc.) on changes in behavior of individuals (rather than aggregates).
- Only method that allows an explicit test of the mediating processes that operate between intervention and behavioral effects.
Why Cohort Surveys? Some Major Reasons

- Only method of measuring the impact of an intervention (policy, program, etc.) on changes in behavior of individuals (rather than aggregates).

- Only method that allows an explicit test of the mediating processes that operate between intervention and behavioral effects
  - In other words, cohort designs are the only way of explicitly testing how policies influence behavior.
Why Cohort Surveys? Some Major Reasons

- Only method of measuring the impact of an intervention (policy, program, etc.) on changes in behavior of individuals (rather than aggregates).

- Only method that allows an explicit test of the mediating processes that operate between intervention and behavioral effects

  – In other words, cohort designs are the only way of explicitly testing how policies influence behavior

- Greater statistical power: repeated measures designs have lower error because behavior is correlated over time.
## Content of the ITC Surveys

<table>
<thead>
<tr>
<th>Content Domain</th>
<th>Number of Qs</th>
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<tbody>
<tr>
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<tr>
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# Content of the ITC Surveys

## Mixed Surveillance and policy content

### Surveillance content

### Surveillance content

## Content Domain | Number of Qs
---|---
**Smoking History and Frequency**<sup>†</sup>  
→ Age started, 100 cigs,  
→ Duration of last attempt, planning vs. spontaneous,  
→ Cigs/day, time to first, perceived addiction  
→ 7<sup>†</sup>

**Smoking Behaviour (current) and Dependence**<sup>†</sup>  
→ Cigarette brands,  
→ 7<sup>†</sup>

**Quitting: ever tried, most recent attempt**  
→ Perceived role of policies  
→ 6<sup>†</sup>

**Quitting: Beliefs, efficacy, intentions, motivation, reasons for**<sup>†</sup>  
→ Health conditions (e.g., lung cancer, stroke, impotence), role of nicotine  
→ 21<sup>†</sup>

**Knowledge: health effects, constituents**  
→ 22<sup>†</sup>

**Health Warnings**<sup>†</sup>  
→ Noticing, thinking about health risks, motivate quitting, emotional reaction  
→ 13<sup>†</sup>

**Anti-smoking campaigns**<sup>†</sup>  
→ Noticing in various channels, perceived impact  
→ 14<sup>†</sup>

**Cigarette brand**<sup>†</sup>  
→ Choice, history, perceptions, last purchase: size, price paid  
→ 35<sup>†</sup>

**Light/Mild and other supposedly reduced harm products**<sup>†</sup>  
→ Perceptions of brand, relative risk  
→ 7<sup>†</sup>

**Cessation assistance**<sup>†</sup>  
→ Physician mention, type of assistance sought, effectiveness  
→ 19<sup>†</sup>

**ETS and Smoke-Free policies**<sup>†</sup>  
→ Personal policies (home, car), restaurants, bars, workplace (prevalence/support)  
→ 53<sup>‡</sup>

**Psychosocial beliefs about smoking (mediators) and moderators**<sup>‡</sup>  
→ 27<sup>‡</sup>

**Advertising/Promotion**<sup>‡</sup>  
→ 25<sup>‡</sup>

**Tobacco industry beliefs and government role in TC beliefs**<sup>‡</sup>  
→ Trust in industry, need for regulation, should govt do more?  
→ 8<sup>‡</sup>

**Individual difference variables**<sup>‡</sup>  
→ Depression, time perspective, rebelliousness  
→ 18<sup>‡</sup>

**Demographics**<sup>‡</sup>  
→ Age, marital status (also whether partner smokes), income, education  
→ 13<sup>‡</sup>

**TOTAL NUMBER OF QUESTIONS (MAXIMUM)**  
→ 272<sup>‡</sup>
## Content of the ITC Surveys

**Unique ITC Content:** 170-200 Qs focusing on policy impact

### Mixed Surveillance and policy content

### Surveillance content

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The ITC Surveys

- Main design feature: natural experiments—compare impact of a policy in one country to other “control countries” in which the policy has not changed.
- Cohort survey: same individuals surveyed every year – Design allows testing of mediational models
- Evaluation of FCTC policies at the individual level
Cross-Country Comparisons Across the ITC Project Countries
Example of China vs. other ITC countries
Percentage of smokers reporting that "society disapproves of smoking" in China and 14 Other Countries of the International Tobacco Control Policy Evaluation Project.
Percentage of smokers regretting ever starting smoking in China and 11 Other Countries of the International Tobacco Control Policy Evaluation Project
Percentage of smokers reporting having at least some plan to quit in China and 14 Other Countries of the International Tobacco Control Policy Evaluation Project
Quit history by country

- MX
- CH
- NZ
- MY
- UY
- FR
- DE
- NL
- TH
- IE
- UK
- US
- KR
- AU
- CA

- tried a year ago
- tried in last year
There IS demand for cessation assistance throughout the world—even in China. The question is: what kind of supply should be provided?
A little lower means more loving care! Low-harm cigarettes give you more loving care!

Cigarettes contain conflicting elements of pleasure and harm. Zhongnanhai has always focused on research and development of low-harm cigarette technology. Every product fuses the world’s most advanced low-harm cigarette technology, offering a guarantee of health for your smoking life.

(Advertisement for Zhongnanhai Lights Cigarettes published in the September, 2006 issue of the company’s monthly magazine Zhongnanhai World.)
“...the world’s most advanced low-harm cigarette technology, offering a guarantee of health for your smoking life.”

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Percentage of smokers believing that "light" cigarettes are less harmful in China and 11 Other Countries of the International Tobacco Control Policy Evaluation Project
Warning Labels: FCTC Article 11
Evidence from the ITC Project
Why Use Warning Labels?

- Very **effective** and **low-cost** method for informing the public of the harms of tobacco use

- An excellent form of health intervention:
  - Intervention occurs with **high frequency** (a smoker who smokes 20 cigarettes a day is potentially exposed to the warnings 7,300 times a year!)
  - Intervention occurs at the right times (when the person is about to buy cigarettes or about to smoke a cigarette)
Four Country—Change in Avoiding Labels
Four Country—Change in Avoiding Labels

UK: Text Jan 2003

[Graph showing data for Canada, USA, UK, and Australia from 2002 to 2006]
Four Country—Change in Avoiding Labels

UK: Text Jan 2003
Aust: pictorial Mar 2006
Four Country—Change in Avoiding Labels

UK: Text Jan 2003

Aust: pictorial Mar 2006
The introduction of graphic warnings in Australia (2006) greatly increased avoidance compared to the introduction of larger text warnings in the UK (2003).
What is the relevance of tobacco control policies in high-income countries to developing countries?

“...It cannot be assumed, therefore, that the tobacco control strategies being implemented in industrialized countries will be just as effective and appropriate when implemented in developing countries. There is an urgent need to expand the number of such tobacco policy studies, particularly in low-income and middle-income countries.”

Noticing/Salience of warning labels is generally HIGHER in LMICs than the four high-income countries. WHY? Because LMICs have fewer OTHER sources of information about the harms of smoking. And thus labels = greater proportion of information in LMICs. Conclusion: warning labels are MORE important in LMICs as a source of information than in HICs.
Although the potential for benefit is very high (high levels of noticing), the potential is NOT met: lowest impact in China and Malaysia (and U.S.—the three countries with labels on the side of the pack). This is a huge missed opportunity.
Enlarging the labels and adding graphic images led to substantial increases in the percentage of Thai smokers reporting that warnings make them think about health risks.
Enlarging the labels and adding graphic images also led to large increases in the percentage of Thai smokers reporting that warnings make them more likely to quit.
World No Tobacco Day 31 May 2009

The theme of World No Tobacco Day 2009 is “Tobacco Health Warnings”, with an emphasis on the picture warnings that have been shown to be particularly effective at making people aware of the health risks of tobacco use and convincing them to quit. More and more countries are fighting back against the epidemic of tobacco by requiring that packages of tobacco show the dangers of the product’s use, as called for in guidelines to the WHO Framework Convention on Tobacco Control.

Why use picture warnings? | The focus | What you can do | Questions & Answers

CAMPAIGN MATERIALS
- Brochure
- Poster
- All campaign materials

WATD 2009 IN THE REGIONS

SHOWING THE TRUTH, SAVING LIVES: THE CASE FOR PICTORIAL HEALTH WARNINGS

CONTACT INFORMATION
Media contact

Previous World No Tobacco Days
WHO Framework Convention on Tobacco Control (WHO FCTC)
Bloomberg Initiative to Reduce Tobacco Use

HIGHLIGHTS

ATIONS

AWARDS

World No Tobacco Day awards - the winners

MPower
政策/包装

RELATED LINKS

世界无烟日
WHO Framework Convention on Tobacco Control (WHO FCTC)
Bloomberg Initiative to Reduce Tobacco Use

CAMPAIGN MATERIALS
- Brochure
- Poster

WATD 2009 IN THE REGIONS

MEDIA MATERIALS
- Podcast
- Press Release
- Announcement

WATD Advertisement (free for downloading and publication)
World No Tobacco Day 2009

FCTC Article 11
Tobacco Warning Labels

Evidence and Recommendations from the ITC Project

MAY 2009

International Tobacco Control
Policy Evaluation Project
World No Tobacco Day 2009

The ITC Project and evaluation of health warnings

About the ITC Project

The ITC Project is a five-year international cohort study of smoking, with an emphasis on national level tobacco control policy evaluation. Launched in 2002 in Canada, United States, United Kingdom and Australia (the ITC Four Country Study), the ITC Project now consists of cohort surveys of representative samples of adult smokers in 17 countries—Canada, United States, United Kingdom, Australia, Ireland, Scotland, Thailand, Malaysia, South Korea, China, Mexico, Morocco, New Zealand, Portugal, Denmark, the Netherlands, Brazil, Bangladesh and Mauritius. In late 2009, ITC surveys will be launched in Poland and India. One broad objective of the ITC Project is to create an international evaluation system to assess the impact of tobacco control policies of the ITC, as well as other tobacco control initiatives as they are implemented in ITC countries.

ITC survey methods

The ITC Project conducts annual national level surveys to collect information to evaluate ITC policies and tobacco control activities. The longitudinal cohort design of the ITC Project, in which individuals are measured on the same key endpoints on a regular basis, allows stronger conclusions to be drawn about whether specific tobacco control interventions (for instance, health warnings) are effective, regardless of whether they are associated with increased awareness of the health risks, and whether this leads to quit attempts and successful quitting. Moreover, quit attempts and smoking status data are collected in several countries, and are analyzed to support policies on smoke-free, taxation, warnings, and advertising and promotion (SF/TA/WAR). Using a strong conceptual approach with multiple survey assessments, the ITC Project can test how policies change over time to change behavior and identify areas where improvement in policy impact might be achieved.

The ITC Project is conducting prospective cohort surveys to evaluate the impact of tobacco control policies (especially those of the ITC) and other interventions (e.g., mass media campaigns) among adult smokers, as measured by changes in smoking prevalence and smoking behavior. The project is designed to test whether the use of graphic and textual tobacco health warning labels can reduce adult smoking prevalence and smoking behavior, and to evaluate the effectiveness of health warning labels in reducing tobacco use.

ITC survey health warning label measures

Cigarette packages in virtually every country include health warning labels. Yet, the size, number and the type of health information are presented differs notably between countries. The use of standardised methods and measures across all ITC surveys ensures that the effectiveness of health warning labels can be compared across countries in order to provide guidance on best practice in the design of warning labels.

ITC surveys include a broad set of questions to assess health warning label effectiveness, for example, to measure warning label information recall. It assesses (i) how often they have heard of the warning messages over the past month, (ii) whether they had read or looked at them recently (both on a yes/no scale), (iii) the “effectiveness” of the warning labels, and (iv) the readability of warnings. All questions are asked of a random sample of adult smokers aged 18-65 years from the general population, and responses are asked of a random sample of adult smokers who have attempted to quit smoking within the past year. In each country, the ITC Project has conducted a national level survey of adult smokers, and over 100,000 smokers were surveyed.

Graphic fear arousing images do not have negative effects

People have a general knowledge about the harms of smoking, however, pictorial warning labels do not change the impact of smoking in a material way. Communications research suggests that vivid information is more easily noticed and better remembered. Despite this, decades of research studies suggest that fear appeals are effective in motivating behaviour change (e.g. quitting) especially if paired with information about how to protect against harmful consequences (e.g. quit tips, when to first help quitting). ITC surveys have found that the use of vivid imagery on Australian pictorial health warnings leads to increased perceptions of harms (e.g. covering up Blue, black pack, living it out of sight, having a cigarette, or avoiding particular brands). These findings are supported by smoking cessation trends, with smoking cessation rates increasing in Australia over the years. Thus, there is no evidence of adverse effects from graphic cigarette health warnings.

Graphic fear arousing images do not have negative effects

Larger, more comprehensive health warnings are more effective

In analysis of the results of the ITC Four Country Survey conducted in 2002, the ITC Four Country Survey found that larger, more comprehensive set of warnings were in Canada were more likely to be noticed and rated as effective by smokers, compared to warnings in Australia, the UK, and the US. Canadian smokers rated the warnings “better” or “very good” compared to 34% of Australians, 84% of UK smokers, and 56% of US smokers. Canadian smokers reported higher levels for every measure of label effectiveness.

After UK health warnings were enhanced in 2003 to meet the minimum ITC standard, the ITC Four Country Survey found that measures of warning label salience and self-reported impact significantly increased among UK smokers, whereas no increases were observed among smokers in Canada, Australia, or the United States. The proportion of UK smokers who noticed health warnings on cigarette packages “often” or “very often” increased from 34% to 82%—the highest among the four countries. UK smokers were more likely to report that the health warnings had motivated them to take a cigarette compared to US and Australian smokers.

Pictorial warning labels sustain their effects longer than text warnings

A common phenomenon in health communication is message “wearout”. Applied to health warnings, repetitive exposure over time, warnings may lose their effect. Utilized fast food restaurants introduced in 2003 were considerably more likely to be noticed than the Australian warnings, which were only slightly reduced, but had been in place for more than 10 years at the time of the survey. While declines in salience and impact were observed during the 2.5 years following the introduction of the new UK health warnings, ITC surveys show that these warnings are still more prominent in the UK, where labels are small and printed very close to the brand of the pack. Measures of salience and impact remained high in Canada even 4 years after implementation of pictorial, pictorial warning labels. This suggests that larger, more vivid warnings are more likely to sustain their salience over time than less prominent text-based warnings because they have less of a wear-out effect.

Pictorial warnings increase motivation to quit

Evidence from ITC surveys suggests that health warnings can promote quitting and that larger pictorial warnings are more effective in doing so. Large pictorial warning labels increase knowledge of the harms of smoking, thoughts about the health risks, and behaviours (avoiding the warnings, hanging a cigarette) that can then motivate intentions to quit and then quit attempts. ITC research shows that Canadian and Australian graphic warnings stimulate more contemplation, such as thinking about the health risks of smoking, than the text-based warnings.** Additional evidence that health warnings can promote smoking cessation comes from non-ITC studies conducted in Ireland, the UK, the Netherlands, and Australia showing significant increases in calls to national telephone quitters after contact information was included in package warnings.**
How important and effective are health warnings in low and middle-income countries (LMICs)?

The question arises as to whether warning label policies that are implemented in industrialized countries are as effective when implemented in low and middle-income countries. The ITC project has found that smokers in low and middle-income countries such as Thailand, China, and Malaysia, are more likely to notice and pay attention to warning labels rather than "new" or "more" compared to smokers in higher-income countries such as Canada, UK, and Australia. This may be because there are fewer sources of information available to convey the harms of smoking. Since warning labels are no prominent in these low and middle-income countries, they have the potential to influence smokers' behaviors more than in high-income countries.

In the three Asian countries, warning labels have the potential to have a strong impact on smokers (noticing is high), as shown in the above graph.

The potential for effective warning labels is not fulfilled in Malaysia and China, where warnings are small and lacking in content and vividness, as shown in the graph on the left. The Malaysia and China levels for this important measure of warning effectiveness fall to very low levels (and, interestingly, at the same low level as the U.S., which is the only other ITC country to have warnings on the side of the pack).

ITC research in Asian countries (see ITC findings in Thailand and China on pages 6 and 9) suggests that health warnings may be even more important and potentially effective in LMICs. In countries where other sources of information about the harms of smoking are lacking, the health warning assumes even greater importance, and thus, the principles of designing strong and effective health warnings described in this brochure are even more important.

Conclusion

Health warnings have greater importance in countries where there are fewer other sources of information about the harms of smoking. These are likely to be LMICs, but they need to be sufficiently prominent to fulfill their potential. Thus, health warnings would have greater importance in LMICs.

CHINA (Mainland) WARNING LABELS

Weak implementation of FCTC Article 11 results in less effective warnings

In part, China enhanced its health warning labels from text warnings on the side of the pack to larger text warnings on both the front and back of the pack. These new labels met only the minimum label size specified in the FCTC, but did not meet the standard set by the strong Article 11 Guidelines which were adopted shortly after the new Chinese warnings were released (see the box on page 2 that describes the guidelines).

Text Only

Text + Picture

An ITC experimental study conducted among 750 adult smokers, adult non-smokers and youth across five cities in China (Beijing, Shanghai, Shenyang, and Zhengzhou) found that the new enhanced text only Chinese warnings were much more effective than pictorial only warnings. The old label (text only) was not more effective than the more enhanced Chinese label-only warnings (30% of the front and 30% on the back of the pack, but not very distinctive), and eight alternative warnings that were created on Chinese packs using pictorial + text warnings from Canada, Spain, the European Union, and China were more effective. An ITC experimental study found that the new enhanced Chinese warnings (30% on the front and back) were rated at the bottom of the scale of overall ratings, just above the old text warnings that had appeared on the side of the pack.
There is strong public support for large picture warnings

ITC research shows that smokers want to see more health information on cigarette packages. In all ITC countries, the percentage of smokers who want more information on cigarette packages is greater than the percentage of smokers who want less information, even in those countries where graphic pictorial warnings have already been introduced (see graph to the right).

New directions

Brazil has implemented some of the most vivid and emotionally arousing pictorial warning label images in the world. Brazil’s approach is based on research in the neurobiology of emotion showing that stimuli that are (a) very negative, and (b) high in arousal cause an aversive response. The images on the new Brazil warnings were selected so that they were negative and highly arousing. The ITC Brazil Project—a collaboration with the National Cancer Institute of Brazil and the Brazil Ministry of Health—is evaluating whether such warnings are indeed more effective and whether the effect levels of pictorial warnings is due (at least in part) to the negative emotion and high arousal caused by the images.

SUMMARY OF ITC EVIDENCE ON EFFECTIVE WARNING LABELS

- Warnings are a key, low-cost channel for informing people about the harms of smoking.
- Warnings increase knowledge about harms of smoking.
- Warnings lead smokers to think about the risks of smoking and to think about quitting, and these effects, in turn, are associated with future quit attempts.
- Change in warnings leads to increases in salience.
- Pictorial warnings are more effective than text-only warnings, likely because they are more emotionally arousing and present the harms of smoking in vivid and memorable ways.
- Larger warnings are more effective.
- Impact of warnings may be stronger in low-middle-income countries, where there are fewer other sources of information about the harms of smoking.
- ITC findings and the research on effective health communication strongly support the Guidelines for Article 11 of the FCTC.
Use of Graphic Images on Warnings

Canadian Pictorial Warning Label (2001)

Australia (2006)

Mauritius (2009)

New Zealand (2008)

Uruguay (2005)
Brazil’s New Warnings

New approach to warnings: select images that are: (1) very highly negative; (2) very high in arousal

- Will they be more effective?
- Is effectiveness related to negative arousal?
The Impact of Smokefree Legislation (Article 8)
ITC Project Evaluation of Smoke-Free Laws

- Ireland (2004)
- Scotland (2005)
- England (2007)
- Uruguay (2006)
- France (2007/08)
- Germany (2007/08)
- Thailand (2007/08)
- China (partial in 2008)
- Netherlands (Part 2–2008)
- Mexico (2008)
- Brazil (2008-9)
- Subnational in Canada, U.S.
- Bangladesh (2009)
- Mauritius (2009)
- Bhutan (2006, 2009)
Surveillance of Policy-Relevant Outcomes: Example of Smoke-Free Legislation

- **Report of smoking in key venues:**
  
  ET434: The last time you visited [a pub or bar], were people smoking inside?  
  1 **YES**  2 **NO**

- **In countries where a ban has been implemented:**
  
  ET801: In your experience, to what extent are your local cafes and bars enforcing the recent smoking ban?  
  1 **Not at all**  2 **Somewhat**  3 **Totally**
Smoking Prevalence in Bars/Pubs Before & After Ban in Ireland (04), Scotland (06), UK (07), France (08), Netherlands (08), Germany (07-08)

% of Bars in which there was ANY smoking

Ireland: 98, 98, 98, 93, 92, 96, 94, 98
UK (Non-Scotland): 98, 98, 92
Scotland: 94
France: 93, 92, 96
Netherlands: 94, 98
Germany: 93, 92, 96, 94, 98

Dates:
- IE: Mar 04
- SC: Mar 06
- UK: Apr, Jul 07
- FR: Jan 08
- DE: 07-08
- NL: Jul 08
- Apr 09

Cities:
- IE: Ireland
- SC: Scotland
- UK: UK (Non-Scotland)
- FR: France
- NL: Netherlands
- DE: Germany
SUPPORT for Bans in Bars/Pubs Before & After Ban in Ireland (04), Scotland (06), UK (07), France (08), Netherlands (08), Germany (07-08)
Some findings from the ITC Project on whether policies can close the equity gap:

1. Adding information on stroke and impotence on health warnings in the United Kingdom: 2003
Knowledge that Smoking Causes Impotence in 2002 and 2003 in the U.K. By Income Level

- High
- Medium
- Low
Knowledge that Smoking Causes Strokes in 2002 and 2003 in the U.K. By Income Level

- High
- Medium
- Low

Year 2002:
- High: 73.3%
- Medium: 64.9%
- Low: 71.2%

Year 2003:
- High: 83.8%
- Medium: 79.2%
- Low: 71.2%
Some findings from the ITC Project on whether policies can close the equity gap:

2. Introducing graphic warnings in Thailand in 2005: effects on label-relevant outcome variables
Reading Labels Closely in Thailand by Income Level

- High
- Medium
- Low

- 2005: High - 40.7, Medium - 40.7, Low - 40.7
- 2006: High - 55.7, Medium - 50.6, Low - 50.6
Labels Stopped You From Smoking a Cigarette in Thailand by Income Level

- High
- Medium
- Low

<table>
<thead>
<tr>
<th>Year</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>45.8</td>
<td>40.0</td>
<td>39.0</td>
</tr>
<tr>
<td>2006</td>
<td>57.3</td>
<td>52.6</td>
<td>44.6</td>
</tr>
</tbody>
</table>
Some findings from the ITC Project on whether policies can close the equity gap:

Reported Prevalence of Smoking in Bars in 2004 and 2005 in Ireland By Income Level

% of Bars in which there was ANY smoking

2004  2005

High  Medium  Low
Evaluation of the FCTC is absolutely critical for determining whether the policies are actually achieving the goals: to reduce the burden of tobacco use throughout the world.
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Evaluation = Surveillance of an expanded set of outcomes PLUS the proper design that allows a test of NOT ONLY whether a policy is working but also allows us to identify the mechanisms that are (may be) responsible.
Conclusion

- Evaluation of the FCTC is absolutely critical for determining whether the policies are actually achieving the goals: to reduce the burden of tobacco use throughout the world.

- Evaluation = Surveillance of an expanded set of outcomes PLUS the proper design that allows a test of NOT ONLY whether a policy is working but also allows us to identify the mechanisms that are (may be) responsible.

- The principles used here are content-free. They could very well be applied to other domains.
“Just as surely as the laws of gravity operate in Mumbai as they do in Lyon, the principles of causality—and the methods employed to make more confident judgments about causal relations—are constrained by neither location nor content domain.”
