The International Tobacco Control Policy Evaluation Project (the ITC Project):
Measuring Impact of the FCTC

Geoffrey T. Fong (gfong@uwaterloo.ca)
University of Waterloo and
Ontario Institute for Cancer Research

Impact Assessment of the WHO FCTC
Expert Consultation Meeting
National Institute for Health, Helsinki, Finland
November 7, 2013
“The FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.”

– Foreword to the FCTC
What evidence-gathering systems are in place to move the FCTC and tobacco control forward?

- **Treaty monitoring:** what are the parties doing in their implementation obligations?
  - Two-year and five-year implementation reports
  - WHO: Global Tobacco Control Report
  - Other monitoring efforts by Civil Society

- **Surveillance:** what is the prevalence of tobacco use and of key tobacco-relevant behaviours?
  - Global Adult Tobacco Survey (GATS) in 16 LMICs + additional countries planned in Africa + 2nd round in some
  - National surveillance systems
### Tobacco Epidemic Evidence Systems

<table>
<thead>
<tr>
<th>Systems</th>
<th>FCTC Policy Implementation</th>
<th>FCTC Policy Impact</th>
<th>Tobacco Prevalence</th>
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<tbody>
<tr>
<td><strong>FCTC Ratification</strong></td>
<td>FCTC Reports, GTCR, Civil Society</td>
<td>ITC</td>
<td>GATS, STEPS, country systems</td>
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<tr>
<td><strong>Central Question</strong></td>
<td>What policies have been implemented?</td>
<td>What is the impact of the policies?</td>
<td>What is tobacco prevalence?</td>
</tr>
<tr>
<td><strong>Evidence Source</strong></td>
<td>Legislation, reports from stakeholders</td>
<td>Individuals from the population</td>
<td>Individuals from the population</td>
</tr>
<tr>
<td><strong>Measures &amp; analysis</strong></td>
<td>Legislative analysis of strength/weakness</td>
<td>Measures of tobacco use, SHS exposure, policy-relevant measures of impact, mediators of behavior</td>
<td>Measures of tobacco use, SHS exposure</td>
</tr>
</tbody>
</table>

**International Tobacco Control Policy Evaluation Project**
Why measure impact of the FCTC?

Implementation is a necessary but not sufficient condition for fulfilling the objectives of the FCTC

The objective of this Convention and its protocols is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke.
Example: Smoke-free law in India

- Section 4 of COTPA (national tobacco control law) prohibits smoking in the inside areas of all public places, including hospitality venues (e.g., restaurants and bars). Section 4 came into force on Oct 2, 2008. Strong legislation on paper.
- The ITC Project in India (TCP India Project) conducted its first survey wave between Aug 2010 and Sep 2011, 2-3 years after the implementation of the national smoke-free law.
- Findings:
  1. Very high levels of smoking found in restaurants & bars
  2. Awareness of the law:
     - Smokers in Madhya Pradesh: only 18% were aware
     - Smokers in Maharashtra: only 35% were aware
# The International Tobacco Control Policy Evaluation Project (the ITC Project)

<table>
<thead>
<tr>
<th>Country</th>
<th>Flag</th>
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</thead>
<tbody>
<tr>
<td>Canada</td>
<td>🇨🇦</td>
</tr>
<tr>
<td>United States</td>
<td>🇺🇸</td>
</tr>
<tr>
<td>Australia</td>
<td>🇦🇺</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>🇬🇧</td>
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<tr>
<td>Ireland</td>
<td>🇮🇪</td>
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<tr>
<td>Thailand</td>
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<td>Malaysia</td>
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<tr>
<td>South Korea</td>
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<tr>
<td>China</td>
<td>🇨🇳</td>
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<tr>
<td>Uruguay</td>
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<td>Mexico</td>
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<tr>
<td>New Zealand</td>
<td>🇳🇿</td>
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<tr>
<td>France</td>
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<td>Germany</td>
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<td>Netherlands</td>
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<td>Bangladesh</td>
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<tr>
<td>Brazil</td>
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<td>Mauritius</td>
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<td>Bhutan</td>
<td>🇧🇹</td>
</tr>
<tr>
<td>India</td>
<td>🇮🇳</td>
</tr>
<tr>
<td>Zambia</td>
<td>🇿🇲</td>
</tr>
<tr>
<td>Kenya</td>
<td>🇰🇪</td>
</tr>
</tbody>
</table>
## ITC Evaluation of FCTC Policies (Partial List)

### Warning labels
- UK (2003): Text
- UK (2009): 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
- New Zealand (2008): Graphic

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

### Smoke-free
- Ireland (2004)
- Scotland (2005)
- England (2007)
- Uruguay (2006)
- France (2007/08)
- Bangladesh (2009+)
- Brazil (2008+)
- Mauritius (2009)
- China (2008/09 + Olympics)
- Netherlands (Part 2–2008/09)

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

### Taxation
- All countries

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

### Light/mild bans
- UK (2003)
- Australia (2005)
- Canada (2006)
- Brazil + others (2009+)
Ingredients for Assessment of Impact
ITC: Ingredients for Assessment of Impact

◆ Model
  – Theory-based conceptual model based on research from several research disciplines
  – ITC Conceptual Model

◆ Measures
  – In each of the policy domains, measures were identified that allowed critical tests of the impact of that policy.
  – Measures of policy impact: “mediators”, “precursors”, “leading indicators”

◆ Method
  – Sampling design: probability samples
  – Essential: prospective cohort design
Conceptual Model of the ITC Project

**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)
Creating Guidelines and Standards for Research


- Best practices in the evaluation of tobacco control policies
- Preparation of Handbook led by ITC Project investigators
- Conceptual Model of the ITC Project used to frame the evaluation methods of the Handbook
Conceptual Model for Effects of Tobacco Control Regulations

Proximal Variables (Upstream)
- Regulation-specific variables
  - Label salience
  - Perceived expense
  - Ad/prom. Awareness
  - Perceived costs
  - Awareness of / acceptability of alternative products
  - Proximal behaviors (noticing, reading, forgoing, etc.)

Moderators
- Smoking History
- Environ. Exposure
- Age, Gender
- SES
- Time Perspective

Distal Variables (Downstream)
- Beliefs, Attitudes, Perceived Risk, Perceived Severity, Self-Efficacy/PBC, Normalization beliefs

Regulation-Relevant Behaviors
- Quitting Reducing
  - Brand switching
  - Tax avoidance
  - Micro behaviors (e.g., smoking greater % of cig, inhaling deeper)

Economic Impact

Public Health Impact
Key Objectives of the ITC Project

- **Focus on science**: International research platform (first-ever international cohort study of tobacco use) to measure policy impact, identify mechanisms of action; causes of cross-country differences; interactions with individual factors (SES, gender).

- **Focus on dissemination**: best practices in research and evaluation to promote evidence-based policies and other interventions for reducing tobacco use in the world.

- To provide policymakers and other health stakeholders with evidence on effectiveness of current tobacco control policies. ALSO policy—>research.

- To **evaluate** the impact of new tobacco control policies when they are introduced.

- To **build capacity** (especially within LMICs) for research on tobacco control.
Content of the ITC Surveys

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

Surveillance content

Mixed Surveillance and policy content

Surveillance content

Throughout the policy sections there are measures relevant to monitoring
Some Indicators of Academic Productivity

- Over 200 peer-reviewed articles and over 600 presentations at scientific meetings
- 4 special ITC supplements in major scientific journals (+ 2 in preparation):
  - 4C + Ireland (*Tob Control* 2006)
  - Cessation (*Nicotine Tob Res* 2010)
  - China (*Tob Control* 2010)
  - Economics I (*Tob Control* Jan 2014)
  - Economics II (*Tob Control* late 2014)
  - China II (*Tob Control* 2014–15)
- Contributions to major reports: US Surgeon General’s Reports, US Institute of Medicine, WHO/NCI Monograph on Economics of Tobacco Control, UK Inquiry on Smoking in Private Vehicles
Identifying the challenges to tobacco control in China

Findings from the International Tobacco Control (ITC) China Project
Guest Editor: Simon Chapman

tobaccocontrol.bmj.com
Article 11
Packaging and labelling of tobacco products
# Measures of Effectiveness for Health Warnings

<table>
<thead>
<tr>
<th>Measure</th>
<th>Survey Question</th>
<th>Response Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noticing Labels</td>
<td>In the last month, how often, if at all, have you noticed the warning labels on cigarette (smokeless tobacco) packages?</td>
<td>Scale of 1-5, from “never” to “very often”</td>
</tr>
<tr>
<td>Reading Closely</td>
<td>In the last month, how often, if at all, have you looked at or read closely the warning labels on cigarette (smokeless tobacco) packages?</td>
<td>Scale of 1-5, from “never” to “very often”</td>
</tr>
<tr>
<td>Thinking About Health Risks</td>
<td>To what extent, if at all, do the warning labels make you think about the health risks of smoking (using smokeless tobacco)?</td>
<td>Scale of 1-4, from “not at all” to “a lot”</td>
</tr>
<tr>
<td>More Likely to Quit</td>
<td>To what extent if at all, do the warning labels on cigarette packs (smokeless tobacco packages) make you more likely to quit smoking?</td>
<td>Scale of 1-4, from “not at all” to “a lot”</td>
</tr>
<tr>
<td>Avoiding Labels</td>
<td>In the last month, have you made any effort to avoid looking at or thinking about the warning labels (smokeless tobacco warning labels) – such as covering them up, keeping them out of sight, using a cigarette case, avoiding certain warnings, or any other means?</td>
<td>“Yes” or “No”</td>
</tr>
<tr>
<td>Gave Up a Cigarette</td>
<td>In the last month, have the warning labels stopped you from having a cigarette (using smokeless tobacco) when you were about to smoke one (use one)?</td>
<td>Scale of 1-4, from “never” to “many times”</td>
</tr>
<tr>
<td>Amount of Health Information Desired on Package</td>
<td>Do you think that cigarette (smokeless tobacco) packages should have more health information than they do now, less information, or about the same amount as they do now?</td>
<td>“Less”, “the same”, or “more”</td>
</tr>
</tbody>
</table>
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)
New Zealand: February 2008 (30% front, 90% back)

650,000 smokers in New Zealand

After the introduction of pictorial warnings:
- 117,000 more smokers noticed the warnings
- 30,550 more smokers reported forgoing a cigarette because of the warnings

Noticing pre = 49.3%
Noticing post = 67.3%
Increase of 18.0%

Forgoing cig pre = 10.9%
Forgoing cig post = 15.8%
Increase of 4.9%
3 million smokers in Australia:
After the introduction of pictorial warnings:
• 870,000 more smokers noticed the warnings
• 330,000 more smokers reported forgoing a cigarette because of the warnings

But note the wearout after Wave 5
3.6 million smokers in Malaysia

After the introduction of pictorial warnings:
- 569,000 more smokers noticed the warnings
- 1,202,400 more smokers reported forgoing a cigarette because of the warnings
About 10 million smokers in the UK

After the introduction of pictorial warnings:

- 100,000 more smokers noticed the warnings
- 10,000 more smokers reported forgoing a cigarette because of the warnings

Oct 2008
From Text on back of 40% to pictorial of 40%: no change on front

Noticing pre = 57.3%
Noticing post = 58.3%
Increase of 1.0%

Forgoing cig pre = 8.9%
Forgoing cig post = 9.0%
Increase of 0.1%
China’s warning labels changed in Oct 2008

OLD warning:
Side of pack
Only one message

NEW warnings:
Front/back of pack
Two messages
China’s warning labels changed in Oct 2008

Warnings appear in English on the back of every pack.
About 300 million smokers in China:
- 8.4 million more smokers noticed the warnings
- 15.9 million more smokers reported forgoing a cigarette because of the warnings

Because of the enormous sample size, all of the small increases seen here are statistically significant except for avoiding...
...However, suppose China had implemented pictorial warnings...
If China implemented Malaysia’s graphic warnings...

**Noticing warnings**
- China: 80% (62%) in 3/4 (3/1) vs. 50% (30%) in 3/4 (3/1)
- Malaysia: 60% (50%) in 2/3 vs. 40% (30%) in 2/3

**Warnings made them think about quitting**
- China: 50% (40%) in 3/4 (3/1) vs. 20% (10%) in 3/4 (3/1)
- Malaysia: 40% (30%) in 2/3 vs. 20% (10%) in 2/3

**Avoided warnings**
- China: 70% (60%) in 3/4 (3/1) vs. 40% (30%) in 3/4 (3/1)
- Malaysia: 50% (40%) in 2/3 vs. 30% (20%) in 2/3

**Warnings made them forgo a cigarette**
- China: 60% (50%) in 3/4 (3/1) vs. 30% (20%) in 3/4 (3/1)
- Malaysia: 40% (30%) in 2/3 vs. 20% (10%) in 2/3

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8.4 million more smokers
47.1 million more

**Net gain = 39 million**

15.9 million more smokers
98.1 million more

**Net gain = 82 million**
Mauritius—Pictorial Warnings (May 2009)
Wearout of warnings in Mauritius
COP5: Mauritius cites ITC findings as the reason they will be revising their warnings

The pictorial warnings showed leveling off or reductions of impact after 20-21 months.

Wearout of warnings in Mauritius

Figure 12. Impact of health warnings on smokers' perceptions and behaviours in the last month at Waves 2 and 3 (pictorial health warnings) vs. Wave 1 (text-only warnings)

- Smokers noticed health warnings
- Smokers read or looked closely at health warnings
- Health warnings make smokers think of the health risks of smoking 'a lot'
- Health warnings make smokers 'a lot' more likely to quit
- Health warnings make smokers avoid the label
- Smokers have given up a cigarette at least once due to health warnings

Evaluation of PHWs
International Tobacco Control (ITC) Mauritius National Reports
- Pre-wave 1: (before implementation of phw): Text-only warning: limited effectiveness
- Wave 2: Dramatic increases in smokers' awareness of health warnings (10-11 mths post-implementation)
- Wave 3: DECLINE IN EFFECTIVENESS (20-21 mths post-implementation)
- NEED TO RENEW PHW (≥24 mths)
Article 6:
Price and tax measures to reduce the demand for tobacco
# Measures of Effectiveness for Article 6

<table>
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<tr>
<th>Measure</th>
<th>Survey Question</th>
<th>Response Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usual brand of cigarettes (bidis)?</td>
<td>Do you have a brand of cigarettes (bidis/smokeless tobacco product) that you usually smoke (use)?</td>
<td>&quot;Yes&quot; or &quot;no&quot;</td>
</tr>
<tr>
<td>Name of usual brand</td>
<td>What is the name of your usual cigarette (bidis brand/smokeless tobacco) brand?</td>
<td></td>
</tr>
<tr>
<td>Reasons for choosing usual brand: price</td>
<td>In choosing this brand of cigarettes (bidis/smokeless tobacco), was part of your decision based on any of the following? The price.</td>
<td>&quot;Yes&quot; or &quot;no&quot;</td>
</tr>
<tr>
<td>Location of last purchase of [tobacco product]</td>
<td>Where did you last buy cigarettes (bidis/smokeless tobacco) for yourself?</td>
<td>List of 15 locations provided including local venues, duty-free shops, outside the country</td>
</tr>
<tr>
<td>Brand of last purchase</td>
<td>What specific brand of cigarettes (bidis/smokeless) did you buy?</td>
<td>Brand reported</td>
</tr>
<tr>
<td>Quantity of last purchase</td>
<td>How many loose (single) / packs of / cartons of cigarettes did you buy?</td>
<td>Number reported</td>
</tr>
<tr>
<td>Price of last purchase</td>
<td>How much did each cigarette / pack / carton cost?</td>
<td>Cost reported</td>
</tr>
<tr>
<td>Number of cigarettes/bidis in pack of last purchase</td>
<td>How many cigarettes are in a pack? Also ask about bidis and about smokeless, if feasible</td>
<td>Number / quantity reported</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>Survey Question</th>
<th>Response Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price per pouch of last purchase</td>
<td>How much did each pouch pack of smokeless cost?</td>
<td>Cost reported</td>
</tr>
<tr>
<td>Reason for smoking RYO cigarettes: less expensive</td>
<td>Which of the following are important reasons for your smoking RYO cigarettes?</td>
<td>&quot;Yes&quot; or &quot;no&quot;</td>
</tr>
<tr>
<td>Crowding out (spending money on tobacco products rather than essentials)</td>
<td>In the last 6 months, has there been a time when the money you spent on cigarettes (bidis/smokeless tobacco) resulted in not having enough money for household essentials like food?</td>
<td>&quot;Yes&quot; or &quot;no&quot;</td>
</tr>
<tr>
<td>Reasons for thinking about quitting: price</td>
<td>Have any of the following reasons led you to think about quitting smoking? The price of smoked tobacco products?</td>
<td>&quot;Yes&quot; or &quot;no&quot;</td>
</tr>
<tr>
<td>Thinking about money spent on tobacco</td>
<td>In the last month, how often, if at all did you think about the money you spent on smoking (smokeless tobacco)?</td>
<td>&quot;Never&quot;, &quot;sometimes&quot;, or &quot;often&quot;</td>
</tr>
</tbody>
</table>
In the last 6 months, has there been a time when the money you spent on cigarettes resulted in not having enough money for household essentials such as food?
Taxation of Tobacco Products in Bangladesh

Findings from the 2009 ITC Bangladesh Survey

Nigar Nargis and Ummul Hasanath Ruthbah
University of Dhaka, Bangladesh

Geoffrey T. Pong
University of Waterloo and
Ontario Institute for Cancer Research, Canada

APRIL 15, 2010

Table 1: Projected effect of tax and price increases on cigarette and bidi consumption in Bangladesh

<table>
<thead>
<tr>
<th>Increase in ID over 2009</th>
<th>ID (Â%)</th>
<th>Increase in cigarette (Â%)</th>
<th>Decrease in number of smokers</th>
<th>Decrease in total consumption (Milion sticks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>49.9</td>
<td>16.6</td>
<td>956,090</td>
<td>466</td>
</tr>
<tr>
<td>50</td>
<td>99.4</td>
<td>3.3</td>
<td>1,712,191</td>
<td>912</td>
</tr>
<tr>
<td>100</td>
<td>134.6</td>
<td>0.6</td>
<td>1,268,287</td>
<td>1,099</td>
</tr>
<tr>
<td>200</td>
<td>149.4</td>
<td>0.5</td>
<td>824,802</td>
<td>1,086</td>
</tr>
<tr>
<td>250</td>
<td>174.6</td>
<td>0.2</td>
<td>450,478</td>
<td>2,891</td>
</tr>
<tr>
<td>300</td>
<td>199.6</td>
<td>0.0</td>
<td>1,104,074</td>
<td>2,797</td>
</tr>
<tr>
<td>350</td>
<td>224.3</td>
<td>0.1</td>
<td>5,992,069</td>
<td>2,623</td>
</tr>
<tr>
<td>400</td>
<td>249.2</td>
<td>0.0</td>
<td>8,988,742</td>
<td>2,729</td>
</tr>
<tr>
<td>450</td>
<td>274.1</td>
<td>0.0</td>
<td>11,985,840</td>
<td>4,196</td>
</tr>
<tr>
<td>500</td>
<td>299.1</td>
<td>0.0</td>
<td>15,988,955</td>
<td>4,662</td>
</tr>
<tr>
<td>550</td>
<td>324.0</td>
<td>0.0</td>
<td>19,992,962</td>
<td>5,133</td>
</tr>
</tbody>
</table>

Notes: 1. Increase in number of smokers = Increase in price + Price elasticity of smoking participation * Estimated number of smokers in 2009.
2. Increase in total consumption = Increase in price + Price elasticity of smoking consumption + Price elasticity of consumption conditional on participation * Estimated total consumption in 2009.

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

Impact of varying tax levels on tobacco use

Impact of varying tax levels on tax revenue

Tobacco Use and Poverty: Crowding Out

Spending money on tobacco crowds out spending on essentials. This leads to deepening of poverty and leads individuals and families into poverty.

ITC Surveys show that crowding out is significantly greater in LMICs.
Average annual change in affordability of cigarettes in 16 ITC countries over time

<table>
<thead>
<tr>
<th>Country</th>
<th>Years</th>
<th>CPDIR Latest</th>
<th>AffInd Latest</th>
<th>Cigarettes became LESS affordable</th>
<th>Cigarettes became MORE affordable</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>2002-2010</td>
<td>0.055</td>
<td>18.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ireland</td>
<td>2004-2006</td>
<td>0.088</td>
<td>11.36</td>
<td>-1.08%</td>
<td></td>
</tr>
<tr>
<td>Netherlands</td>
<td>2008-2011</td>
<td>0.061</td>
<td>16.39</td>
<td>-1.46%</td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>2002-2010</td>
<td>0.053</td>
<td>18.87</td>
<td>-2.66%</td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>2002-2010</td>
<td>0.085</td>
<td>11.76</td>
<td>-1.32%</td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>2007-2009</td>
<td>0.064</td>
<td>15.63</td>
<td>-3.78%</td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>2007-2008</td>
<td>0.051</td>
<td>19.61</td>
<td>-2.71%</td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>2002-2010</td>
<td>0.082</td>
<td>12.20</td>
<td>-1.40%</td>
<td></td>
</tr>
<tr>
<td>South Korea</td>
<td>2005-2010</td>
<td>0.031</td>
<td>32.26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uruguay</td>
<td>2006-2010</td>
<td>0.111</td>
<td>9.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>2006-2011</td>
<td>0.128</td>
<td>7.81</td>
<td>-2.26%</td>
<td></td>
</tr>
<tr>
<td>Malaysia</td>
<td>2005-2009</td>
<td>0.103</td>
<td>9.71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mauritius</td>
<td>2010-2011</td>
<td>0.127</td>
<td>7.87</td>
<td>-0.73%</td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td>2005-2009</td>
<td>0.089</td>
<td>11.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>2006-2009</td>
<td>0.075</td>
<td>13.33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2009-2010</td>
<td>0.061</td>
<td>16.39</td>
<td></td>
<td>+7.63%</td>
</tr>
</tbody>
</table>

Cigarettes are becoming less affordable in HICs (except in Canada, South Korea) and MORE affordable in LMICs (except in Mexico and Mauritius)
Cheap cigarettes in China continue to be a major barrier to tobacco control. In May 2009, taxes increased by 6-11%, but **prices have STILL not increased.** ITC data show that Chinese smokers are least likely of 19 ITC countries to see price as a reason to quit.
ITC Europe Surveys: Cross-border purchasing in German states and French provinces

13–24% when bordering countries with lower prices

2–7% (in these states/provinces and in UK & Ireland) when NOT bordering countries with lower prices.

Need to harmonize prices
Article 8

Protection from exposure to tobacco smoke
# Measures of Effectiveness for Article 8

<table>
<thead>
<tr>
<th>Measure</th>
<th>Survey Question</th>
<th>Response Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported rules about smoking in restaurants (bars)</td>
<td>Which of the following best describes the rules about smoking in the restaurants (bars) that you go to?</td>
<td>“Smoking is not allowed in any indoor area”. Smoking is allowed only in some indoor areas”, “No rules or restrictions” or “Don’t go to these places”</td>
</tr>
<tr>
<td>Visiting restaurants (bars)</td>
<td>In the last 6 months, have you visited a restaurant (bar)?</td>
<td>“Yes” or “no”</td>
</tr>
<tr>
<td>Last visit: reported smoking in restaurants (bars)</td>
<td>The last time you visited, were people smoking inside the restaurant (bar)?</td>
<td>“Yes” or “no”</td>
</tr>
<tr>
<td>Changes in visiting restaurants (bars)</td>
<td>Compared to a year ago, do you now visit restaurants (bars) more often, less often, or the same amount?</td>
<td>“More often”, “Less often”, “Same amount” or “don’t visit restaurants now and or didn’t visit restaurants a year ago”</td>
</tr>
<tr>
<td>Reported rules on smoking on public transportation</td>
<td>Which of the following best describes the rules about smoking inside public transportation vehicles, such as buses, ferries, launchas and trains?</td>
<td>“Smoking is not allowed in any public transportation vehicles”, “Smoking is allowed only in some public transportation vehicles”, or “no rules or restrictions”</td>
</tr>
<tr>
<td>Used public transportation in last 6 months</td>
<td>In the last 6 months have you ridden on public transportation such as bus, ferry, launch, or train?</td>
<td>“Yes” or “no”</td>
</tr>
<tr>
<td>Observed smoking on public transportation</td>
<td>The last time you rode on public transportation, were people smoking inside the bus, ferry, launch or train?</td>
<td>“Yes” or “no”</td>
</tr>
<tr>
<td>Employed outside the home</td>
<td>Are you currently employed outside the home?</td>
<td>“Yes” or “no”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>Survey Question</th>
<th>Response Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working inside vs. outside</td>
<td>Do you usually work inside or outside a building?</td>
<td>“Inside”, “Outside” or “both inside and outside a building”</td>
</tr>
<tr>
<td>Reported rules on smoking at work</td>
<td>Which of the following best describes the smoking policy where you work?</td>
<td>“Smoking is not allowed in any indoor area”, “Smoking is allowed only in some indoor areas”, or “no rules or restrictions”</td>
</tr>
<tr>
<td>Reported smoking at work—inside in last month</td>
<td>In the last month, have people smoked in indoor areas where you work?</td>
<td>“Yes” or “no”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>Survey Question</th>
<th>Response Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support for smoke-free places (by venue)</td>
<td>For each of the following public places, please tell me if you think smoking should not be allowed in any indoor areas, should be allowed only in some indoor areas, or no rules or restrictions. Hospitals; workplaces; restaurants; bars; public transportation vehicles; schools, colleges, and universities</td>
<td>“Smoking should not be allowed in any indoor areas”, “Smoking should be allowed only in some indoor areas”, or “no rules or restrictions”</td>
</tr>
<tr>
<td>Support for smoking bans in outdoor eating areas</td>
<td>Do you think that smoking should be allowed in all outdoor eating areas, in some outdoor eating areas, or not allowed in outdoor eating areas at all?</td>
<td>“All outdoor eating areas”, “Some outdoor eating areas” or “no outdoor eating areas at all”</td>
</tr>
<tr>
<td>Smoking in home</td>
<td>Which of the following best describes smoking inside your home?</td>
<td>“Smoking is not allowed in any indoor room inside my home”, “Smoking is allowed only in some rooms inside my home” or “no rules or restrictions”</td>
</tr>
<tr>
<td>Reported rules on smoking in car in the presence of children</td>
<td>What are the rules about smoking in your car or cars when there are children in the car?</td>
<td>“Smoking is never allowed in any car”, “Smoking is allowed in all cars”, “Smoking is allowed in all cars”, “Do not have a car”, or “I never have children in my car/I do not have children”</td>
</tr>
</tbody>
</table>
Smoking Prevalence in Restaurants Before and After Smoke-Free Laws in Ireland (04), Scotland (06), UK (07), France (08), Germany (07-08), Netherlands (08), Mexico City (08), Other Mexican Cities (08), Mauritius (09), 6 ITC China cities and 4 Indian States 2-3 yrs > COTPA required restaurants to be smoke-free (Oct 2008)
The connections between public smoke-free laws, home smoking bans, and cessation

Home smoking bans increase after smoke-free policies are implemented

Research evidence suggests that workplace smoking bans may be associated with an increase in the prevalence of smoke-free homes.\(^{13,14}\)

*Findings from the ITC Project provide strong evidence that smoke-free laws in public venues and workplaces do not lead to more smoking in the home and may help to encourage smokers to make their homes smoke-free.*

- The number of smoke-free homes in **Australia**, **Canada**, and the **United Kingdom** increased after the implementation of smoking bans in public places such as bars, restaurants, and recreational venues.\(^{15}\)
- Following the implementation of a national comprehensive smoke-free workplace law in the **Republic of Ireland**, there was a significant decrease in the percentage of homes where smoking was allowed.\(^{16}\)
- After implementation of national smoke-free legislation in **France**, **Germany**, the **Netherlands**, and the **United Kingdom**, the proportion of smokers with a total home smoking ban increased significantly.\(^{17}\)

Smoke-free homes help smokers to quit

In addition to protecting non-smokers against exposure to TSP, studies have established that smoke-free households also help to promote quit attempts and cessation among smokers.\(^{18-20}\)

*Longitudinal data from the ITC Project extends research in this area by showing that in addition to encouraging smokers to quit smoking, smoke-free homes may play an important role in helping smokers to stay quit.*

- Smoke-free homes facilitated quit attempts and reduced relapse after quitting among nationally representative samples of smokers in **Australia**, **Canada**, the **United Kingdom**, and the **United States**.\(^{15}\)

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Other Examples of ITC Data on Policy

- Smoking in cars with children: support data—>UK (England, Scotland)
- Electronic cigarettes: prevalence, quit rates, dual use
- Support for smoke-free laws—>many countries
- Point-of-sale bans—>New York City, other jurisdictions
- Evaluation of the impact of cessation services—>UK’s National Health Service (NHS)
- Graphic warning labels—>many countries, especially Malaysia, Mauritius, Brazil
- Light/mild bans are not sufficient to eliminate misperceptions—>many countries
- India report: highlights the potentially large difference between legislation and impact.
Dissemination of ITC Project Findings: Knowledge Transfer and Utilization Products for researchers, policymakers, and advocates
14 ITC National/Country Reports across 11 countries:

- France: Wave 1 National Report (Feb 2009)—English and French
- Germany: Wave 1 and Wave 2 National Report (Jan 2010)
- Bangladesh: Wave 1 National Report (Apr 2010)—English and Bengali
- Bhutan: Wave 1 ITC Bhutan Report (May 2011)
- India: Wave 1 (Sep 2013)

National Reports coming for: Zambia, Kenya, Canada, Brazil, United States
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 », projet d’évaluation des politiques publiques de lutte antitabac
Présentation et principaux résultats
FÉVRIER 2009

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

Preface from the Minister of Health and Sports, Roselyne Bachelot-Narquin
The International Tobacco Control Policy Evaluation Project

ITC Bangladesh National Report

APRIL 2010

Promoting Evidence-Based Strategies to Fight the Global Tobacco Epidemic

ITC National Reports: Bangladesh (April 2010)

Preface from the Prime Minister, Sheikh Hasina

I am happy to learn that the ITC Bangladesh Project is going to launch its research findings on the use of tobacco and its pernicious 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 manifest 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 Bangla, Jai Bangabandhu.
May Bangladesh Live Forever.

Sheikh Hasina
ITC National Reports: Bhutan (May 2011)

Bhutan’s Minister of Health, Zangley Dukpa, at the release of the ITC Bhutan Report

<table>
<thead>
<tr>
<th></th>
<th>Frequency (Raw)</th>
<th>Current Tobacco Users (weighted %)</th>
<th>Ex-tobacco Users (weighted %)</th>
<th>Non-users of tobacco (weighted %)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Sample</strong></td>
<td>1806</td>
<td>11.1</td>
<td>4.9</td>
<td>83.9</td>
</tr>
<tr>
<td><strong>Districts (15,581 households)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bumthang (390 H/H)</td>
<td>230</td>
<td>5.7</td>
<td>6.6</td>
<td>87.7</td>
</tr>
<tr>
<td>Chukha (469 H/H)</td>
<td>538</td>
<td>15.8</td>
<td>5.6</td>
<td>81.8</td>
</tr>
<tr>
<td>Thimphu (476 H/H)</td>
<td>610</td>
<td>12.5</td>
<td>5.6</td>
<td>81.8</td>
</tr>
<tr>
<td>Trashigang (386 H/H)</td>
<td>428</td>
<td>2.4</td>
<td>6.9</td>
<td>90.7</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1036</td>
<td>4.7</td>
<td>2.9</td>
<td>92.4</td>
</tr>
<tr>
<td>Male</td>
<td>770</td>
<td>16.1</td>
<td>6.5</td>
<td>77.4</td>
</tr>
</tbody>
</table>
China Report released in Beijing in Dec 2012 at the Chinese Communist Party School and at the China NCD Forum
India Report released in New Delhi at the Endgame Conference (Sept 2013)
ITC Policy and Cross-Country Reports

7 ITC Policy Reports
- Bangladesh: Wave 1—Taxation Report (Apr 2010)
- Bangladesh: Waves 1 and 2—Taxation Report (May 2011)
- Bangladesh: Waves 1 and 2—Warning Label Report (May 2011)
- Netherlands: Waves 1–3—Knowledge of harms of smoking and secondhand smoke (Mar 2011)

3 ITC Cross-Country Policy Reports
- ITC Cross Country Report—Health Warnings (March 2012)
FCTC Article 14
Tobacco Dependence and Cessation
Evidence from the ITC Project

November 2010

The ITC Project: Global Surveillance of Quitting Activity and Use of Cessation Support

Guidelines for Article 14 recommend a broad range of cessation interventions including population-based approaches that have wide reach (mass communication, brief advice, and quitting aids), and, where resources permit, more intensive individual approaches (prescribed treatment services). The ITC Project measures changes in smoker's awareness and use of a wide range of cessation and treatment interventions as countries implement new policies and programs in accordance with Article 14. ITC surveys smokers in 15 countries, ranging from middle to high income, provide evidence of high rates of quit attempts, but considerable variability around the world in the level of quitting activity and the use of various forms of cessation support. These differences reflect, in part, the history of tobacco control efforts in a country, the capacity of a country to provide cessation services or the ability of its smokers to access and afford different quit methods, and tobacco control policy priorities.

Quit Attempts

ITC surveys in 15 countries show that the majority of smokers around the world have attempted to quit smoking at least once. Reports of ever having tried to quit range from around 46% of smokers in New Zealand and the US to over 80% in most of the other ITC countries (see Figure 3). The prevalence of recent quit attempts varied from less than 5% of smokers in Chile to almost 30% in Thailand and Korea.

Advice to Quit from Health Professionals

The ITC Project seeks to understand the efficacy of health professionals providing advice to quit and recommend that “nurses are existing resources and infrastructure that can be used. I would suggest the practice of nurses using brief advice before other mechanisms for providing tobacco dependence treatment are put into place. There is a strong evidence across 15 countries in the rate of delivering health professional advice to smokers in these countries.

The percentage of smokers who received advice to quit when they visited an health professional is higher in countries such as Thailand, Malaysia, and the US than in most other countries. However, less than 50% of smokers in these countries reported receiving advice to quit. In contrast, in countries such as Canada and Austria, where there is high prevalence of smoking, and where health professionals are actively encouraged to provide smoking cessation advice, more than 50% of smokers reported receiving advice to quit. In countries such as Canada and Austria, where there is high prevalence of smoking, and where health professionals are actively encouraged to provide smoking cessation advice, more than 50% of smokers reported receiving advice to quit. In countries such as Canada and Austria, where there is high prevalence of smoking, and where health professionals are actively encouraged to provide smoking cessation advice, more than 50% of smokers reported receiving advice to quit. In countries such as Canada and Austria, where there is high prevalence of smoking, and where health professionals are actively encouraged to provide smoking cessation advice, more than 50% of smokers reported receiving advice to quit. In countries such as Canada and Austria, where there is high prevalence of smoking, and where health professionals are actively encouraged to provide smoking cessation advice, more than 50% of smokers reported receiving advice to quit.
Global Awareness that Smoking and Secondhand Smoke Cause Cardiovascular Disease

Geoffrey T. Fong, Sara C. Hitchman, and Lorraine V. Craig
International Tobacco Control Policy Evaluation Project, University of Waterloo, Canada

Lubna Ishaq Bhatti
Tobacco Free Initiative, World Health Organization, Geneva

Alice Grainger-Gasser
World Heart Federation, Geneva

“Tobacco Control to Reduce Cardiovascular Disease”
Press Conference at the World Cardiology Congress—Thurs 19 April 2012, Dubai, UAE
New Developments
Growth of E-Cigarettes in the UK

ITC UK Survey: Growth of E-Cigarettes in the UK from Wave 8 (Jul 2010–Jun 2011) to Wave 9 (Feb-Sep 2013)
Challenges to Uruguay’s Policies (BIT & WTO)

PM challenges Uruguay’s Warnings (based on size)

Significant increase in warning effectiveness

PM challenges Uruguay’s single presentation regulation

Figure 16. Impact of health warnings on smokers’ perceptions and behaviours in the last month, by wave*

- Smokers noticed health warnings ‘often’ or ‘very often’
- Smokers read or looked closely at health warnings ‘often’ or ‘very often’
- Health warnings make smokers think of the health risks of smoking ‘somewhat’ or ‘a lot’
- Health warnings make smokers ‘somewhat’ or ‘a lot’ more likely to think about quitting
- Smokers avoided looking at or thinking about the health warnings on packs
- Smokers have given up a cigarette at least once due to health warnings

* The solid lines represent frequencies adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted frequencies

Figure 19. Smokers’ beliefs about “light” cigarettes, by wave

- Smokers “agree” or “strongly agree” that light cigarettes are less harmful
- Smokers “agree” or “strongly agree” that light cigarettes are less addictive
- Smokers “agree” or “strongly agree” that light cigarettes make it easier to quit

Significant reduction in incorrect beliefs about “lights”
Conclusions

- Evaluation systems fill the gap between existing policy monitoring/reporting systems and surveillance systems: an important initiative that falls under Part VII of the Convention
- Evaluation systems measure impact on actual persons in the population who are affected by FCTC policies
- Evaluation systems, if well constructed and maintained, provide evidence relating to the impact of policies, whether policies need to be strengthened, and can identify the reasons for lower-than-expected impact
- Evaluation systems are a unique source of data for parties to engage in (stronger) evidence-based activities in FCTC implementation.
- The ITC Project stands ready to assist the Parties in the selection of measures and in the design of evaluation systems.