# The International Tobacco Control Policy Evaluation Project Health Warnings on Tobacco Packages

### **ITC Cross-Country Comparison Report**





#### **MARCH 2012**

WATERLOO

# ITC Cross-Country Comparison Report Health Warnings on Tobacco Packages March 2012

#### Acknowledgement

The preparation of this Report was coordinated by Lorraine Craig with collaboration from Natalie Sansone, Genevieve Sansone, Michelle Bishop, Pete Driezen, David Hammond, Geoffrey T. Fong, and Mary Thompson of the University of Waterloo; James F. Thrasher of the University of South Carolina; Maansi Bansal-Travers of Roswell Park Cancer Institute; K. Michael Cummings of the Medical University of South Carolina; and Ron Borland of The Cancer Council Victoria.

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# **BACKGROUND AND INTRODUCTION**

### Introduction to this Report and the ITC Project

With the number of tobacco-related deaths expected to increase from 100 million in the 20<sup>th</sup> century to 1 billion people in the 21<sup>st</sup> century, there is great urgency to disseminate research findings that can inform the development and implementation of effective tobacco control policies.

The International Tobacco Control Policy Evaluation Project (the ITC Project) was created in 2002 as an evidence-gathering system for evaluating the effectiveness of tobacco control policies of the WHO Framework Convention on Tobacco Control (FCTC). The ITC Project is now an international collaboration involving over 100 tobacco control researchers and experts across 23 countries inhabited by over 70% of the world's tobacco users. In each country, longitudinal cohort surveys of representative samples of tobacco users (and non-tobacco users in many countries) are being conducted, with an emphasis on measuring key indicators of policy effectiveness.

This report presents initial findings on cross-country differences on key indicators of the effectiveness of **health warnings** across 19 countries of the ITC Project. A primary objective of the ITC Project, and of this report, is to disseminate findings on the effectiveness of health warnings to policymakers and other public health stakeholders to promote strong evidence-based policies on labelling and packaging, as required by Article 11 of the FCTC.



Australia 2006

### **Importance of Health Warnings**

Health warnings on tobacco packages are among the most important sources of information about the harms of smoking and of tobacco smoke pollution (also known as secondhand smoke) and are a key component of communication strategies to educate smokers and non-smokers about these harms.

Given their tremendous reach and frequency of exposure (pack-a-day smokers are potentially exposed to warnings over 7000 times per year<sup>1</sup>), health warnings are an extremely cost-effective public health intervention compared to other communication tools such as paid mass media advertising. Non-smokers also report high exposure and awareness of health warning labels, as tobacco packages are displayed each time the product is used or left in public view, and are also prominent in retail outlets in many countries.

#### Article 11 states that health warnings:

- Should not use misleading descriptors such as "light" or "low tar"
- Shall be rotating, large, clear, visible, and legible
- Should cover at least 50% of the principal display areas (but no less than 30%)
- May include pictures
- Shall contain information on constituents and emissions
- Shall be in the country's principal language(s)

#### Article 11 Guidelines (adopted Nov 2008) state that warnings:

- Should be at the top of the front and back of each package
- Should be as large as possible (more than 50%)
- Should include full colour pictures
- Should include two or more sets of rotating warnings with a range of messages
- Should prohibit the display of figures for emission yields

#### FCTC Guidelines for Effective Health Warnings

Health warnings are the focus of Article 11 of the WHO Framework Convention on Tobacco Control (FCTC), the world's first health treaty.

More than 170 countries are parties to the FCTC, and as such are required to adopt and implement large, clear, and rotating health warnings within three years of FCTC ratification. Additional guidelines for implementation of Article 11 were adopted in 2008.

As of February 2012, over 45 countries have passed legislation requiring pictorial health warnings.

#### **Evidence from ITC Countries**

Research studies conducted by the ITC Project provide an evidence base that defines the components of effective health warnings and strongly supports the implementation of large, vivid, pictorial warnings. Findings from specific countries include:

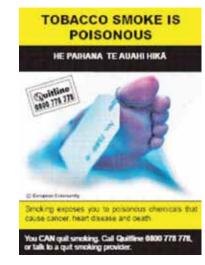
- The introduction of pictorial warnings in Australia resulted in an increase in noticing and reading of health warnings, thinking about the health risks and quitting, forgoing cigarettes, and avoiding the warnings; they also stimulated stronger cognitive responses and more reports of forgoing cigarettes than text-only health warnings in the UK.<sup>6</sup>
- In Brazil, health warnings contain graphic, emotionally evocative imagery, and these warnings had a greater impact on quitrelated cognitions among smokers with lower compared to higher educational attainment. This greater impact of warnings among smokers with lower education was not found in Uruguay, where warnings included abstract representations of risk (e.g. a vial with skull and crossbones), or Mexico, which had warnings that contained only text at the time of data collection. Graphic imagery may work better than other types of imagery in addressing tobacco-related disparities associated with education.<sup>8</sup>
- After Thailand introduced pictorial warning labels, the percentage of smokers reporting that the warnings made them think about health risks and made them more likely to quit increased, but no such increase occurred in Malaysia - where warnings were text-only over the same time period.<sup>9</sup>
- An ITC experimental study among smokers, non-smokers and youth in **China** found that pictorial warnings were rated by all groups as being more effective than text-only warnings for motivating smokers to quit, convincing youth not to start and informing the public of the dangers of smoking.<sup>30</sup>
- After Mauritius introduced pictorial warnings in 2009 on 60% of the front and 70% of the back of the pack - the first nation in the African region to put pictorial warnings on packs - smokers were more aware of specific harms of smoking, had more thoughts about quitting, and had emotional reactions that were associated with quitting.<sup>11</sup>

### **RESEARCH EVIDENCE ON HEALTH WARNINGS**

### Evidence on Health Warning Effectiveness

There is extensive research evidence from the ITC Project and many other sources demonstrating that health warnings are an effective tool for:<sup>2-4</sup>

- Educating smokers and non-smokers about the harms of smoking
- Motivating smokers to quit and providing help and information to enhance efficacy of quitting
- Encouraging non-smokers, including youth, not to start smoking
- Counteracting misleading messages and brand imagery on tobacco packages



New Zealand 2008

#### Components of effective warnings:

- Large, prominent and contain salient features that make them stand out from the rest of the pack
- Contain vivid images and messages that depict health risks in an emotionally arousing manner
- Updated frequently to include new images and health information

#### Benefits of health warnings:

- Several studies report high levels of public support for pictorial warnings.<sup>5, 6</sup>
- Both adult and youth smokers report pictorial warnings to be a credible source of information.<sup>1</sup>
- More smokers report getting information about the health risks of smoking from cigarette packages than any other source except television.<sup>7</sup>
- Pictorial warnings may be particularly important in communicating health information to populations with lower literacy rates.<sup>1,8</sup>
- Evidence suggests that pictorial warnings may be more effective in low- and middle-income countries, where warning labels are one of the few or only sources of health information.<sup>5</sup>

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# **ITC SURVEY METHODS AND MEASUREMENTS**

### **ITC Survey Questions on Health Warnings**

All ITC surveys are developed using the same conceptual framework and methods, and the survey questions are designed to be identical or functionally equivalent in order to allow strong comparisons across countries. The use of standardized methods and measures across all ITC surveys ensures that the effectiveness of health warnings and other policies can be compared across countries in order to provide guidance on best practices in tobacco control.

ITC surveys include a broad set of questions to assess health warning label effectiveness. These questions generally fall into three categories: salience, behavioral responses, and support for health warnings. The following survey questions represent ITC's key measures of health warning effectiveness:

Measure	Survey Question	Response Options		
Noticing Labels	In the last month, how often, if at all, have you noticed the warning labels on cigarette packages?	Scale of 1-5, from "never" to "very often"		
Thinking About Health Risks	To what extent, if at all, do the warning labels make you think about the health risks of smoking?	Scale of 1-4, from "not at all" to "a lot"		
More Likely to Quit	To what extent, if at all, do the warning labels on cigarette packs make you more likely to quit smoking?	Scale of 1-4, from "not at all" to "a lot"		
Avoiding Labels	In the last month, have you made any effort to avoid looking at or thinking about the warning labels – such as covering them up, keeping them out of sight, using a cigarette case, avoiding certain warnings, or any other means?	Yes or No		
Gave up a Cigarette	In the last month, have the warning labels stopped you from having a cigarette when you were about to smoke one?	Scale of 1-4, from "never" to "many times"		
Amount of Health Information	Do you think that cigarette packages should have more health information than they do now, less information, or about the same amount as they do now?	Less, the same, more		

### **Methods for Cross-Country Comparisons**

The following graphs present *initial* results from cross-country comparisons of ITC surveys conducted in 19 countries. The crosscountry comparison data are meant to be qualitative descriptions. More formal statistical tests will be conducted for scientific publications, presentations, and reports arising from the cross-country comparison data. The percentages presented in the graphs were estimated from regression models that control for potential differences across countries in age, smoking status, and the number of times respondents were surveyed in each of the countries. The percentages also take into account the different sampling designs used in each of the countries.

The results presented in this report come from the most recent wave of ITC surveys of smokers conducted in each of the 19 countries with the year of each survey given after the country name.

#### **Additional Notes:**

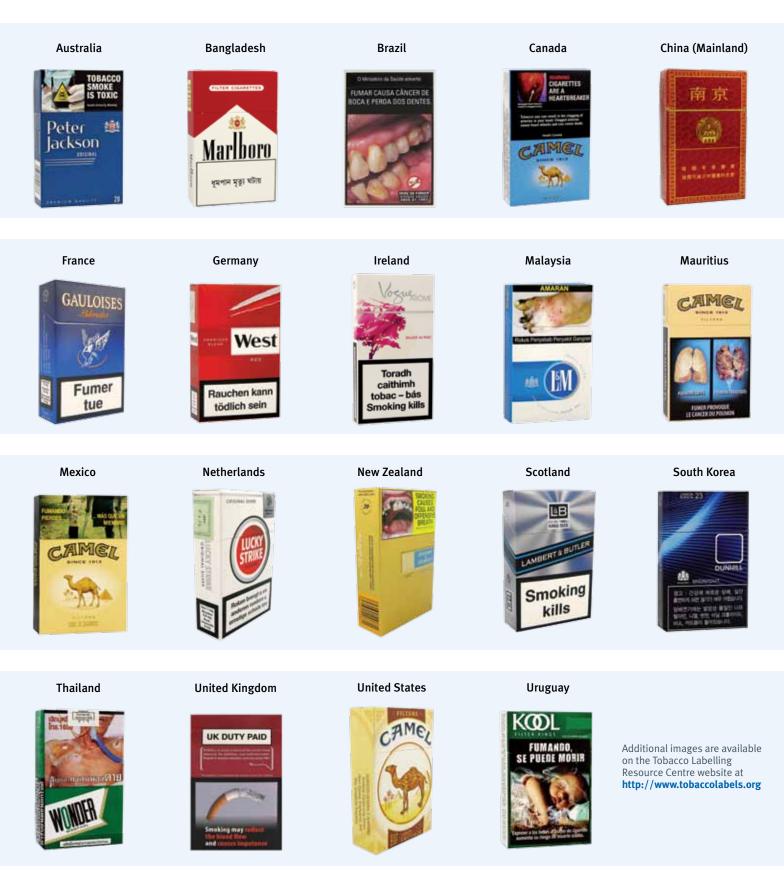
- Across the 19 countries, there are considerable differences in prevalence of smoking among women. In non-Asian countries, female prevalence is often fairly close to that of males. But in the Asian countries, the female prevalence rate is much lower than that of males. Although in many of these countries women smokers were oversampled, the resulting sample size of women in Asian countries is still much lower than for men and too low for meaningful estimates. Thus, the graphs present ITC results in the Asian countries for male smokers only whereas for the non-Asian countries, results are presented for males and also for male and female smokers combined.
- In each graph, countries are presented in order of GDP per capita, from highest to lowest. They are also colour-coded according to three World Bank income classifications: High Income, Middle Income, and Low Income.

## **HEALTH WARNINGS IN ITC COUNTRIES**

**Note:** This table displays information on the warning labels that were on cigarette packages at the time of the latest survey wave. Some countries have since updated their warnings, as noted in the last column. Examples of health warnings on packs at the time of the latest ITC survey are on the next page.

Country	Year of latest ITC survey data	Year of implementation for warnings appearing at time of survey	Pictorial warnings at time of survey	% Front	% Back	Number of messages and rotation requirements (if available)	Year(s) of implementation for new warnings since latest survey
Australia	2010	2006	Yes	30	90	2 sets of 7 warnings, rotated at 12 month intervals	2012
Bangladesh	2010	2006	No	30	30	6 warnings, 1 displayed at a time, should be rotated every 6 months	_
Brazil	2009	2004	Yes	0	100	10 warnings	2008
Canada	2010	2001	Yes	50	50	16 rotating warnings plus 16 messages inside the packs	2012
China (Mainland)	2009-10	2008	No	30	30	3 messages, 1 is on all packs and 2 rotate with each other	—
France	2008	2003	No	30	40	2 possible messages for front & 14 for back, must rotate on regular basis	2011
Germany	2009	2003	No	30	40	2 possible messages for front & 14 for back, must rotate on regular basis	—
Ireland	2006	2003	No	30	40	2 possible messages for front & 14 for back, must rotate on regular basis	2008, 2013
Malaysia	2009	2009	Yes	40	60	6 rotating warnings; Malay on front and English on back	—
Mauritius	2011	2009	Yes	60	70	8 warnings; French on front and English on back	—
Mexico	2011	2010	Yes	30	100	8 warnings (image on front, text on back and one side of pack), 2 warnings from the set are displayed on packs at a time	_
Netherlands	2011	2003	No	30	40	2 possible messages for front & 14 for back, must rotate on regular basis	—
New Zealand	2008	2008	Yes	30	90	14 rotating warnings in English and Maori	—
Scotland	2006	2003	No	30	40	2 possible messages for front & 14 for back, must rotate on regular basis	2008
South Korea	2010	2009	No	30	30	3 rotating messages	—
Thailand	2009	2009	Yes	55	55	10 warnings to be rotated at rate of 5000 cigarette packs per image	—
United Kingdom	2010	2008	Yes	43	53	1 of 2 text messages on front, 1 of 14 pictures on back, rotated equally	—
United States	2010	1984	No	0	0	4 messages rotated equally, must cover 50% of one side of the pack	2012 (although legal challenges are likely to delay implementation)
Uruguay	2010	2010	Yes	80	80	6 warnings, each must appear equally and be rotated every 12 months	—

### Health Warnings on Packs at the Time of the Latest ITC Survey



### **CROSS-COUNTRY COMPARISON GRAPHS**

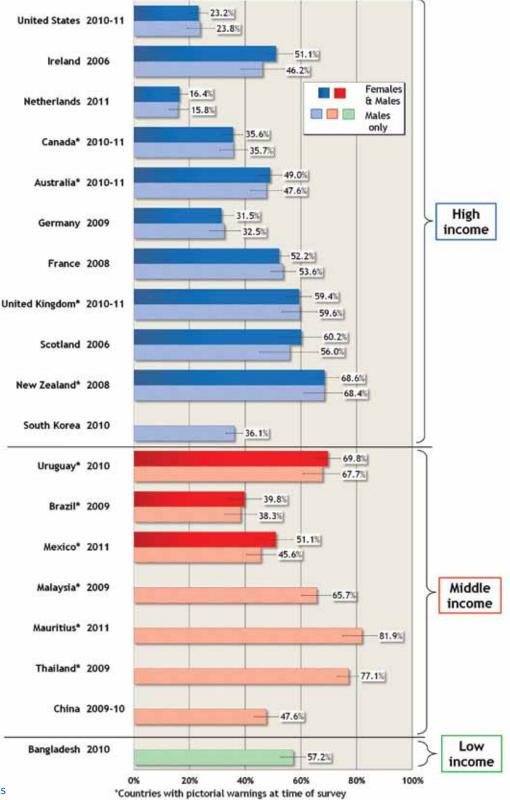
### **Noticing Labels**

Figure 1. Percentage of smokers who noticed warning labels "often/very often", by country

The percentage of smokers who noticed the health warnings on cigarette packages "often" or "very often" was lowest in the Netherlands (with text-only warnings) and highest in Mauritius (with pictorial warnings).

Of all the countries with pictorial warnings at the time of the survey, Canada (where the same health warnings had been in place for 10 years) had the lowest percentage of noticing the warnings.

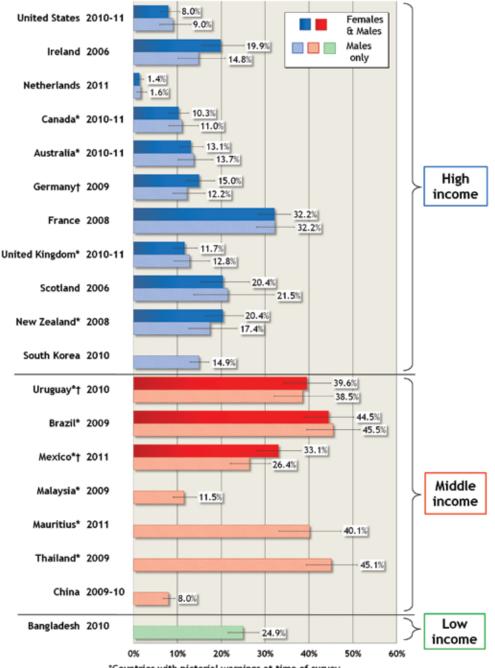
Brazil, where warnings appear only on one side of the pack, had the lowest percentage of noticing among the seven middle income countries.



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### **Thinking About Health Risks**

Figure 2. Percentage of smokers who said warning labels made them think about the health risks of smoking "a lot", by country



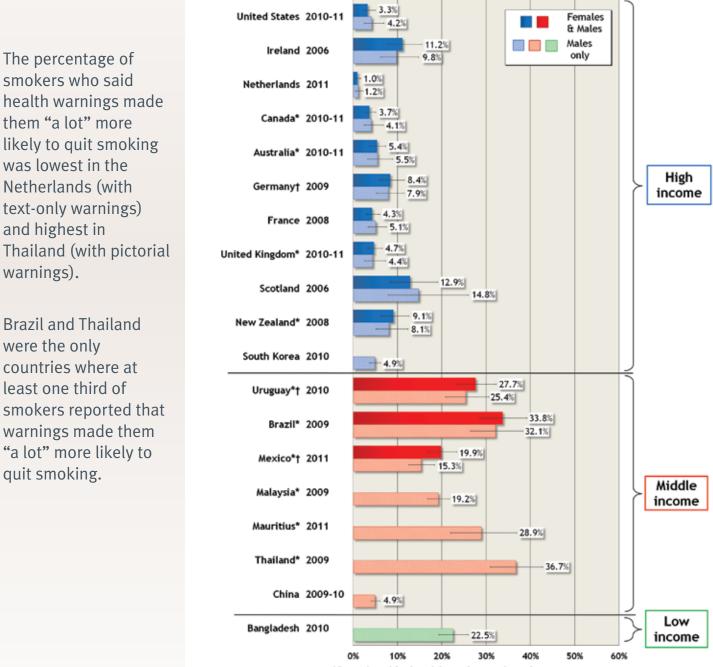
The percentage of smokers who thought about the health risks of smoking "a lot" was lowest in the Netherlands (with textonly warnings) and highest in Brazil (with pictorial warnings).

Only five countries had at least one-third of smokers report that health warnings made them think about the health risks "a lot" (Uruguay, Brazil, Mexico, Mauritius, and Thailand — all of which have pictorial warnings).

\*Countries with pictorial warnings at time of survey †Response options "a lot" and "somewhat" were combined

#### More Likely to Quit

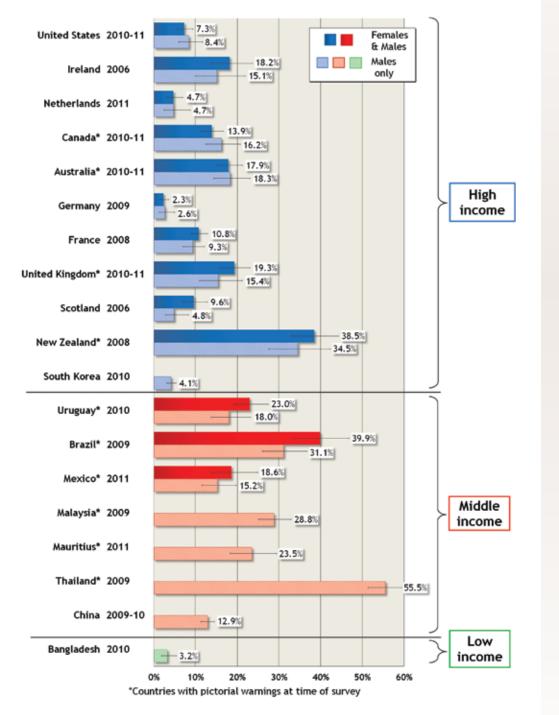
Figure 3. Percentage of smokers who said warning labels make them "a lot" more likely to quit smoking, by country



\*Countries with pictorial warnings at time of survey †Response options "a lot" and "somewhat" were combined

#### **Avoiding Labels**

Figure 4. Percentage of smokers who made an effort to avoid warning labels, by country

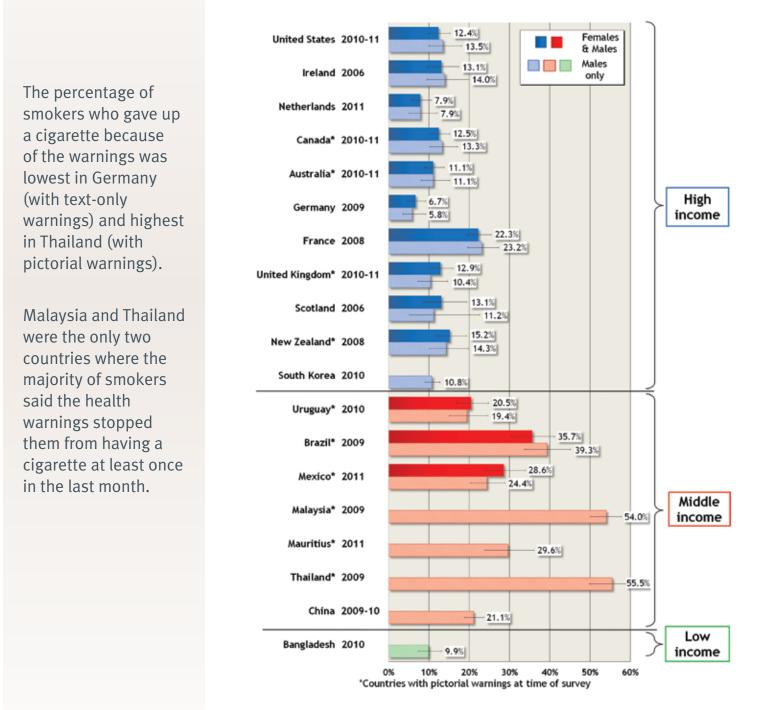


The percentage of smokers who reported that they made an effort to avoid the health warnings was lowest in Germany (with text-only warnings) and highest in Thailand (with pictorial warnings).

Thailand was the only country where the majority of smokers reported avoiding the labels in any way.

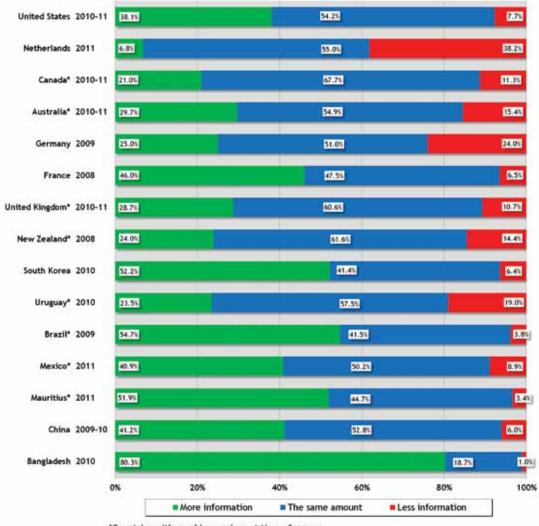
#### **Gave Up A Cigarette**

Figure 5. Percentage of smokers who gave up a cigarette at least once because of the warning labels, by country



#### **Amount of Health Information**

Figure 6. Percentage of cigarette smokers who think there should be more, less, or the same amount of health information on cigarette packages, by country



The percentage of male smokers who wanted more health information on packages was lowest in the Netherlands (a high-income country with text-only warnings) and highest in Bangladesh (a lowincome country with text-only warnings)

In every country except for the Netherlands, the percentage of male smokers who want more information on packages was greater than the percentage who want less information, even in countries where pictorial warnings are in place.

<sup>\*</sup>Countries with graphic warnings at time of survey NOTE: Data are from male smokers only

# Summary

- In general, pictorial warning labels demonstrated greater effectiveness than text-only warnings on all self-reported measures of health warning effectiveness.
- Thailand, Brazil, and Mauritius (where large, graphic warnings are in place) tended to show the highest levels of warning label effectiveness across the measures.
- The Netherlands and Germany (both of which have only small text warnings) tended to show the lowest rates of health warning effectiveness across the measures.
- The impact of health warnings may be stronger in low- and middle-income countries, where there are fewer alternative sources of information about the harms of smoking.
- In general, the effectiveness of the health warnings did not differ by gender.
- In all of the ITC countries, there is still room for improvement on every indicator of warning effectiveness.
- In almost every ITC country, the percentage of smokers who want more information on packages is greater than the percentage who want less information, even in countries where pictorial warnings are in place.
- These cross-country results show the importance of implementing strong pictorial health warnings in accordance with the Guidelines for Article 11 of the FCTC.

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#### VÍTIMA DESTE PRODUTO



Brazil 2008



FUMER PROVOQUE L'ATTAQUE CÉRÉBRALE

Mauritius 2009

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Robert Wood Johnson Foundation

Cancer Research U.K.

#### FUTURE DIRECTIONS

The ITC Project continues to explore opportunities for collaborating with low- and middle-income countries to help policy makers design, implement, and evaluate FCTC policies.

#### THE ITC RESEARCH TEAM

#### The ITC International Research team includes over 100 tobacco control researchers in 23 countries worldwide. Its Principal Investigators are:

Geoffrey T. Fong – University of Waterloo, Canada

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- K. Michael Cummings Medical University of South Carolina, United States

Ron Borland – The Cancer Council Victoria, Australia

Andrew Hyland – Roswell Park Cancer Institute, United States

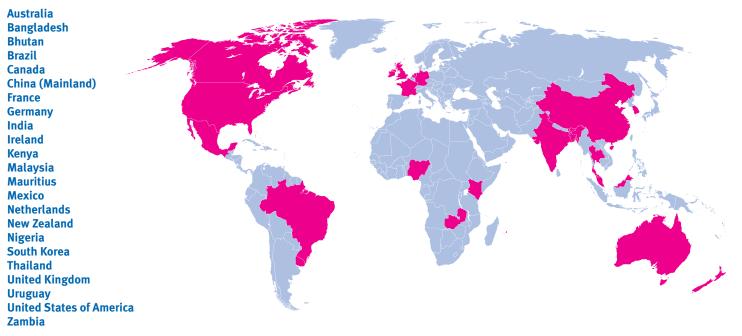
Richard J. O'Connor – Roswell Park Cancer Institute, United States

- David Hammond University of Waterloo, Canada
- Gerard Hastings University of Stirling and the Open University, United Kingdom

Ann McNeill – University of Nottingham, United Kingdom

#### THE ITC PROJECT: EVALUATING THE IMPACT OF FCTC POLICIES IN...

23 countries • 50% of the world's population • 60% of the world's smokers • 70% of the world's tobacco users



Version 1 – March 2012

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Tobacco Labelling Resource Centre http://www.tobaccolabels.org/ FCTC Guidelines for Implementation of Article 11 http://www.who.int/fctc/guidelines/article\_11/en/index.html