The International Tobacco Control Policy Evaluation Project (ITC Project) as an Approach to Evaluating and Understanding the Impact of Population Health Interventions

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Ontario Institute for Cancer Research

Accelerating Population Health Intervention Research to Promote Health and Health Equity
“Shifting Gears: From Demonstration to Start-Up”
Toronto—November 30, 2010
“Tobacco is the most effective agent of death ever developed and deployed on a worldwide scale.”

– John Seffrin, Former CEO, American Cancer Society
Some Statistics on Global Tobacco Use

◆ 1.1–1.3 billion people smoke
  – 82% live in low-and middle-income countries
  – 500 million will die of tobacco-related causes
◆ 20th Century: 100 million tobacco-related deaths
◆ 21st Century: 1 billion tobacco-related deaths
◆ 5 million will die this year
◆ By 2025: 8 million will die/year
◆ WHO: Leading preventable cause of death and disability in the world
“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.”

Framework Convention on Tobacco Control (FCTC)

- First-ever health treaty
- Unanimously adopted in 2003
- 171 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
  - COP-4: Nov 2010 in Uruguay
Policies of the FCTC

- More prominent warning labels
- Elimination of “light/mild” and other deceptions
- Bans/restrictions on advertising, promotion, sponsorship
- Protection from exposure to tobacco smoke
- Higher taxes
- Support for cessation
- Education, communication, public awareness
- Reduce illicit trade
The FCTC: World’s First Health Treaty

- Are these policies working?
  - Do pictorial warnings work better than text warnings?
  - Are smoke-free laws being obeyed? What factors explain why these laws may have stronger impact in one country than in others?
  - Does policy impact vary across different people (do higher taxes have stronger impact on youth?)

- WHY and HOW do policies have their impact?

To answer these questions, we need to evaluate FCTC policies across different countries.
Research design considerations for evaluating national-level policies

- Has to be **international**: control/comparison countries
- Has to be cohort: track **individuals** over time
- Should (must) include outcome measures for multiple policies (not just the policy that is changing tomorrow)
- Should (must) include measures of key **intermediate** outcomes of a policy (what a policy should be changing within a person BEFORE the person changes his/her behaviour)
- Must include psychosocial **mediators** and **moderators** that will help us understand how and why the policy had its impact (if indeed it had an impact)
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)

Moderators
- Country
  - Sociodemographics (e.g., age, sex, SES, ethnic background)
- Past Behavior
  - Smoking history, CPD, quit attempts
- Personality
  - Time perspective
- Psychological State
  - Stress
- Potential Exposure to Policy
  - Employment status

SES as possible moderators of tobacco use and of policy impact: which policies can help close the equity gap?

Economic Impact

Public Health Impact
Mediational Model(s) of Policy Effects

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

Labels
- Label Salience
- Perc Effectiveness
- Depth of Processing
- Emotion/arousal

Ad Ban
- Advertising salience
- Positive assns

Different policies operate differently, but can be described by the same general model.
Starting up an international research project
Starting up an international research project

- Ask Roy Cameron
- Linkage to:
  Ron Borland (Australia),
  Gerard Hastings (UK),
  Mike Cummings and
  Gary Giovino (US)
- CBRPE: Seed funding to begin planning the ITC Project in four countries: Canada, US, UK, Australia
- Propel Centre continues to support the ITC Project through its partnership with Univ of Waterloo
Funding an international research project

- **Barriers:**
  - It’s international
  - It’s expensive
  - It’s new

- **Ask Nancy Kaufman**

- **Robert Wood Johnson Foundation grant**

- **CIHR grant**
# The International Tobacco Control Policy Evaluation Project (the ITC Project)

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The ITC Surveys

- Extensive surveys of probability samples of adult smokers in each country
- Longitudinal cohort design
- Measures of smoking behaviour, history of smoking and of quit attempts, psychosocial variables (beliefs, attitudes, knowledge), and 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
## Content of the ITC Surveys

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

#### Surveillance content

**Smoking History and Frequency**
- Age started, 100 cigs.
- 7 Qs

**Smoking Behaviour (current) and Dependence**
- Cigs/day, time to first, perceived addiction
- 7 Qs

**Quitting: ever tried, most recent attempt**
- Duration of last attempt, planning vs. spontaneous
- 6 Qs

**Quitting: Beliefs, efficacy, intentions, motivation, reasons for**
- Perceived role of policies
- 21 Qs

**Knowledge: health effects, constituents**
- Health conditions (e.g., lung cancer, stroke, Impotence), role of nicotine
- 22 Qs

**Health Warnings**
- Noticing, thinking about health risks, motivate quitting, emotional reaction
- 13 Qs

**Anti-smoking campaigns**
- Noticing in various channels, perceived impact
- 14 Qs

**Cigarette brand**
- Choice, history, perceptions, last purchase: size, price paid
- 35 Qs

**Light/Mild and other supposedly reduced harm products**
- Perceptions of brand, relative risk
- 7 Qs

**Cessation assistance**
- Physician mention, type of assistance sought, effectiveness
- 19 Qs

**ETS and Smoke-Free policies**
- Personal policies (home, car), restaurants, bars, workplace (prevalence/support)
- 53 Qs

**Psychosocial beliefs about smoking (mediators) and moderators**
- 27 Qs

**Advertising/Promotion**
- 25 Qs

**Tobacco industry beliefs and government role in TC beliefs**
- Trust in industry, need for regulation, should govt. do more?
- 8 Qs

**Individual difference variables**
- Depression, time perspective, rebelliousness
- 18 Qs

**Demographics**
- Age, marital status (also whether partner smokes), income, education
- 13 Qs

### Mixed Surveillance and policy content

**Content Domain** | Number of Qs
--- | ---
**Surveillance content** | **272**

Throughout the policy sections there are measures relevant to monitoring.
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1 “Smokers” = cigarettes in all countries, but also includes bidi 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.
β The last year for the ITC Ireland and ITC Scotland Surveys was 2007.
† 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).
Δ The ITC Uruguay Survey increased its sample size to 1,500 beginning in 2008 (and expanded from Montevideo to other urban locations).
‡ 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 are conducting household surveys (1600 households, N=3,600) and estimate that 5-15% will be smokers.
NEARLY TWO THIRDS OF THE WORLD’S SMOKERS LIVE IN 10 COUNTRIES

ITC Surveys are being conducted in:
Over 50% of the world’s population
Over 60% of the world’s smokers
Over 70% of the world’s tobacco users

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.
ITC Evaluation of FCTC Policies (Partial List)

◆ Warning labels
  – UK (2003): Text
  – India (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, Round 3
  – Malaysia (2008): Graphic
  – Mauritius (2009): Graphic

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

◆ Taxation
  – All countries

◆ Advertising/Promotion
  – Canada (2003): Last part of Comp.
  – Mexico (2008): Comprehensive
  – Canada (2008+): Re-emergence of “descriptive” ads & possible new ban
  – China (2011): Comprehensive
  – Many other countries: Partial

◆ Smoke-free
  – Mexico (2008+)
  – Scotland (2005)
  – Brazil (2008+)
  – Bangladesh (2009+)
  – Uruguay (2006)
  – Bhutan (2009+)
  – France (2007/08)
  – India (partial)
  – Germany (2008+)
  – Mauritius (2009)
    – China (2008/09 + Olympics)
    – Netherlands (Part 2–2008/09)

◆ Light/mild bans
  – Australia (2005)
  – Canada (2006)
  – Brazil + others (2009+)

◆ Illicit trade
  – China (2008): prevalence
  – Additional in Canada/U.S.: close to reserves
  – Bhutan (2009+): total ban on sales in country

◆ Illicit trade
  – China (2008): prevalence
  – Additional in Canada/U.S.: close to reserves
  – Bhutan (2009+): total ban on sales in country
Significance: avoiding labels predicts future quit attempts.

Example of the mediational model for warnings: Pictorial warnings are linked to future quit attempts because they first create reactions that are associated with future quitting.
Smoking Prevalence in Bars/Pubs Before & After Ban in Ireland (04), Scotland (06), UK (07), France (08), Netherlands (08), Germany (07-08)
Fig 3. Percentage of smokers who noticed smoking in public places, before and after the Mexico City ban.

Bars and Cantinas:
- Before ban: 99.0%, 98.8%, 93.9%, 91.8%
- After ban: 90.0%, 79.7%, 70.0%

Restaurants:
- Before ban: Tijuana 78.4%, Juárez 72.4%, Mexico City 38.6%, Guadalajara 38.7%
- After ban: Tijuana 32.7%, Juárez 31.9%, Mexico City 14.1%, Guadalajara 12.9%
ITC Findings in Canada
Canada: Label Revision Process Stopped

Federal tobacco strategy turns from scary labels to stopping contraband

GLORIA GALLOWAY
Ottawa—From Tuesday's Globe and Mail
Published Tuesday, Sep. 28, 2010 3:00AM EDT
Last updated Tuesday, Sep. 28, 2010 3:24PM EDT

After more than six years of study, design and focus groups, the federal government has halted its plan to require tobacco companies to update the warnings on the side of cigarette packages with larger and more grotesque images.
Canada: Label Revision Process Stopped

The federal government's senseless policy change on tobacco warning labels

Tobacco control is an area where government policy initiatives are uniquely effective in yielding widespread public health benefits. A decade ago, Canada led the world in enacting strong and effective tobacco policies, particularly regarding warning labels on tobacco products. Since then, 47 other countries have implemented similar programs and many have far more stringent requirements. However, rather than moving Canada further ahead, the federal government now seems poised to abandon this legacy. In late September, Health Canada abruptly announced a closed-door meeting with provincial and territorial representatives that it was suspending plans to move forward with larger and more graphic warning labels as well as a prominently displayed toll-free number for a quit-smoking line. Instead, the federal government’s tobacco policy will now focus on fighting counterfeit cigarettes.

Warning labels are an effective, inexpensive communication strategy. After television, labels are the most important source of information for smokers and non-smokers alike about the adverse health consequences of smoking. Moreover, the “dose” of information increases in proportion to the amount of tobacco consumed: the more often smokers reach for a cigarette, the more often they see and are influenced by the warnings. And the tobacco industry is made to pay for it. Since Health Canada abandoned mass media campaigns against tobacco years ago, warning labels constitute the federal government’s only remaining smoking-related mass communication initiative.

Warning labels make smokers substantially more likely to notice and read messages about adverse health consequences of smoking, to think about these consequences and about quitting, as foreign cigarette they were about to smoke, and to try to avoid using the labels. These cognitive and behavioral effects are in turn associated with increased rates of quitting smoking. Label messages also inform smokers about effective strategies to help them cut. Regulations governing the size and location of warning labels limit the tobacco industry’s ability to use labeling to provide misleading information and undermine the risk of smoking. Perhaps most importantly, warning labels effectively deter non-smokers from starting to smoke and are a key medium for such messages for vulnerable children and youth.

The larger and more striking the labels, the more effective they are. Larger text messages are more meaningful than smaller ones, and pictorial warnings are the most effective. For this reason, guidelines issued by the international frames

The tobacco industry has argued that the existing warning labels are insufficient, but as usual, they ignore clear evidence to the contrary. Although warning labels are effective, they lose their effort over time and with repeated exposure. Countries such as Thailand and Uruguay have replaced their labels three or four times in the past five years. Canada’s labels have remained unchanged for a decade. In fact, after years of research and millions of taxpayer dollars, Health Canada has failed to change a single label.

The Harper government’s inaction policy shift is ill-conceived. At a minimum, the shift is wasting years of work and taxpayer dollars. Without warning labels, smoking rates will rise and eventually result in increased smoking-related illnesses and death. Certainly, the problem of counterfeit is not addressed. However, there is no obvious reason why fighting counterfeit should stop the government from proceeding with new warning labels that have already been developed and widely researched.

In the absence of a logical explanation, Canada should be forgiven for questioning the government’s motives. Many have speculated that the government has caved in to the tobacco industry, that undoubtedly saw new and larger warning labels as a potential threat to its market share and bottom line. In the past, tobacco companies have spent no expense to lobby and mount legal challenges to reverse government anti-tobacco policy. Others may see the policy shift as another example of the Harper government’s ignoring public health, focusing on a low-priority agenda.

The federal Minister of Health has previously shown leadership in getting tobacco control legislation passed through Parliament. Her leadership is needed again. Minister Aglukkaq must take action to ensure that the new warning labels go forward without further delay. She should commit Health Canada to a ongoing process of regular and timely renewal of the labels, given the clear evidence that this is necessary. She should also give careful consideration to the initiatives of other countries that have surpassed Canada’s lead in fighting tobacco consumption, such as Australia’s recent decision to require plain packaging of cigarettes.
Why revisions are needed in Canada

Percentage of smokers in Canada reporting that they saw information about the dangers of smoking on cigarette packs in the past six months

Percentage of smokers in Canada who report noticing the Warnings A Lot in the Past Month

Percentage of smokers in Canada who report reading the warning labels closely in the past month

Percentage of smokers in Canada who report that the warning labels made them forgo a cigarette they were about to smoke
Cross-Country Comparisons Across the ITC Project Countries
Example of China vs. other ITC countries
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
Percentage of smokers reporting that "society disapproves of smoking" in China and 14 Other Countries of the International Tobacco Control Policy Evaluation Project.
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. (Advertise for Zhongnanhai Lights Cigarettes published in the September, 2006 issue of the company’s monthly magazine Zhongnanhai World.)
Percentage of smokers believing that "light" cigarettes are less harmful in China and 11 Other Countries of the International Tobacco Control Policy Evaluation Project.
Dissemination of ITC Project Findings
1. Released October 1, 2010
2. 11 articles
3. Examples:
   – Gibson et al.: Evaluation of the UK National Health Service (NHS) Stop Smoking Services
   – Reid et al.: SES disparities in quit intentions, quit attempts, and smoking abstinence among smokers in US, UK, Canada, Australia
   – Wilson et al.: Increased recognition of NZ quitline following introduction on pictorial labels, equalizing pre-intro SES differences in noticing
ITC China Project Supplement in *Tobacco Control*

1. Released October 6, 2010
2. All articles in the supplement are downloadable--free to everyone!
3. 11 articles from the ITC China Project team
4. Variety of research methods
   - ITC China Survey
   - Air quality monitoring
   - Analysis of design features of Chinese cigarettes and assays of heavy metals
   - Experimental study of the perceived effectiveness of the new (Oct 2008) Chinese warnings
Heavy Metals in Chinese Cigarettes

Substantially higher concentrations of lead and cadmium compared to Canadian cigarettes

O’Connor et al., *Tobacco Control*, 2010
High amounts of heavy metals found in China tobacco

By Tan Ee Lyn

HONG KONG (Reuters) - Some Chinese cigarettes contain amounts of lead, arsenic and cadmium that are three times higher than levels found in Canadian cigarettes, a study has found.

While consuming such heavy metals is widely known to be harmful to health, there is little research done so far about their impact when inhaled into the body.

The researchers, who published their findings in the journal Tobacco Control on Tuesday, said more investigation was needed.

China Daily

Yesterday, news about the heavy metal content of Chinese cigarettes caused widespread concern.

A research group called the International Tobacco Control Policy Evaluation Project (ITC) published a research report in the journal Tobacco Control, which showed that 13 Chinese-made cigarette brands contain more than three times the level of heavy metals compared with Canadian cigarette brands.

【More】
Creating Guidelines and Standards for Research

IARC Handbook:
Methods for Evaluating Tobacco Control Policies
(February 2009)

Review and conceptual foundations for policy evaluation, including the importance of design issues. Recommended measures to assess tobacco use, dependence, mediators and moderators; measures to assess the effectiveness of taxation, smoke-free policies, marketing, labelling, anti-tobacco campaigns, cessation interventions, and product regulation.
Knowledge Dissemination/Transfer Products

- ITC National Reports
- ITC Country Summaries
- ITC Policy Reports
- ITC Working Paper Series
ITC National Reports: France

The International Tobacco Control Policy Evaluation Project

ITC France National Report

FEBRUARY 2009

Promoting Evidence-Based Strategies to Fight the Global Tobacco Epidemic

International Tobacco Control Policy Evaluation Project

ITC

International Tobacco Control Policy Evaluation Project

Promouvoir des stratégies fondées sur des preuves pour contrer l’épidémie mondiale de tabagisme

« International Tobacco Control », projet d’évaluation des politiques publiques de lutte antitabac

Présentation et principaux résultats

FÉVRIER 2009
“Just one year ago the no smoking decree came into force in pubs and restaurants. Smokers and non-smokers, each of us can be delighted about this major advance. The ITC Surveys already conducted about the impact of this policy indeed show that the measure is well-respected by the hospitality industry, and also by their customers”

Roselyne BACHELOT-NARQUIN
Minister of Health and Sports
7 January 2009

Introduction of the ITC France National Report
To carry on the fight against tobacco

I am very pleased to preface the International Tobacco Control Policy Evaluation Project (ITC) France National Report. The ITC Project, the first ever international cohort survey of tobacco use, is led by an international research team based at the University of Waterloo in Canada. This project is a collaborative initiative with international health organizations and policymakers in 29 countries inhabited by over 30% of the world's population and 60% of the world's smokers. This aim is as ambitious as helpful to assist policymakers in their implementation of evidence-based tobacco control policies.

The smoking ban in bars and restaurants in France was introduced just over one year ago. As I stated in the press conference I have recently held, we can point out a strong support among non-smokers as well as among smokers for this public health policy decision.

Surveys conducted before and after the enforcement of the ban in bars and restaurants, in particular the ITC France Survey, have demonstrated the success of this public health initiative.

In particular, data from the ITC France Project found that there was a dramatic decrease in exposure to second-hand smoke in bars and restaurants. This result was obtained thanks to the compliance to the regulation by restaurants, bars, hotels and discothèques tenants, and adherence to the ban by its customers. Besides, results from the ITC France Project have shown that support for this regulation has increased among non-smokers, but also among smokers.

Environmental tobacco smoke level has also dramatically decreased in bars and restaurants. However, an additional delay is needed before claiming that there are public health benefits on the general population, which have happened in other countries that have implemented similar legislations before, such as in Italy and Scotland.

We expect from ITC Project data an assistance to guide us in our efforts to fight the number one preventable cause of death and illness in the world.
I am happy to learn that the ITC (Bangladesh) Project is going to launch its research findings on
the use of tobacco and its pervasive effects on the people’s health and the society.

Bangladesh was the first to sign the WHO Framework Convention on Tobacco Control and
among the first 40 countries to become parties to the Convention.

The findings of the research project identify the enduring threat of tobacco use to the health
and well-being of our people, and to the economic and social development of our country.

I hope that this report will provide valuable details of the challenges of tobacco control in
Bangladesh from a multidisciplinary perspective.

I congratulate the multinational team of researchers, including the investigators from the
Department of Economics at the University of Dhaka and their colleagues from the University of
Waterloo in Canada, who have worked together on this very timely research initiative.

Jai Bangladesh, Jai Bangladesh!
May Bangladesh Live Forever.

Sheikh Hasina

Prime Minister
Government of the Peoples
Republic of Bangladesh

Prime Minister
Government of the Peoples
Republic of Bangladesh

April 2010
The ITC Project released a report on pictorial warnings for World No Tobacco Day (May 31, 2009): 12 page report on ITC Project findings in the domain of warning labels (in English and Chinese)
ITC项目和健康警示的评估

关于ITC项目

ITC项目是一个国际性的团队合作研究，旨在评估各个国家在控制烟草使用方面所采取的措施。ITC项目涵盖了全球多个国家，包括澳大利亚、美国、英国、澳大利亚、爱尔兰、法国、德国、日本、巴西、南非、尼日利亚和巴西等。在上述国家中，ITC项目团队对烟草产品包装和警示标签进行了研究。

根据2009年的评估报告，ITC项目的目标是建立一个全球性的烟草控制系统，以促进各国和各地区在烟草控制政策和健康警示上的合作。

ITC调查方法

ITC项目每年都会进行大规模的调查研究，收集数据，对《公约》规定的其他烟草控制活动进行全面评估。ITC项目通过研究烟草包装和警示标签对消费者的教育影响，得出了以下重要结论：

1. 包装和警示标签有助于减少烟草使用；
2. 警示标签和包装对控制吸烟行为具有重要作用；
3. 警示标签和包装有助于减少烟草相关疾病。

ITC项目属于前瞻性研究，评估了烟草政策（尤其是《公约》中的政策）和消费者政策（例如大众媒体宣传）的影响，覆盖了全球50%的人口，60%的吸烟者和70%的烟草使用者。

《印第安纳大学》

第16卷 印第安纳大学 3

中国（大陆）健康警示

没有按要求执行《公约》第11条内容导致健康警示效果比较差

2009年，中国政府在世界卫生组织的《公约》

健康警示规定下实施新的健康警示标识。由于新标识的实施导致某些地方没有严格执行《公约》第11条的实时图形或文字警示标识（见第二章对政策的综述）。
Impact of varying tax levels on tobacco use

<table>
<thead>
<tr>
<th>Impact of varying tax levels on tax revenue</th>
</tr>
</thead>
</table>

**Table 2: Projected effect of tax and price increase on cigarette and roll consumption in Bangladesh**

<table>
<thead>
<tr>
<th>Increase in SD price</th>
<th>Increase in price</th>
<th>Decrease in estimated consumption</th>
<th>Decrease in total consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>over 2000 (SD)</td>
<td>(price %)</td>
<td>(number of pack)</td>
<td>(Million packs)</td>
</tr>
<tr>
<td>CIGARETTES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>10.0</td>
<td>466</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>14.0</td>
<td>466</td>
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</tr>
<tr>
<td>100</td>
<td>17.0</td>
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</tr>
<tr>
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<td>20.0</td>
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<td></td>
</tr>
<tr>
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<td>23.0</td>
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</tr>
<tr>
<td>1000</td>
<td>71.0</td>
<td>466</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
1. Decrease in estimated consumption = Increase in SD price × (Price elasticity of cigarette smoking participation + Estimated number of smokers in 2000) × Estimated smoking population
2. Decrease in total consumption = Increase in SD price × (Price elasticity of estimated total annual consumption + Estimated annual consumption in 2000)

**Figure 1: Annual cigarette tax revenue (Crore Taka) from given percentage increase in supplementary duty from 2009 rate**

ITC Project and Policymaking
Gave a talk for Alberta’s Celebration of World No-Tobacco Day, May 2007

Contacted advocates/insiders to find out how I could help in their push for 100% smoke-free laws in Alberta:
1. Legislators were not sure support was high enough
2. Rumor: the cities are pushing this law on the rural areas, who are NOT supportive (a “hot button” issue in Alberta)
The ITC Four Country Survey has data on support for smoke-free laws across key venues (restaurants, bars, workplaces).

In Canada, there were about 2,000 smokers in our cohort at the time, including about 200 smokers from Alberta.

We computed the overall support of these Alberta smokers for smoke-free laws and also separately for urban and rural Alberta smokers.

We then compared the level of support in Alberta with the level of support in Ireland before their successful smoke-free law.
ITC Survey W5 (Fall 2006)
Alberta Smokers:
29% support
(33% rural, 27% urban)
Support for Total Ban in Restaurants

ITC Wave 5 (Fall 2006)
Alberta Smokers:
74% support (77% rural, 73% urban)

OR=2.03, p<.001
[1.37–3.00]
Support for Total Ban in Workplaces

ITC Wave 5 (Fall 2006)
Alberta Smokers:
64% support (69% rural, 62% urban)

OR=1.87, p=.002
[1.27,2.75]
ITC findings address both issues in Alberta

1. Legislators were not sure support was high enough

   Support was HIGHER in Alberta than in Ireland before Ireland’s successful smoke-free law for all three venues (bars, restaurants, workplaces)

2. Rumor: the cities are pushing this law on the rural areas, who are NOT supportive (a “hot button” issue in Alberta)

   Support was HIGHER in the rural areas for all three venues
BILL 45

ALBERTA PASSES ONE OF THE STRONGEST TOBACCO CONTROL LAWS IN CANADA

To find out more about smoke free places and Bill 45 click on smokefreeplaces.com.

Smoke-Free Places (Tobacco Reduction) Amendment Act, 2007

On November 14, 2007, Bill 45, the Smoke-free Places (Tobacco Reduction) Amendment Act, 2007 passed third and final reading.

Once proclaimed, the Act will:

- Prohibit smoking in all public places and workplaces (proposed effective January 1, 2008);
- Ban tobacco displays, promotions and advertising in retail outlets (proposed effective July 1, 2008); and
- Remove tobacco sales from pharmacies, health care facilities and post-secondary campuses (proposed effective January 1, 2009).
Knowledge Transfer and Utilization of ITC Project Findings:

1. Presentations and policy briefings
2. Close working relationships with key stakeholders in global tobacco control
Direct Involvement in FCTC process (COP-4)
Future Objectives

◆ Continue the cohort surveys in 20 countries, particularly in LMICs

◆ Expand the ITC Surveys into critical regions of the world, especially Africa, Indonesia, Russia, Japan
  – CIHR renewal application requesting funding for Kenya, Nigeria, Kenya

◆ Expand our strong dissemination/KT program

◆ Expand the ITC paradigm itself into other domains of health where population-level interventions (policies and programs) are being considered (e.g., obesity).
“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.”

ITC Project Research Organizations

Core support provided by the U.S. National Cancer Institute (P01 CA138389)

Additional core funding provided by the Canadian Institutes of Health Research