

# MPOWER:

## Six policies to reverse the tobacco epidemic

The tobacco epidemic is preventable. Hundreds of millions of people do not have to die this century from tobacco-related illness – but only if the leaders of governments and civil society take urgent action now.

WHO is helping countries fight tobacco use and the tobacco industry's marketing of its deadly product. In May 2003, the WHO World Health Assembly unanimously adopted the WHO Framework Convention on Tobacco Control, one of the United Nations' most widely embraced treaties – and the world's first against tobacco – in order to galvanize action at the global and country level against the tobacco epidemic. This treaty provides the context for effective policy interventions to neutralize this killer of millions of people each year.

Leaders around the globe have begun to recognize that tobacco use is an epidemic that can and must be confronted and stopped. Some countries have started mobilizing to protect their citizens and their economies.

For example, Malaysia increased tobacco taxes to raise the retail price of cigarettes by 40%. Egypt established smoke-free public places and mandated pictorial health warnings on tobacco packs. Thailand prohibits tobacco advertising in print, radio and television and has banned cigarette vending machines. Jordan introduced a media campaign to cut tobacco use. Uruguay has banned smoking in public places and workplaces including restaurants, bars and casinos: the first country in the Americas to become 100% smoke-free.

However, much more needs to be done in every country. To expand the fight against the tobacco epidemic, WHO has introduced the MPOWER package of six proven policies:

- **M**onitor tobacco use and prevention policies,
- **P**rotect people from tobacco smoke,
- **O**ffer help to quit tobacco use,
- **W**arn about the dangers of tobacco,
- **E**nforce bans on tobacco advertising, promotion and sponsorship, and
- **R**aise taxes on tobacco.

The MPOWER policy package can reverse the tobacco epidemic and prevent millions of tobacco-related deaths.

**Knowing is not enough;  
we must apply.  
Willing is not enough;  
we must do.**

Johann Wolfgang von Goethe (1749–1832)

# • Monitor tobacco use and prevention policies

## Importance of monitoring data

Strong national and international monitoring is essential for the fight against the tobacco epidemic to succeed. Data from monitoring are necessary to ensure the success of the five other policy interventions in the MPOWER package. Only through accurate measurement can problems caused by tobacco be understood and interventions be effectively managed and improved.

Comprehensive monitoring informs the leaders of governments and civil society how the tobacco epidemic harms their countries, and helps them allocate tobacco control resources where they are most needed and will be most effective. Monitoring also shows whether policies are working and how they should be tailored to the needs of different countries, and to different groups within countries.

## Characteristics of effective monitoring systems

Good monitoring systems must track several indicators, including (i) prevalence of tobacco use; (ii) impact of policy interventions; and (iii) tobacco industry marketing, promotion and lobbying. Findings must be effectively disseminated so that governments, country leadership and civil society can use them to develop tobacco control policies and build capacity for effective policy



**Knowledge is MPOWER**

## **Protect people from tobacco smoke**

implementation and enforcement. Data from monitoring become the most important evidence for advocates of stronger policies.


Monitoring programmes need to provide overarching as well as specific information on the tobacco epidemic. These include surveys on tobacco use prevalence and consumption levels by age group, sex, income and other demographic subdivisions, both nationally and by province or region. The effectiveness of local and national tobacco prevention programmes must also be closely assessed.

To maintain an effective monitoring system, collaboration is needed among health practitioners, economists, epidemiologists, data managers, government officials and many others. Good management and organization are also necessary, which requires stable and sustained funding. WHO is working with countries to build and expand global- and national-level monitoring systems.

### **The case for smoke-free environments**

Research clearly shows that there is no safe level of exposure to second-hand smoke. The Conference of the Parties to the Framework Convention,<sup>45</sup> the WHO International Agency for Research on Cancer,<sup>46</sup> the US Surgeon General<sup>47</sup> and the United Kingdom Scientific Committee on Tobacco and Health<sup>48</sup> all concur that second-hand smoke exposure contributes to a range of diseases, including heart disease and many cancers. For example, second-hand smoke exposure increases the risk of coronary heart disease by 25–30% and the risk of lung cancer in non-smokers by 20–30%.<sup>47</sup>

Ireland provides strong evidence of the positive health effects of smoke-free environments. Following the country's implementation of smoke-free legislation in 2004, ambient air nicotine concentrations decreased by 83% and



**Only a full smoking ban in all enclosed workplaces, including catering and drinking establishments, and all public buildings and transport can protect the health of employees and non-smokers.**

Report approved by 561 of 660 Members of the European Parliament (2007)

bar workers' exposure to second-hand smoke plunged from 30 hours per week to zero.<sup>49</sup>

Smoke-free environments also help smokers who want to quit. Smoke-free laws in workplaces can cut absolute smoking prevalence by 4%.<sup>50</sup> Smoke-free policies in workplaces in several industrialized nations have reduced total tobacco consumption among workers by an average of 29%.<sup>50</sup>

Legislation mandating smoke-free public places also encourages families to make their homes smoke-free,<sup>51</sup> which protects children and other family members from the dangers of second-hand smoke. Even smokers are likely to voluntarily implement a "no smoking" rule in their homes after comprehensive smoke-free legislation is enacted.<sup>52,53</sup>

The effectiveness of smoke-free laws is greatly weakened or completely eliminated when smoking is permitted in designated areas. The tobacco industry itself acknowledges the effectiveness of smoke-free environments, and how creating exceptions can undermine their impact. A 1992 internal report by Philip Morris stated: "Total prohibition of smoking in the workplace strongly affects industry volume. ... Milder workplace restrictions, such as smoking

only in designated areas, have much less impact on quitting rates and very little effect on consumption."<sup>54</sup>

### Smoke-free environments are popular

The overwhelming success and popularity of smoke-free legislation in countries that have adopted it contradict false claims by the tobacco industry that these laws are unworkable and costly to businesses. About half of Americans<sup>55</sup> and 90% of Canadians live in areas where public spaces and workplaces are smoke-free. A thorough review of the literature on the economic effects of smoke-free environments around the world concluded that, among the few studies presenting scientifically valid data,<sup>56</sup> none had a negative economic impact, resulting instead in a neutral or positive impact on businesses.<sup>57</sup>

When smoke-free legislation was proposed in Ireland, the tobacco industry argued vehemently that smoking was an integral part of that country's pub culture, claiming that a ban would be unenforceable and cause irreparable economic harm to pub owners.<sup>58</sup>

But that country has now been smoke-free for more than two years, with strong public support and no negative impact on business.<sup>58,59</sup>

Public opinion surveys show that smoke-free legislation is extremely popular wherever it is enacted. In 2006, Uruguay became the first country in the Americas to go 100% smoke-free by enacting a ban on smoking in all public spaces and workplaces, including bars, restaurants and casinos. The ban won support from eight out of ten Uruguayans, including nearly two thirds of the country's smokers.<sup>60</sup> After New Zealand passed smoke-free laws in 2004, 69% of its citizens said they supported the right of people to work in a smoke-free environment.<sup>61</sup> In California, 75% of the population approve of smoke-free workplace laws that included restaurants and bars, enacted by that US state in 1998.<sup>62</sup>

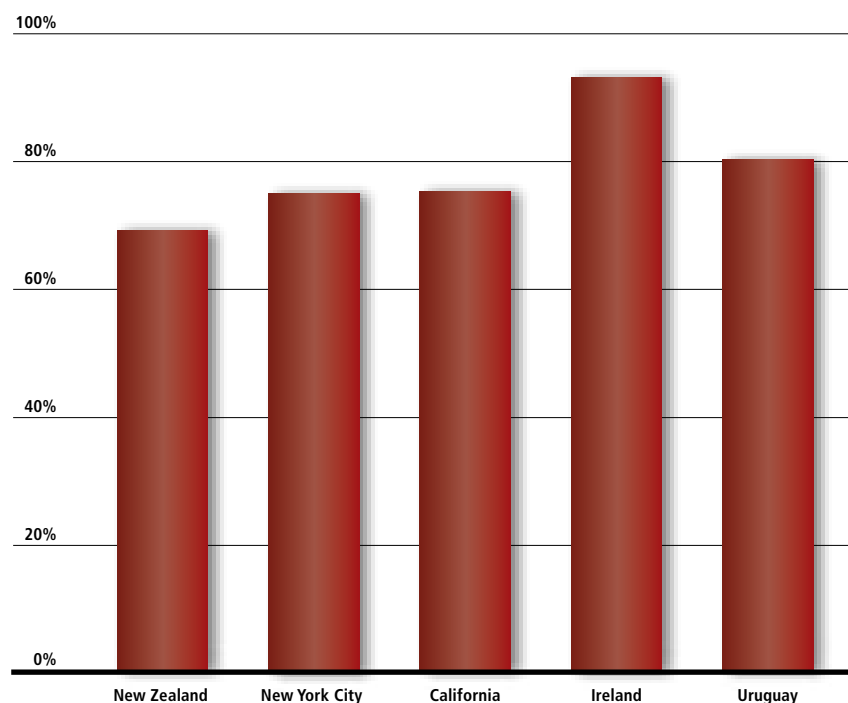
Although China has few smoke-free public places, 90% of people living in large cities – smokers and non-smokers alike – support a ban on smoking on public transport and in schools and hospitals. More than 80% support a smoking ban in workplaces, and about half support banning smoking in restaurants and bars.<sup>63</sup>



**Pull together for smoke-free legislation**

## SMOKE-FREE AREAS ARE POPULAR

### Support for comprehensive smoking bans in bars and restaurants after implementation



#### New Zealand

Asthma and Respiratory Foundation of New Zealand. *Aotearoa New Zealand smokefree workplaces: a 12-month report*. Wellington, Asthma and Respiratory Foundation of New Zealand, 2005 ([http://www.no-smoke.org/pdf/NZ\\_TwelveMonthReport.pdf](http://www.no-smoke.org/pdf/NZ_TwelveMonthReport.pdf), accessed 5 December 2007).

#### New York City

1. Chang C et al. *The New York City Smoke-Free Air Act: second-hand smoke as a worker health and safety issue*. *American Journal of Industrial Medicine*, 2004, 46(2):188-195.  
2. Bassett M. *Tobacco control; the New York City experience*. New York City Department of Health and Mental Hygiene, 2007 (<http://hopkins-famri.org/PPT/Bassett.pdf>, accessed 8 November 2007).

#### California

*California bar patrons field research corporation polls, March 1998 and September 2002*. Sacramento, Tobacco Control Section, California Department of Health Services, November 2002.

#### Ireland

Office of Tobacco Control. *Smoke-free workplaces in Ireland: a one-year review*. Dublin, Department of Health and Children, 2005 ([http://www.otc.ie/uploads/1\\_Year\\_Report\\_FA.pdf](http://www.otc.ie/uploads/1_Year_Report_FA.pdf), accessed 5 November 2007).

#### Uruguay

Organización Panamericana de la Salud (Pan-American Health Organization). *Estudio de "Conocimiento y actitudes hacia el decreto 288/005". (Regulación de consumo de tabaco en lugares públicos y privados)*. October 2006 ([http://www.presidencia.gub.uy/\\_web/noticias/2006/12/informe\\_dec268\\_mori.pdf](http://www.presidencia.gub.uy/_web/noticias/2006/12/informe_dec268_mori.pdf), accessed 5 December 2007).

**The good news is that, unlike some public health hazards, second-hand smoke exposure is easily prevented. Smoke-free indoor environments are proven, simple approaches that prevent exposure and harm.**

United States Department of Health and Human Services (2006)

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## Characteristics of effective smoke-free policies

Complete prohibition of smoking in all indoor environments is the only intervention that effectively protects people from the harm of second-hand smoke.<sup>46,64,65</sup> Full enforcement of smoke-free laws is critical to establishing their credibility, especially immediately following their enactment.<sup>66</sup> Sanctions for smoking in places where it has been prohibited must be clear and uniformly applied. Fining the owners of establishments where smoking occurs is the most effective way to enforce the law, although individuals who smoke in these establishments can also be subject to sanctions.

The primary purpose of establishing smoke-free workplaces is to protect workers' health. Business owners are obligated to provide a safe workplace for their employees. They should therefore bear the bulk of the responsibility for ensuring that their establishments remain smoke-free. Framing the debate about smoke-free workplaces as a worker safety issue accurately describes the intent of these laws and helps build support for them.

WHO recommends a step-by-step process as the most effective method to create smoke-free

environments.<sup>66</sup> To begin, governments should prepare educational campaigns for the public and business communities about the dangers of second-hand smoke. After building widespread support for smoke-free spaces, legislation should be drafted and submitted for public comment. Once this groundwork has been done, governments need to maintain strong public and political support for smoke-free places, and then pass comprehensive legislation that includes clear penalties for violations as well as effective enforcement policies. Once enacted, governments must maintain strong support for the law through aggressive and uniform enforcement that achieves high compliance levels.

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## Countering tobacco industry opposition

Past experience with smoke-free legislation suggests the sort of opposition that will inevitably arise.<sup>57</sup> The tobacco industry will claim that smoke-free laws are too difficult to implement and enforce and will drive customers away from businesses, particularly restaurants and bars. They will propose separate smoking areas or ventilation as "reasonable" alternatives to 100% smoke-

free workplaces. However, contrary to industry claims, their alternatives do not prevent exposure to second-hand smoke. Experience shows that in every country where comprehensive smoke-free legislation has been enacted, smoke-free environments are popular, easy to implement and enforce, and result in either a neutral or positive impact on businesses.<sup>57,67,68</sup>

Tim Zagat, founder of the Zagat survey guides, recently delivered one of the strongest testimonies to the benefits of smoke-free businesses: "Opponents of smoke-free laws argued that these laws would hurt small businesses. The opposite is true. ... After the law took effect, our 2004 New York City survey found that 96% of New Yorkers were eating out as much or more than before." Zagat found that restaurants and bars in the city, virtually all of which were complying with the law, had actually experienced an increase in business receipts and payments.<sup>69,70</sup>

Tobacco industry lobbyists and front groups will also argue that smoke-free environments interfere with smokers' rights.<sup>71</sup> Since smokers and non-smokers alike are vulnerable to the harmful health effects of second-hand smoke, the principle behind smoke-free legislation



**Raise children in smoke-free environments**

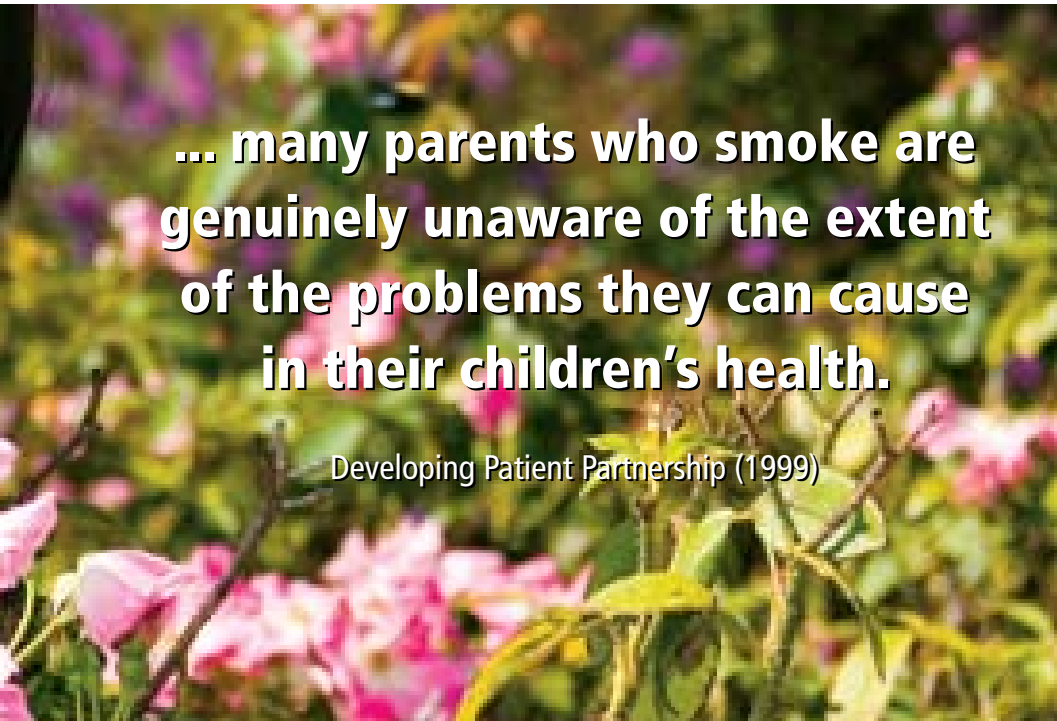
is that governments are obligated to protect health as a fundamental human right and freedom for all people.<sup>72</sup> This duty is implicit in the right to life and the right to the highest attainable standard of health as recognized in many international legal instruments, formally incorporated into the Preamble of the Framework Convention, and ratified in the constitutions of more than 100 countries. Forced exposure to second-hand smoke clearly infringes upon this right.

Countering false arguments by the tobacco industry and its lobbyists and front groups is crucial to gaining support for smoke-free legislation as a basic human right. Smoke-free environments help guarantee the right of non-smokers to breathe clean air, motivate smokers to quit, and allow governments to take the lead in tobacco prevention through highly popular health measures that benefit everyone.

## Offer help to quit tobacco use

People who are addicted to nicotine are victims of the tobacco epidemic. Among smokers who are aware of the dangers of tobacco, three out of four want to quit.<sup>73</sup> Like people dependent on any addictive drug, it is difficult for most tobacco users to quit on their own and they benefit from help and support to overcome their dependence.

Countries' health-care systems hold the primary responsibility for treating tobacco dependence. Treatment includes various methods, from simple medical advice to pharmacotherapy, along with telephone help lines known as quit lines, and counselling. These treatment methods have differing cost efficiencies, and do not have a uniform impact on individual tobacco users. Treatment should be adapted to local conditions and cultures, and tailored to individual preferences and needs.



**... many parents who smoke are genuinely unaware of the extent of the problems they can cause in their children's health.**

Developing Patient Partnership (1999)

In most cases, a few basic treatment interventions can help tobacco users who want to quit. Three types of treatment should be included in any tobacco prevention effort: (i) tobacco cessation advice incorporated into primary health-care services; (ii) easily accessible and free quit lines; and (iii) access to low-cost pharmacological therapy.

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### Cessation incorporated into primary care

Integrating tobacco cessation into primary health care and other routine medical visits provides the health-care system with opportunities to remind users that tobacco harms their health and that of others around them. Repeated advice at every medical visit reinforces the need to stop using tobacco.<sup>74,75</sup> Advice from health-care practitioners can greatly increase abstinence rates.<sup>76</sup> This intervention is relatively inexpensive because it is part of an existing service that most people use at least occasionally. It can be particularly effective because it is provided by a well-respected health professional with whom tobacco users may have a good relationship.<sup>77,78</sup>

Incorporating tobacco cessation into basic medical care is especially appropriate in countries that have an existing network of primary care. But it can also be integrated into any type of widely available health-care services. Beyond basic training for health-care workers on cessation counselling and development of informational materials for tobacco users, there is no major investment required, nor are there political risks. This treatment approach can also mobilize health-care workers and patients to support other tobacco control efforts.

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### Quit lines

Well-staffed quit lines should be accessible to a country's entire population through toll-free phone numbers and waivers of access charges for mobile phone users. Quit lines are inexpensive to operate, easily accessible, confidential and can be staffed for long hours; many tobacco users may be unable or unwilling to call during business hours. Quit lines also can help introduce users to other tobacco dependence treatment such as counselling and nicotine replacement therapy. Additionally, quit lines can reach individuals in remote places and can be tailored to specific population groups. For

example, the United Kingdom's Asian Quit Line receives 20 000 calls a year and reaches 10% of all South Asian tobacco users in that country.<sup>79</sup>

Although traditional quit lines only answer incoming calls, they can show significant results.<sup>80</sup> Quit lines linked to counselling services are even more effective in helping people overcome nicotine addiction. The best and most effective quit lines assign staff members to call people back and follow up on their progress, in effect providing a counselling service. Some quit lines have expanded onto the Internet, providing continuous availability of free support materials and links to other services.

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### Pharmacological treatment

In addition to medical advice and quit lines, effective treatment can also include pharmacological treatment such as nicotine replacement therapy in the form of patches, lozenges, gum and nasal sprays, and prescription medications such as bupropion and varenicline. Nicotine replacement therapy is usually available over-the-counter, whereas other drugs require a doctor's prescription for them to be dispensed.

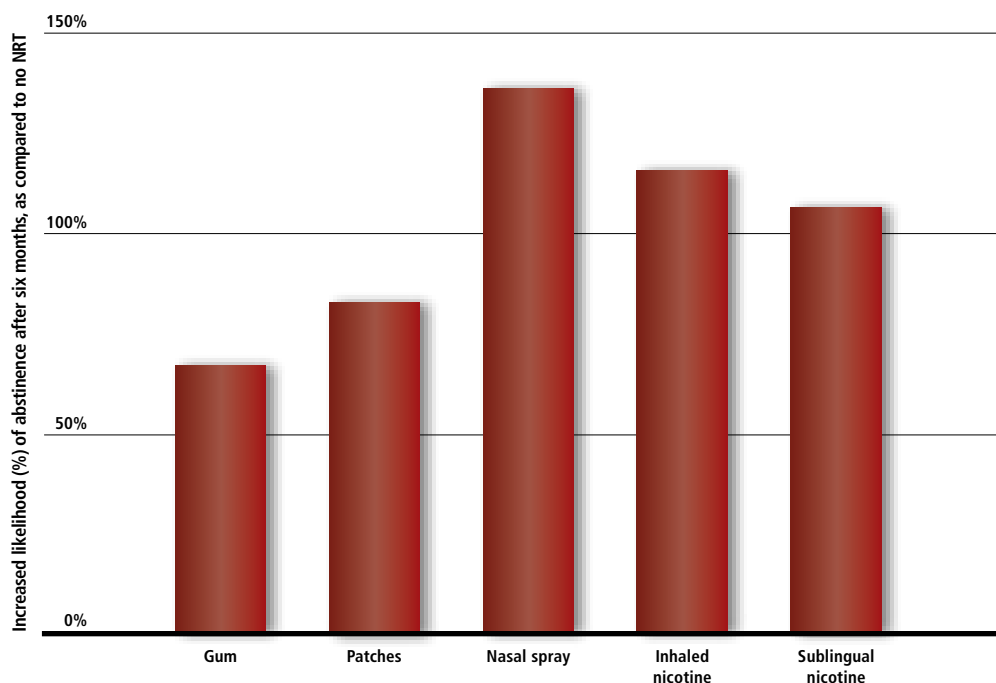


**MPOWER gives a voice to children**



## NICOTINE REPLACEMENT THERAPY (NRT) CAN DOUBLE QUIT RATES

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Source: Silagy C, Lancaster T, Stead L, Mant D, Fowler G. *Nicotine replacement therapy for smoking cessation*. Cochrane Database System Review 2004;(3):CD000146.

**Doctors, nurses, midwives, dentists,  
pharmacists, chiropractors,  
psychologists and all other  
professionals dedicated to health can  
help people change their behaviour.  
They are on the frontline of the  
tobacco epidemic and collectively  
speak to millions of people.**

Dr LEE Jong-wook, former Director-General,  
World Health Organization (2005)

Nicotine replacement therapy reduces withdrawal symptoms by substituting for some of the nicotine absorbed from tobacco. Bupropion, an antidepressant, can reduce craving and other negative sensations when tobacco users cut back or stop their nicotine intake. Varenicline attaches to nicotine receptors in the brain to prevent the release of dopamine, thus blocking the sensations of pleasure that people can experience when they smoke.<sup>81</sup>

Pharmacological therapy is generally more expensive and considered to be less cost effective than physician advice and quit lines, but it has been shown to double or triple quit rates.<sup>82</sup> The retail cost of a course of treatment with nicotine replacement therapy may be less than the cost of smoking over that same time period. Nicotine replacement therapy and other medications can be covered or reimbursed by public health services to reduce out-of-pocket expenses for people trying to quit.

### Government support for treatment of tobacco dependence

Cessation programmes provide a significant political advantage by enabling governments to help those most directly affected by the epidemic at the same time that they are enacting new restrictions on tobacco. They generally encounter few political obstacles and help foster a national policy of opposition to tobacco use, an important step in creating a tobacco-free society. Governments can use some tobacco tax revenues to help users free themselves from addiction.

New Zealand provides a good example for government action. Following a lobbying campaign by the tobacco control community, the country went from offering virtually no tobacco cessation treatment to one of the world's most advanced initiatives in only five years, with government spending on smoking cessation rising from almost zero to US\$ 10 million per year. The initiatives include a national quit line that is now one of the busiest in the world, subsidized nicotine replacement therapy and quit services focusing on the minority Maori population.

However, governments should carefully weigh the impact of their support against the financial cost of such policies. The context within which governmental support is provided is crucial. Treatment of tobacco dependence might be inefficient without strong incentives for tobacco users to quit. For these reasons, cessation services will not decrease tobacco use prevalence unless they are combined with tax and price increases, advertising, promotion and sponsorship bans, anti-tobacco advertising and establishment of smoke-free places.



**Be on the healthy side of the issue**



## Warn about the dangers of tobacco

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### Most users are unaware of the risks of tobacco use

Despite conclusive evidence on the dangers of tobacco, relatively few tobacco users worldwide fully grasp its health risks. People may know generally that tobacco use is harmful, but it is usually seen merely as a bad habit that people choose to indulge in.<sup>83</sup> The extreme addictiveness of tobacco and the full range of health dangers have not been adequately explained to the public. Consequently, people believe they can reduce or stop tobacco use before health problems occur. The reality is that most tobacco users will be unable to quit, and up to half will die from tobacco-related illnesses.

Most people are unaware that even the smallest level of tobacco use is dangerous, in part because this is not the case with other behavioural health risks. Many tobacco users

cannot name specific diseases caused by smoking other than lung cancer,<sup>84</sup> and do not know that smoking also causes heart disease, stroke and many other diseases, including many types of cancer.<sup>85</sup>

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### Changing the image of tobacco

Comprehensive warnings about the dangers of tobacco are critical to changing its image, especially among adolescents and young adults. People need to associate tobacco with its extreme addictiveness and dangerous health consequences, and to see it as socially undesirable and negative. All this can be achieved through action by governments and civil society.

Governments, with input from non-governmental organizations (NGOs) when possible, should launch anti-tobacco counter-

**Today's teenager is tomorrow's potential regular customer, and the overwhelming majority of smokers first begin to smoke while still in their teens.**

Philip Morris internal document (1981)

advertising campaigns in all forms of media to publicize the full extent of tobacco's dangers. These campaigns can strip away tobacco's false glamorous image, expose its harmful impact on personal health, reveal its negative financial impact on families and national economies, and explain the benefits of a tobacco-free society. Hard-hitting campaigns using graphic images of the harm of tobacco use can be especially effective in convincing users to quit.<sup>85</sup> In contrast, anti-tobacco advertisements sponsored by the tobacco industry have been shown to be ineffective or to actually increase tobacco use.<sup>86</sup>

Anti-tobacco counter-advertising campaigns should also speak about protecting families, especially children, from the dangers of second-hand smoke. They should explain the economic impact on families from personal spending on tobacco and the early death of a parent. Messages should also highlight tobacco cessation successes, while at the same time seek to prevent smoking experimentation and initiation among young people.

Counter-advertising in any media should be professionally produced to the same technical standards as other product advertisements, and should be subjected to screening among

focus groups to ensure that the messaging resonates with target audiences. As a result, effective counter-advertising campaigns may be expensive; the US Centers for Disease Control and Prevention recommend that governments generally spend US\$ 2–4 per person per year on anti-tobacco health communication and counter-advertising efforts, which should comprise about 15%–20% of total tobacco control programme costs.<sup>87</sup> In some cases, governments or NGOs can subsidize the costs of producing and disseminating these advertisements, or they can be provided at reduced cost or donated outright by corporate sponsors not affiliated with the tobacco industry in exchange for tax benefits.

### The role of pack warnings

Health warnings on the packaging of all tobacco products are guaranteed to reach all users. Tobacco manufacturers have always used packaging as a platform to reinforce brand loyalty and users' perceived self-image, particularly among young people. Pack warnings reduce this marketing effect. The industry also uses packaging to deceive smokers by employing false terms such as "light", "ultra-light", "low tar" or "mild" –

none of which actually signify any reduction in health risk.<sup>11</sup>

Health warnings on tobacco packages increase smokers' awareness of their risk.<sup>83</sup> Use of pictures with graphic depictions of disease and other negative images has greater impact than words alone, and is critical in reaching the large number of people worldwide who cannot read. Experience in Australia,<sup>88</sup> Belgium, Brazil,<sup>89</sup> Canada,<sup>90</sup> Thailand and other countries<sup>83</sup> shows that strong health warnings on tobacco packages, particularly pictorial warnings, are an important information source for younger smokers and also for people in countries with low literacy rates. Pictures are also effective in conveying messages to children – especially the children of tobacco users, who are the most likely to start using tobacco themselves.

Although some countries already mandate pack warnings, standards vary widely. Many countries do not require warnings at all. To be effective, warnings should be large, clear and legible, and include both pictures and words. They should cover at least half of the pack's main display areas and feature mandated descriptions of harmful health effects and specific illnesses caused by



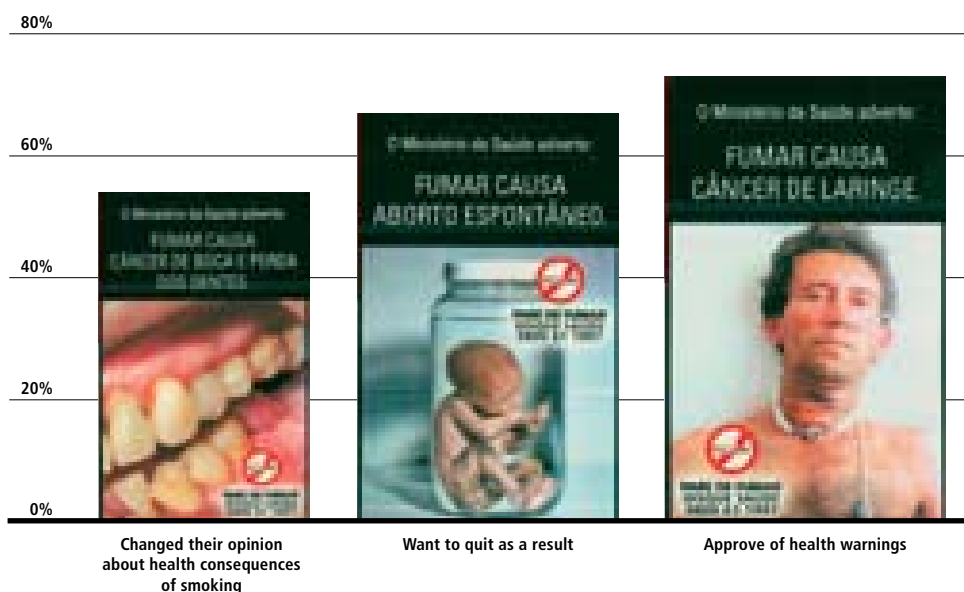
Fight to educate people about tobacco

tobacco use. Written warnings should appear in countries' principal languages and use specified colours, backgrounds and font types and sizes to maximize visibility and ease of comprehension. Warnings should appear on individual packs, on all outside packaging and on retail displays, and should be periodically rotated to remain interesting. In 2005, the European Commission approved 42 pictures and colour images for European Union Member States to adopt as rotating health warnings.

Policies mandating health warnings on tobacco packages cost governments nothing to implement. Pictorial warnings are overwhelmingly supported by the public and generally encounter little resistance except from the tobacco industry itself. Expanded warnings encourage tobacco users to quit and young people not to start, and help gain public acceptance of other tobacco control measures such as establishing smoke-free environments.

## SMOKERS APPROVE OF PICTORIAL WARNINGS

### Impact of pictorial warnings on Brazilian smokers



Source: Datafolha Instituto de Pesquisas. 76% são a favor que embalagens de cigarros tragam imagens que ilustram males provocados pelo fumo; 67% dos fumantes que viram as imagens afirmam ter sentido vontade de parar de fumar. Opinião pública, 2002 ([http://datafolha.folha.uol.com.br/po/fumo\\_21042002.shtml](http://datafolha.folha.uol.com.br/po/fumo_21042002.shtml), accessed 6 December 2007).

**The world is accustomed to thinking of the law as an instrument of justice, but not as an instrument of health ...It is time that the tools of law be harnessed in the service of global health and global justice.**

WHO's report Towards health with justice, 2002

# ••• Enforce bans on tobacco advertising, promotion and sponsorship

## Tobacco marketing contributes greatly to illness and death

To sell a product that kills up to half of all its users requires extraordinary marketing savvy. Tobacco manufacturers are some of the best marketers in the world – and increasingly aggressive at circumventing prohibitions on advertising, promotion and sponsorship that are designed to curb tobacco use.

The tobacco industry claims that its advertising and promotion efforts are not intended to expand sales or attract new users, but simply to reallocate market share among existing users.<sup>91</sup> This is not true. Marketing and promotion increase tobacco sales and therefore contribute towards killing more people by encouraging current smokers to smoke more and decreasing their motivation to quit. Marketing also urges potential users – and young people specifically – to try tobacco and become long-term

customers.<sup>92</sup> Tobacco advertising targeting youth and specific demographic subgroups is particularly effective.<sup>93,94</sup>

Marketing creates other obstacles that blunt tobacco control efforts. Widespread tobacco advertising “normalizes” tobacco, depicting it as being no different from any other consumer product. That makes it difficult for people to understand the hazards of tobacco use. Marketing falsely associates tobacco with desirable qualities such as youth, energy, glamour and sex appeal. It also strengthens the tobacco industry’s influence over the media, as well as sporting and entertainment businesses, through billions of dollars in annual spending on advertising, promotion and sponsorship.



**Leaders can build healthy communities**

## A powerful tool to protect citizens

The tobacco industry strongly opposes marketing bans because they are highly effective in reducing tobacco use; the industry will lobby heavily against even the narrowest restrictions. National-level studies before and after advertising bans found a decline in tobacco consumption of up to 16%.<sup>95,96,97,98</sup> Advertising bans reduce tobacco use among people of all income and educational levels.<sup>99</sup>

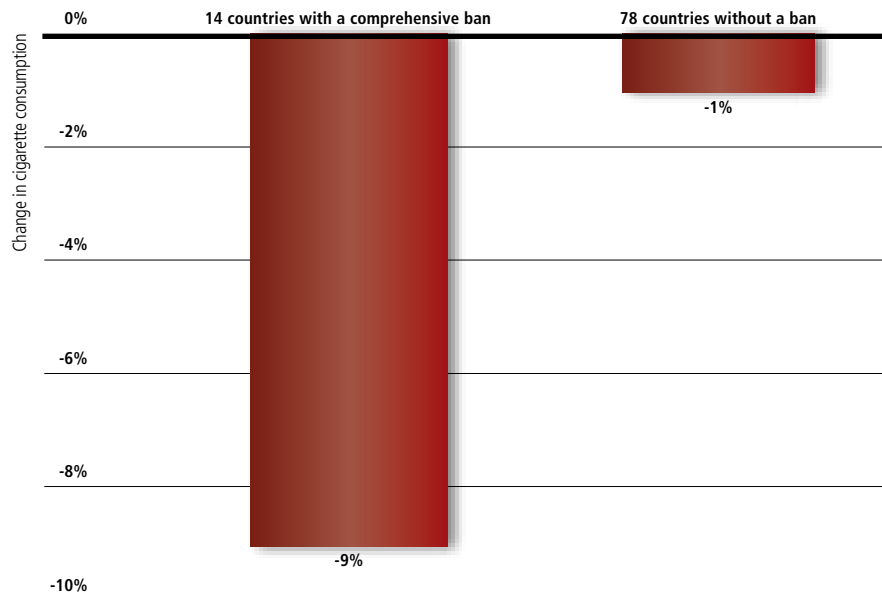
Governments enacting marketing bans must take into account that businesses other than the tobacco industry also benefit from tobacco advertising, promotion and sponsorship. Media outlets, tobacco importers and retailers, and sporting and entertainment businesses will act as proxies for the tobacco industry to fight marketing bans and other tobacco control policies because they fear losing customers or advertising, promotion and sponsorship revenues.

## Comprehensive bans and full enforcement needed

A ban on marketing and promotion is a powerful weapon against the tobacco

## COMPREHENSIVE ADVERTISING BANS AMPLIFY OTHER INTERVENTIONS

Average change in cigarette consumption 10 years after introduction of advertising bans in two groups of countries



Source: Saffer H. Tobacco advertising and promotion. In: Jha P, Chaloupka FJ, eds. *Tobacco control in developing countries*. Oxford, Oxford University Press, 2000.

**While sports is by far the best avenue to attract, sample and influence our core target smokers, it's not the only way. International movies and videos also have tremendous appeal to our young adult consumers in Asia.**

Philip Morris internal document (1990)

epidemic. Tobacco manufacturers know that most people will not start smoking after they reach adulthood and develop the capacity to make informed decisions.<sup>34,35,36,37</sup> The industry designs advertising campaigns featuring happy young people enjoying life with tobacco so they can get new, young tobacco consumers hooked, with life-long addiction.

To be effective, bans must be complete and apply to all marketing and promotional categories.<sup>66,91</sup> If only television and radio advertising is blocked, the tobacco industry will move its budgets to other marketing avenues such as newspapers, magazines, billboards and the Internet. If all traditional advertising is blocked, the industry will convert advertising expenditure to sponsorship of events popular among youth such as racing, sports and music festivals.

Other marketing channels used by the tobacco industry include price discounts at retail stores and free or discounted tobacco distribution at events or by mail. Other promotional activities include placing tobacco product logos on clothing and other items, tobacco products co-branded with other consumer products or with celebrities, and placement of tobacco brands in movies and

television. A comprehensive ban should block all of these activities.

Partial bans usually do not include indirect or alternative forms of marketing and promotion such as event sponsorship that are particularly attractive to young people.<sup>100,101</sup> Partial bans enable the industry to maintain its ability to market to young people who have not started using tobacco yet, and to adult tobacco users who want to quit.

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### Implementing effective prohibitions

Policy-makers should announce bans on advertising, promotion and sponsorship, well in advance of implementation. This provides sufficient time for media and other businesses to find new advertisers and sponsors. To reduce tobacco consumption – and in fairness to the media industry as a whole – a ban should be complete. Comprehensive marketing bans must be periodically amended to include innovations in industry tactics and media technology. Industry advertising can also be reduced if companies are not allowed tax deductions for their marketing and promotion expenses as business expenses.

Although bans on international media are often rejected as unrealistic, many countries publish national editions of international newspapers and magazines that respect the laws of the countries in which they operate. Local servers can block objectionable Internet advertising provided by web sites located in other countries. International satellite broadcasts can be edited at a centralized downlink before being transmitted within a country. International bans can also be achieved when culturally close countries simultaneously ban tobacco marketing.

The tobacco industry often argues that outright bans on advertising, promotion and sponsorship are not necessary and that voluntary codes and self-regulation are sufficient. However, the tobacco industry often fails to comply with its own voluntary regulations because there is no force of law.<sup>102,103</sup> The industry will also claim that bans restrict its right to free speech, including the right to promote a legal product. These claims can be effectively countered by noting the health and economic damage tobacco does, as well as the industry's pattern of appealing to children, and by emphasizing that people's right to live free of addiction is more important than the financial interests of the tobacco industry.





## Raise taxes on tobacco

### Taxation – the best way to cut tobacco use

Increasing the price of tobacco through higher taxes is the single most effective way to decrease consumption and encourage tobacco users to quit.<sup>66</sup> A 70% increase in the price of tobacco could prevent up to a quarter of all smoking-related deaths worldwide.<sup>104</sup> A tax increase also directly benefits governments through increased revenues, which can be used for tobacco control and other important health and social programmes.

Tobacco taxes have been used for centuries by governments worldwide. They are well accepted by both the public and political leadership because tobacco is not an essential good and is straightforward to tax. Tobacco taxes are probably the most easily accepted form of taxation, even among the poor, because most people understand that tobacco is harmful. In

fact, tobacco tax increases are often the only type of tax increase popular with a majority of the public. Tax increases are supported by non-smokers, who still represent the majority of voters in most countries, and are increasingly supported by smokers as well. Allocating tax revenues for tobacco control and other health and social programmes further increases their popularity.<sup>104</sup>

### Higher taxes increase government revenues

Contrary to tobacco industry propaganda, tobacco tax increases do not decrease government revenues.<sup>105</sup> Increasing tobacco taxes by 10% generally decreases tobacco consumption by 4% in high-income countries and by about 8% in low- and middle-income countries, while tobacco tax revenues increase by nearly 7%.<sup>104,105,106</sup> Although the impact of taxes is slightly higher in low- and



**Models for this report show that tax increases that would raise the real price of cigarettes by 10 percent worldwide would ... prevent a minimum of 10 million tobacco-related deaths.**

The World Bank: Curbing the Epidemic (1999)

middle-income countries,<sup>97</sup> experience has shown that government revenues still do not decrease. For example, in South Africa, every 10% increase in excise tax on cigarettes has been associated with an approximate 6% increase in cigarette excise revenues, such that from 1994 to 2001, excise revenues more than doubled.<sup>107</sup>

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### Higher taxes help the young and the poor

Higher taxes are especially important for deterring tobacco use among the young and the poor, who will benefit most from a decrease in consumption. People in these socioeconomic groups are much more sensitive to the price of goods. Higher tobacco prices help convince them to quit or not to start using tobacco in the first place.

In South Africa, for example, tobacco tax rates were increased by 250% during the 1990s to slightly less than 50% of the retail price. Cigarette consumption fell by 5% to 7% for every 10% increase in the price of cigarettes, resulting in a sharp decline in consumption, with the largest smoking decreases among the young and the poor.<sup>107</sup>

Tobacco industry officials and others argue that higher tobacco taxes hurt the poor. In fact,

tobacco tax increases increase government revenues, which are often used to fund social programmes. A portion of new tax receipts can be used to support anti-tobacco advertising campaigns as well as cessation services for smokers who want to quit.

Furthermore, tax increases help the poor stop tobacco use and allow them to reallocate their money to essential goods, including food, shelter, education and health care. Higher taxes that reduce tobacco use help poor families get out and stay out of poverty. In addition, productivity and wage-earning capacity increase when tobacco-related illness decreases.

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### Higher taxes do not increase smuggling

Contrary to tobacco industry claims, increased smuggling does not automatically follow tax increases. For years, Spain had both lower tobacco taxes and more smuggling than most other European countries, due largely to lax enforcement of tax laws and active criminal networks. When Spain raised tobacco taxes and strengthened law enforcement in the late 1990s, smuggling declined dramatically while tobacco revenues increased by 25%.<sup>108</sup>

Smuggling can be reduced by prominently affixing tax stamps to every package intended for retail sale. Improved border security, measures to reduce money laundering, aggressive law enforcement and effective government record keeping also help combat smuggling. The costs of stringent law enforcement policies add up to only a fraction of the additional revenue earned from higher tobacco taxes.

Global action against tobacco smuggling is strengthening. Parties to the Framework Convention are negotiating and drafting a new, legally binding protocol on illicit trade that will fight smuggling and counterfeiting as part of global efforts to reverse the tobacco epidemic. This protocol should markedly increase coordination at the international level to address this important issue.

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### Effective tobacco taxation policies

There are many types of tobacco taxes, but the most effective is usually an excise tax of a specific amount levied on a given quantity of tobacco, such as a tax paid per pack or carton of cigarettes. Excise taxes should not be confused with sales taxes or value-added taxes that apply to all goods,



**Applaud leaders who protect our health**

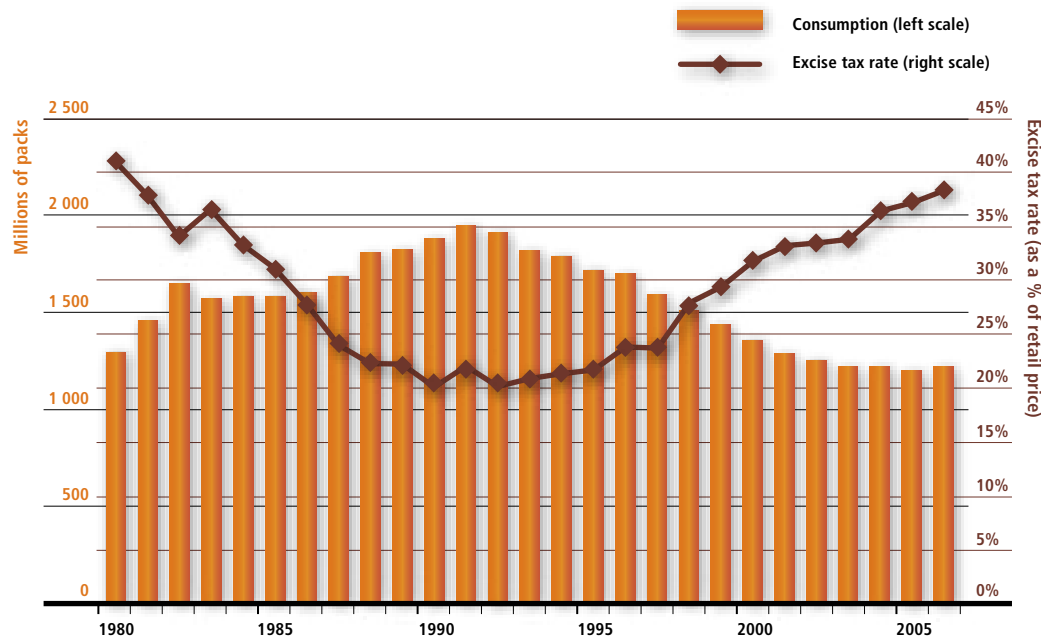
or with corporate income tax levied on all business entities. By stating a specific amount of tax per unit of tobacco product, governments can avoid manipulation of the tax rate.

Excise taxes should be simple and easy for countries to implement, and need to be regularly adjusted for inflation and consumer purchasing power to maintain their ability to reduce tobacco use. They should ideally be applied at the manufacturer level and certified by a stamp, rather than being levied at the wholesale or retail level, to reduce the administrative burden on these smaller businesses and to minimize tax evasion. The same type of amount-specific excise tax should be applied to imported cigarettes.

All tobacco products should be taxed similarly. Taxes on cheap tobacco products should be equivalent to products that are more heavily taxed, such as cigarettes, to prevent substitution in consumption.

## TOBACCO TAXES REDUCE CONSUMPTION

### Relationship between cigarette consumption and excise tax rate in South Africa



Source: van Walbeek C. *Tobacco excise taxation in South Africa: tools for advancing tobacco control in the XXIst century: success stories and lessons learned*. Geneva, World Health Organization, 2003. Additional information obtained from personal communication with C. van Walbeek. ([http://www.who.int/tobacco/training/success\\_stories/en/best\\_practices\\_south\\_africa\\_taxation.pdf](http://www.who.int/tobacco/training/success_stories/en/best_practices_south_africa_taxation.pdf), accessed 6 December 2007).

## SUMMARY

The MPOWER policies are not complex. They are, in fact, common-sense policies backed by evidence that they work, and are within the reach of governments. The impact of

these six policies, if implemented in each country as a comprehensive package, would transform public health. As yet, however, no country has fully embraced them and very

few are even close to doing so. Member States have a long way to go before they are effectively protecting their citizens from the tobacco epidemic.

**We must become the change we want to see.**

Mahatma Gandhi (1869–1948)