

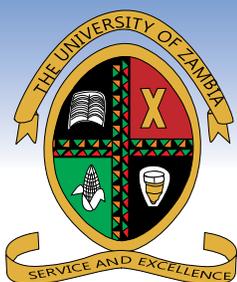
The International Tobacco Control Policy Evaluation Project ITC Zambia National Report

FINDINGS FROM THE WAVE 1 (2012) SURVEY

MAY 2014



Promoting Evidence-Based Strategies to Fight the Global Tobacco Epidemic



THE UNIVERSITY OF ZAMBIA



REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH



International Tobacco Control
Policy Evaluation Project



UNIVERSITY OF
WATERLOO



Findings from the ITC Zambia Wave 1 (2012) Survey

ITC Zambia National Report

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“Zambia and other African nations are facing immense challenges in the fight to protect public health from the harms of tobacco...We have long anticipated local evidence on the effectiveness of tobacco control measures as provided in the ITC Zambia Wave 1 National Report to feed into tobacco control policy formulations and implementation processes.”

Dr. Joseph Kasonde
Honorable Minister of Health



Message

Zambia and other African nations are facing immense challenges in the fight to protect public health from the harms of tobacco. The Ministry of Health (MOH) facilitated the ratification of the FCTC in 2008 and committed to implementing and enforcing strong tobacco control measures. The MOH on the 2013 World No Tobacco Day declared intensified actions against the tobacco industry and a speedy enactment of a comprehensive Tobacco Act to protect Zambian citizens against the harms of tobacco use. We have long anticipated local evidence on the effectiveness of tobacco control measures as provided in the ITC Zambia Wave 1 National Report to feed into tobacco control policy formulations and implementation processes.

This report provides clear evidence that Zambia's tobacco packaging and labelling policies need strengthening in order to meet the FCTC Article 11 requirements. Although the requirements for health warnings under the Public Health (Tobacco) Regulations, 1992 were amended in 2008, ITC Zambia findings suggest that the changes did not go far enough. ITC Zambia Survey findings showed that very few smokers notice the warning and even fewer read it closely. There was also evidence of smokers not being able to read the English health warning on cigarette packs. The ITC findings also show that one-quarter of smokers who have a usual brand smoke "mild" or "extra mild" brands. Deceptive terms such as "light", "mild", and "extra-mild" are prohibited under Article 11, but have not yet been banned in Zambia. We have an opportunity to better communicate the harms of tobacco not only through more effective health warnings and the absence of deceptive labelling, but also through mass media campaigns. Research shows that well-funded mass media campaigns, when combined with large, graphic health warnings can not only increase public awareness of tobacco-related health risks, but can increase quitting and reduce initiation of tobacco use.

We are aware that strong implementation of tobacco control policies now can curb future dramatic increases in smoking prevalence. It is important for us to carefully consider the recommendations in this report and move forward quickly in implementing strong packaging and labelling measures as described in the FCTC Article 11 Guidelines within a comprehensive tobacco control strategy.

Sincerely,

Dr. Joseph Kasonde
Honorable Minister of Health

“As a cardiologist and Principal Investigator for the ITC Zambia Survey, I am passionate about implementing scientifically-proven solutions in the fight to protect the people of Zambia from the harms of tobacco. This is the first report to provide evidence-based knowledge to identify Zambia’s strengths and weaknesses in the implementation of the FCTC. Zambia has a broad network of stakeholders who are committed to strong implementation of the FCTC. We are eager to move forward to facilitate the translation of findings in this report into training, program, and policy initiatives.”

Fastone Goma, MB ChB(UNZA), MSc(Lon), PhD(Leeds), Cert.PH(UAB)
President of the Heart and Stroke Foundation, Zambia



Message

It is with great urgency that I announce the release of this report on the findings of the International Tobacco Control Policy Evaluation Project (ITC Project) Wave 1 Survey in Zambia — the first longitudinal survey ever conducted in Zambia to systematically evaluate the effectiveness of tobacco control policies in Zambia.

As a cardiologist and Principal Investigator for the ITC Zambia Survey, I am passionate about implementing scientifically-proven solutions in the fight to protect the people of Zambia from the harms of tobacco. Cardiovascular disease (CVD) is the world's leading cause of death, killing 17.3 million people every year. Eighty percent of these deaths occur in low- and middle-

income countries (LMICs), which are increasingly being targeted by the tobacco industry. Urgent action is needed as tobacco use continues to grow in Zambia and other LMICs.

This is the first report to provide evidence-based knowledge to identify Zambia's strengths and weaknesses in the implementation of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). The findings indicate that while Zambia has enacted tobacco control laws across several key policy domains since ratifying the FCTC in 2008, current laws need to be strengthened and enforced in order to be effective and to meet best practice guidelines provided in the treaty.

It is clear that Zambian tobacco users recognize the harmful and addictive nature of tobacco and support the government playing a stronger role in tobacco control. More than two-thirds (68%) of smokers in Zambia regret taking up smoking and more than one-third (43%) have tried to quit. About a quarter (24%) of smokers plan to quit smoking within the next 6 months. It is well established that advice to quit from a physician or health professional is a powerful motivator for quitting. Zambia has an opportunity to increase quit rates by providing training and cessation support services to strengthen the role of health care workers in assisting smokers to quit.

Health warnings on tobacco packages are one of the most cost-effective measures to increase awareness of the harms of tobacco use and to motivate thoughts and behaviours that lead to quitting. The survey findings showed that Zambia's current text-only warning on 30% of the front and back of the pack is not effective, and falls short of meeting the FCTC Article 11 Guidelines which recommend large, rotating pictorial health warnings on at least 50% of the front and back of the pack.

Although comprehensive smoke-free policies have been established, evidence of weak levels of enforcement mean that Zambians are being exposed to secondhand smoke and therefore are at increased risk of CVD and other chronic diseases.

Zambia has a broad network of stakeholders who are committed to strong implementation of the FCTC, including health care workers, community organizations, the Ministry of Health and other sectors of the government, and African Tobacco Control organizations such as the African Tobacco Control Alliance (ATCA), Africa Tobacco Control Regional Initiative (ATCRI), and the Centre for Tobacco Control in Africa (CTCA). We are eager to move forward to facilitate the translation of findings in this report into training, program, and policy initiatives in Zambia.

Sincerely,

Fastone Goma, MB ChB(UNZA), MSc(Lon), PhD(Leeds), Cert.PH(UAB)
President of the Heart and Stroke Foundation, Zambia

A handwritten signature in black ink, appearing to read 'Fastone Goma'. The signature is written in a cursive style and is positioned above a horizontal line.

EXECUTIVE SUMMARY

Tobacco use remains the leading cause of preventable disease and death, killing about 6 million people a year globally. Nearly 80% of these tobacco-related deaths occur in low- and middle-income countries (LMICs). Currently, about 12% of people in the African region are tobacco users; which is considerably lower than other regions (e.g., 28% in the European region). However, improving economic growth and health have resulted in an increase in smoking prevalence and cigarettes smoked in Africa — a developing region of the world that represents the future epicenter of the tobacco epidemic.

Zambia demonstrated its commitment toward tobacco control in 2008 by ratifying the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). Since that time, Zambia has worked toward strengthening the 1992 Public Health (Tobacco) Regulations so that they are consistent with the FCTC.

Recently, a team of leading researchers from the University of Zambia (UNZA) School of Medicine, and the Zambian Ministry of Health formed a partnership with the International Tobacco Control Policy Evaluation Project (the ITC Project) at the University of Waterloo. Together, the ITC Zambia Project team created the ITC Zambia Survey—the first-ever national study of tobacco use and of the impact of tobacco control policies in Zambia. In 2012, the team conducted the first wave of the cohort survey among a nationally representative random sample of 1,483 tobacco users and 595 non-users aged 15 years and older.

The ITC Zambia Wave 1 (2012) Survey findings indicate that efforts to strengthen the 1992 Public Health (Tobacco) Regulations fall short of meeting the government's obligations to the FCTC across all policy domains. Prompt action is required to fully implement and enforce a comprehensive set of proven tobacco control policies and programs as described in the FCTC and its Guidelines. In the absence of campaigns and strong health warnings to educate the public about the harms of tobacco, the high level of support among tobacco users themselves for the Zambian Government to play a stronger role in tobacco control (82% of tobacco users) is remarkable. The fact that tobacco users themselves are so supportive of stronger tobacco control policies sends a clear message for policymakers to create a stronger and more comprehensive tobacco control program, and to ensure that the program is implemented and enforced.

Tobacco Use and Quitting Behaviour

The ITC Zambia Survey found differences in the types of tobacco products used by males and females. The vast majority (97%) of male tobacco users smoke cigarettes (3% use smokeless tobacco products only), while the majority (70%) of female tobacco users use smokeless tobacco products (28% smoke cigarettes and 2% use both cigarettes and smokeless tobacco products).

The survey findings revealed high use (27%) of menthol brands among smokers who have a usual brand. Male smokers in Zambia who have a regular cigarette brand have a higher use of menthol brands (23%), than those in other LMICs (i.e., Brazil, China, India, and Bangladesh), and high-income countries (Canada, Australia, and United Kingdom), where less than 10% of male smokers use menthol brands. These findings are of concern as menthol masks the harshness of cigarette smoke on the smoker's throat and is, therefore, effective in recruiting new smokers.

Zambia has not yet implemented a ban on misleading descriptors such as “light”, “mild”, or “low tar” on tobacco packages. About a quarter (26%) of Zambian male smokers who had a regular brand reported smoking light or mild cigarettes, and about half of all smokers (51%) thought that light cigarettes are less harmful than regular cigarettes, despite scientific evidence showing that “light” and “mild” brands are not any less harmful than regular brands.

It is clear that Zambian tobacco users recognize the harmful and addictive nature of tobacco. The majority (88%) of smokers recognized that smoking is not good for your health. About 9 out of 10 male smokers in Zambia think that smoking cigarettes is not good for your health. This is comparable to what was found in Mauritius, India, and Bangladesh. More than 90% of Zambian smokers “agreed” or “strongly agreed” that cigarettes are addictive and 87% of smokeless users agreed that smokeless tobacco is addictive.

Perhaps the most striking aspect of tobacco use is the fact that many smokers simply do not want to smoke. More than two-thirds (68%) of smokers in Zambia regret taking up smoking and more than one-third (43%) have tried to quit. About a quarter (24%) of smokers plan to quit smoking within the next 6 months. Unfortunately, smokers are not well connected to sources of cessation assistance.

The ITC Zambia Survey found that only one-sixth (16%) of tobacco users reported that they had visited a health care provider in the last 6 months. Among those smokers who did visit a health care provider, a third (34%) were given advice to quit smoking. While this is a good starting point, higher rates of advice to quit smoking have been found in other LMICs such as Mauritius (52%), India (48%), Uruguay (46%), and Mexico (44%). It is well established that advice to quit from a health professional is a powerful motivator for quitting.

Thus, there is a need to integrate support for quitting within the health care system in Zambia.

Perhaps the most striking aspect of tobacco use is the fact that many smokers simply do not want to smoke. More than two-thirds (68%) of smokers in Zambia regret taking up smoking and more than one-third (43%) have tried to quit.

Labelling of Tobacco Products

Health warnings are one of the most cost-effective interventions for communicating the health harms of tobacco use. However, Zambia has not changed its text-only health warning since 1993 when the warning label “Warning: Tobacco is Harmful to Health” was introduced only in English on tobacco packages. Although health warning legislation was updated in 2008 to require the text warning on both the front and back of the pack in bold lettering on a contrasting background, the law did not mandate a minimum size or position for the text warning. The ITC Zambia Survey findings show that the text warning is not effective — only one-quarter (24%) of smokers noticed the health warning on cigarette packs. Among male smokers in 10 ITC LMICs, Zambia had the lowest percentage (28%) who “often” or “very often” noticed the warning. Even fewer (14%) smokers “often” or “regularly” read the labels in the last month. There was evidence of even lower effectiveness among smokers in the Northern provinces (i.e., only 28% were aware of the warning) and the English warning could not be read by 21% of smokers who showed survey interviewers their cigarette packs. Evidence from other ITC countries shows that warning label effectiveness improves dramatically after large pictorial warnings are implemented in accordance with the FCTC Article 11 Guidelines, which call for large, rotating pictorial health warnings on at least 50% of the front and back of the pack in the country’s principal language.

Smoke-free Policies

The ITC Zambia Survey found that efforts to strengthen smoke-free legislation in the 1992 Public Health Regulations by banning smoking in all public places in 2008, and introducing penalties for violations in 2009, have been effective in curbing smoking in public transportation and in restaurants, as smoking was reported by less than 10% of smokers and non-smokers in these venues the last time they were at these locations. However, occurrences of smoking were higher in bars and workplaces as 71% of smokers and 60% of non-smokers who last visited a bar noticed people smoking and 38% of smokers and 12% of non-smokers noticed people smoking indoors at their workplace. Smokers themselves support complete bans on smoking in these venues — 71% of smokers think smoking should be banned in bars and 88% of smokers think it should be banned at work.

Tobacco Advertising, Promotion, and Sponsorship

According to Article 13, Zambia was obligated to implement a comprehensive ban on direct and indirect forms of tobacco advertising within 5 years of ratifying the FCTC — therefore, the ban on all forms of advertising was due to be implemented in 2013. However, the 1992 Public Health Regulations of Zambia, still the prevailing law, permit the advertising of tobacco products to the general public through direct sources such as newspapers, radio, television, cinemas, billboards, posters, magazines, and videos. The ITC Zambia Survey found that tobacco advertising was highest in the entertainment media. These findings are of concern as point of sale advertising and advertising through the depiction of smoking in the entertainment media are strongly associated with initiation of youth smoking.

Education, Communication, and Public Awareness

Although the majority of Zambian smokers were aware that smoking causes tuberculosis (87%), lung cancer (83%), chronic obstructive pulmonary disease (75%), and heart disease (74%), ITC cross-country comparisons show that rates of awareness among male smokers in Zambia are alarmingly low. Zambia had the lowest level of awareness of lung cancer among 17 ITC countries and the second lowest level of awareness of heart disease among 14 ITC countries. Less than half (47%) of Zambian smokers were aware that smoking causes stroke — the second lowest level of awareness among male smokers in 19 ITC countries. Overall, tobacco users in Zambia have low awareness of the harms of smokeless tobacco. Smokeless tobacco users had lower awareness of the harms of smokeless tobacco use than smokers. Less than one-third of smokeless users were aware that smokeless tobacco causes mouth cancer (31%), throat cancer (28%), gum disease (28%), heart disease (26%), and difficulty to open mouth (18%).

The most common sources of information on the dangers of tobacco use or encouraging quitting were radio (26% of tobacco users), and tobacco packages (21% of tobacco users). Although anti-smoking messages are not prominent in Zambia, almost three-quarters (72%) of tobacco users reported that anti-tobacco advertising made using tobacco less socially acceptable and close to half (44%) said that it made them more likely to quit. Thus, there is a clear need to implement stronger anti-smoking campaigns.

Tobacco Price and Taxation

There is conclusive evidence throughout the world that increasing tobacco excise taxes will reduce tobacco use and increase government revenue. Zambia's tobacco tax rates are one of the lowest in the African region. Excise taxes have not increased uniformly over the last decade. Three adjustments were made, including two tax increases and one decrease. Zambia's current excise tax structure is a combination of both a Value Added Tax (VAT) and excise taxes consisting of both an ad valorem and specific excise tax, though only the higher of the two is applied. It is estimated that the total cigarette excise tax for consumers is at least 21% of the retail price, and total taxes (excise taxes plus VAT) are 36% of the price. The ITC Zambia Survey found that cigarettes are highly affordable in Zambia and that prices are too low to motivate smokers to quit. Moreover, Zambia has not banned the sale of single cigarettes in Ntembas (kiosks). Almost half (47%) of smokers and mixed tobacco users stated that their last purchase of cigarette was mainly single cigarettes. The availability of undertaxed products, such as single cigarettes, increases youth access to affordable tobacco products. The Zambian government should do more to implement Article 6 of the FCTC, including more frequent price and tax increases. Support for higher tobacco taxes is high — more than half (56%) of smokers thought that the government should increase taxes on cigarettes and a third (34%) of smokeless users thought that the government should increase taxes on smokeless tobacco products.

Tobacco Farming

The ITC Zambia Survey found that tobacco farmers in Zambia are very interested in finding alternatives to tobacco growing. But they also mentioned that there is a current lack of support to help them make a transition. The majority (79%) of respondents who were involved in tobacco farming had considered switching from tobacco farming to farming other crops, to an alternative livelihood, or both. However, only 11% were aware of any government support programs to help them switch from farming tobacco to other crops, and only 1% reported receiving any of this support.

RECOMMENDATIONS

Based on the findings of the ITC Zambia Wave 1 Survey, we offer the following evidence-based recommendations to the Zambian Government for strengthening tobacco control:

1. Increase the price and taxation of tobacco products and ban the sale of single cigarettes.
2. Design and implement pictorial health warnings that occupy at least 50% of the top part of the front and back of the pack as called for in the Article 11 Guidelines.
3. Strengthen the smoke-free law by ensuring strong and consistent enforcement, particularly in bars and indoor workplaces, including strong penalties for violations.
4. Implement a comprehensive ban on tobacco advertising, promotion, and sponsorship of tobacco products, including the entertainment media, with no exceptions.
5. Design and implement health information and mass media campaigns to further educate the public regarding the harms of tobacco and to keep messages salient.
6. Increase resources to assist tobacco farmers who are considering switching from tobacco farming to farming other crops or alternative livelihoods.
7. Increase government support for cessation services and training of health care workers to strengthen their role in cessation.
8. Ban misleading, false, or deceptive packaging and labelling, including descriptors such as “light”, “mild”, or “low tar”, as well as the display of quantitative or qualitative statements about tobacco constituents and emissions that might imply that one brand is less harmful than another. Consider plain packaging to reduce the appeal of tobacco products.

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“We are aware that strong implementation of tobacco control policies now can curb future dramatic increases in smoking prevalence. It is important for us to carefully consider the recommendations in this report and move forward quickly...”

Dr. Joseph Kasonde
Honorable Minister of Health

ITC POLICY EVALUATION PROJECT

The International Tobacco Control Policy Evaluation Project (the ITC Project) is a multi-country prospective cohort study designed to measure the psychosocial and behavioural impact of key policies of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) in more than 20 countries.

In 2010, the ITC Project at University of Waterloo, Canada began a partnership with Dr. Fastone Goma and colleagues at the University of Zambia (UNZA), School of Medicine, Zambia, and the Ministry of Health in Zambia. The three organizations began to work together to create the ITC Zambia Project. The ITC Zambia Wave 1 Survey, conducted from September to November 2012, was made possible with funding from the Canadian Institutes of Health Research (CIHR), the Ontario Institute of Cancer Research (OICR), and the U.S. National Cancer Institute (NCI).

ITC Zambia Survey Team

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Zambia 2012

BACKGROUND

The ITC Project Surveys

The International Tobacco Control Policy Evaluation Project (the ITC Project) is the first-ever international cohort study of tobacco use. Its overall objective is to measure the psychosocial and behavioural impact of key national level policies of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). The ITC Project is a collaborative effort with international health organizations, researchers, and policymakers in more than 20 countries (see back cover) so far, inhabited by more than 50% of the world's population, 60% of the world's smokers, and 70% of the world's tobacco users. In each country, the ITC Project is conducting longitudinal cohort surveys to assess the impact and identify the determinants of effective tobacco control policies in each of the following areas:

- Health warning labels and pack descriptors
- Pricing and taxation of tobacco products
- Tobacco advertising and promotion
- Smoke-free legislation
- Education and support for cessation

All ITC surveys are developed using the same conceptual framework and methods, and the survey questions, which include more than 150 questions directly relating to policy impact, are designed to be identical or functionally equivalent across all ITC countries in order to allow strong cross-country comparisons. The ITC Project aims to provide an evidence base to guide policies enacted under the FCTC, and to systematically evaluate the effectiveness of these legislative efforts.

The ITC Zambia Survey

The ITC Zambia Survey is a nationally representative survey conducted by researchers from the University of Zambia (UNZA), School of Medicine (Zambia) in collaboration with the ITC Zambia Project team centered at the University of Waterloo in Canada. The main objectives of the ITC Zambia Survey are:

1. To examine the prevalence and patterns of tobacco use behaviour in Zambia. The survey provides information about tobacco users' knowledge, beliefs, attitudes, and opinions about using tobacco.

2. To examine the impact of specific tobacco control policies that have been, or will be, implemented in Zambia, on tobacco use and tobacco-related behaviour among tobacco users in Zambia.
3. To compare the psychosocial and behavioural effects of national-level tobacco control policies and programs in Zambia with findings from the other 21 ITC countries.
4. To provide evidence-based recommendations for strengthening tobacco control policies in Zambia.

The ITC Zambia Survey is a prospective longitudinal study of 1,483 tobacco users and 595 non-users of tobacco aged 15 and older. Wave 1 of the ITC Zambia Survey was conducted from September 7, 2012 to December 20, 2012.

The ITC Zambia Wave 1 (2012) Survey was conducted after the implementation of several major tobacco control policies in Zambia.

- On May 23, 2008, Zambia ratified the Framework Convention on Tobacco Control (FCTC).
- On May 2008, the Ministry of Local Government organized a public awareness campaign about Instrument No. 39 — a law that banned smoking in health-care facilities, educational facilities, and public transport.
- In 2010, the 2008 smoking ban regulation was expanded to all public places i.e., health care facilities, educational facilities, public transit, universities, and government facilities except for indoor offices.
- In 2010, the single text warning in English that was implemented on packs in 2009 was required to be placed on both the front and pack of the pack, in bold letters against a contrasting background (i.e., either black on white, or white on black).

The ITC Zambia Wave 1 Survey findings presented in this report provide evidence of the impact of these tobacco control policies on tobacco users in Zambia and identify strengths and weaknesses in the implementation of the FCTC.

THE TOBACCO LANDSCAPE IN ZAMBIA

This section provides an overview of tobacco use and tobacco control policies in Zambia up to time that the ITC Zambia Wave 1 Survey was conducted (September 7 to December 20, 2012). Zambia acceded the Framework Convention on Tobacco Control (FCTC) on May 23, 2008 and ratified the treaty on August 21, 2008.¹ The Zambian government had already enacted tobacco control legislation prior to ratifying the FCTC through the National Public Health Act of 1992; however, the Regulations of the 1992 Act remain vague and weakly enforced and do not fulfill Zambia's obligations under the FCTC.

Prevalence of Tobacco Use

The prevalence of smoking in Zambia was first measured in 1998 by the Ministry of Health and Central Statistical Office. At that time it was estimated that smoking prevalence rates were 35.0% for males and 10.0% for females over 18 years of age.² A study by WHO Regional Surveillance System for Tobacco Control in 2001 showed a 5% increase among males (40.0%) and a 3% decrease for females (7.0%).³ The WHO's World Health Survey in 2003 indicated that the prevalence of daily tobacco smokers among males was 14.8% and 3.2% among females.⁴ In 2007, a Demographic and Health Survey (DHS) conducted by the Ministry of Health and Central Statistical Office among males and females aged 15-49 years found prevalence rates of 23.8% among males and 0.7% among females.⁵ Discrepancies among the various survey results are due to different methodologies used in the surveys, inconsistent age criterion of respondents, and the lack of distinction between a "daily" smoker and a "current" smoker. The "current" smoker definition includes both those who smoke daily and those who smoke occasionally. The 2001 WHO Regional Surveillance System for Tobacco Control prevalence estimates above seem to report "current" estimates.⁶

According to the 2007 DHS, smoking prevalence among females aged 15-49 years old living in rural areas is three times higher (1.1%) than among females living in urban areas (0.3%).⁵ Males living in rural areas (24.7%) also had higher smoking rates than in urban areas (21.3%).⁵ Lower education and lower socioeconomic status were found to be a significant predictor of smoking prevalence.⁵ Smokeless tobacco use was found to be much lower than smoked tobacco use — 0.3% among men and 0.7% among women aged 25-69 years.⁵

A WHO Global Youth Tobacco Survey (GYTS) was conducted among students aged 13-15 years in Lusaka, Kafue, Chongwe, and Luangwa in 2002 and 2007. A national-level GYTS was conducted in Zambia in 2011. The Lusaka 2007 GYTS found that about one-quarter (25.6%) of students currently use any form of tobacco (25.7% boys; 25.6% girls). 6.8% currently smoke cigarettes (6.7% boys; 6.8% girls) and 22.8% currently use some other form of tobacco (22.8% boys; 22.8% girls).⁷

In Kafue, almost 3 in 10 students (28.8%) currently use any form of tobacco (30.1% boys; 27.8% girls). 8.6% currently smoke cigarettes (11.3% boys; 6.6% girls), while one-quarter (25.1%) currently use other tobacco products (25.6% boys; 24.7% girls).⁷

In Chongwe and Luangwa, almost 3 in 10 students (28.5%) currently use any tobacco products (28.7% boys; 27.7% girls). 12.1% currently smoke cigarettes (14.0% boys; 11.0% girls), while more than 1 in 5 (23.7%) currently use some other form of tobacco (23.6% boys; 23.3% girls).⁷

The national-level GYTS conducted in 2011 showed that one-quarter (25.6%) of students currently use any form of tobacco (24.9% boys; 25.8% girls). 6.2% of students currently smoke cigarettes (6.2% boys; 5.7% girls). 24.0% currently use other tobacco products (23.7% boys; 24.2% girls).⁷



Although Zambia has national legislation banning smoking in public places and more recent regulations aimed at improving enforcement of the ban; the existing laws are not fully compliant with FCTC Article 8 Guidelines.

Several tobacco control advocacy organizations have recently called attention to the threat of a tobacco epidemic in the African Region and the urgent need for action on tobacco control. It is estimated that without immediate, strong action to implement and enforce tobacco control measures called for in the FCTC, smoking prevalence in the African region will increase by nearly 39% by 2030 – the largest expected regional increase globally.⁸ The Network of African Science Academies warns that while Asia is the epicenter of the current global smoking epidemic, Africa presents the greatest threat with respect to future growth in smoking. Youth smoking data looms ominously as smoking prevalence among boys is higher in Africa than in other developing regions and smoking prevalence among African girls is higher than among African women.⁹

Smoke-Free Public Places

Article 8 of the FCTC requires the adoption of effective measures to provide protection from exposure to tobacco smoke. Guidelines for Article 8 of the FCTC, adopted at the Second Conference of the Parties (COP2) in 2007, established the core principles for achieving 100% smoke-free environments, including monitoring and evaluation of enforcement of legislation.¹⁰ Article 8 Guidelines recommend a comprehensive ban on smoking in public places and workplaces, without exemptions.

Although Zambia has national legislation banning smoking in public places under the 1992 Public Health Act, and more recent Local Government Regulations, 2008 aimed at improving enforcement of the ban; the existing laws are not fully compliant with FCTC Article 8 Guidelines and continue to be weakly enforced.

The 1992 Public Health Tobacco Regulation Statutory Instrument (SI) No. 163 of 1992 Section 5 prohibits smoking in nine specified public places, including hospitals, health centres, nursing homes, kindergartens and schools for adolescents up to 21 years of age, cinema halls, theatres, elevators, and public transport. The scope of the ban on smoking in public places was broadened in April 2008 when the Ministry of Local Government and Housing enacted Local Government Statutory Instrument #39.¹¹ Under the Regulations, “public places” was defined as “any building, premises, conveyance or other place to which the public has access.” The Health Ministry took further steps to enhance enforcement of the law in 2009 by making smoking in public places punishable by a fine of 400 Zambian Kwacha (ZMW) (approximately USD \$61) or up to two years of imprisonment. However, the enforcement of the smoke-free law has remained weak.⁶

In 2009, the Zambia Tobacco Control Campaign (ZTCC) launched a smoke-free campaign in the capital city of Lusaka. The purpose of the campaign was to raise awareness of the smoke-free law through various activities and events, and increase enforcement and compliance with the law. While there has been no clear evidence of improved compliance with smoke-free legislation resulting from the campaign, it has received enormous support and interest, even from many of the highest level officials in Lusaka, and campaign efforts are ongoing.¹²

In addition to the ongoing smoke-free campaign in Lusaka, recent national efforts have been made to improve enforcement of existing smoke-free legislation, as well as to pursue new comprehensive smoke-free laws under a Comprehensive National Tobacco Products Act that would be fully compliant with the FCTC Guidelines.

Packaging and Labelling of Tobacco Products

Article 11 of the FCTC states that each Party shall adopt and implement effective packaging and labelling measures and calls for specific requirements on the content, position, and size of the health warnings. Article 11 states that health warnings shall be rotating, large, clear, visible, and legible; should not use misleading descriptors such as “light” and “low tar”; and shall be in the country’s principal language. Article 11 Guidelines adopted in November 2008 further state that warnings should include graphic images, cover at least 50% of the front and back of the pack, and include two or more sets of rotating warnings with a range of messages.¹⁰

Article 11 states that all Parties must adopt Article 11 measures within 3 years of entry into force. For Zambia, the timeframe for the adoption of Article 11 measures was August 21, 2011. It has now been 6 years since Zambia ratified the FCTC, and the government still has not introduced health warnings on tobacco packages that meet the requirements of the treaty.

Health warnings were introduced in Zambia in January, 1993 under The Public Health (Tobacco) Regulations, 1992. The legislation requires all tobacco packages to be clearly labelled with the following text warning: “Warning: Tobacco is Harmful to Health”. This law, which was amended in 2008 through the Local Government Statutory Instrument #39, further requires the warning to appear on both sides of the larger surface area of the package, in bold letters against a contrasting background (i.e., either black on white, or white on black), and not in a place where there is a risk of being damaged when the package is opened, or on any wrapping or paper outside the package itself.

The existing legislation fails to meet the Article 11 requirements on several points (see Table 1): it does not mandate a minimum size or position for warnings; there are no actual language regulations for the health warnings — the single text-only warning appears only in English, which is the official language of communication and instruction in Zambia, but is used by only 1.7% of the population according to the 2010 census. There are seven main local languages of which the three most widely used are Bemba, Nyanja, and Tonga.¹³ There are currently no requirements for pictorial warnings, and the single text-only warning does not meet the rotation requirement of the FCTC.

Another area where Zambia has not met its requirements under Article 11 is the ban on the use of false, misleading, or deceptive terms such as “light”, “mild”, or “low tar” on tobacco packages. There is currently no ban on the use of these terms.

It has now been 6 years since Zambia ratified the FCTC, and the government still has not introduced health warnings on tobacco packages that meet the requirements of the treaty.

Examples of the single text-only health warning on packs in Zambia



Table 1. Summary of Zambia’s current health warnings with respect to WHO FCTC Article 11 requirements and Guidelines

Are Zambia’s current warnings meeting the requirements of WHO FCTC Article 11 and in line with the Article 11 Guidelines?		
	YES	NO
WHO FCTC Article 11 Requirements		
Shall be rotating		X There is only one text-only warning.
Shall be large, clear, visible, and legible.		X The text warning is required to be printed on the front and back of the pack in bold letters against a contrasting background (i.e., either black on white, or white on black), and not in a place where there is a risk of being damaged when the package is opened, or on any wrapping or paper outside the package itself.
Should be 50% or more of the principal display areas but no less than 30%.		X There is no minimum warning size specified in the legislation.
May be in the form of or include pictures or pictograms.		X The warning is text-only.
Shall require warnings and other textual information in its principal language.		X There are no language requirements. The warning is in English only.
Article 11 Guidelines for maximizing effectiveness of warning labels		
Should appear on both front and back of pack.	√ The text-only warning is on both the front and back of the pack.	
Should be at the top of the pack.		X The warning is at the bottom of the pack.
Should include full-colour pictures.		X The warning is text-only.
Should include a range of warnings and messages.		X The warning includes only one message “Warning Tobacco is Harmful to Health”.
Should provide advice about cessation.		X The warning does not include information about where or how to get help to quit.

Education, Communication, and Public Awareness

Article 12 of the FCTC calls for Parties to promote and strengthen public awareness of tobacco control issues through education and public awareness programs on the health risks of tobacco consumption and the benefits of cessation, and provide public access to information on the tobacco industry.

Multiple civil society organizations have been actively involved in the tobacco control movement in Zambia.⁶ The Zambia Consumer Association (ZACA) (<http://www.consumerzambia.com>), established in 2000, is a consumer advocacy organization that works in collaboration with national regulatory bodies to monitor and address consumer complaints. With support from international organizations including the Bloomberg Initiative's Campaign for Tobacco-Free Kids (CTFK), ZACA played a critical role in Zambia's ratification of the FCTC in 2008. Increasing awareness and educating the public on the consequences of tobacco use remains a critical objective of their campaign. The Zambia Anti-Smoking Society (ZASS) also played an instrumental role in working with the Ministry of Health to instigate the ratification of the FCTC, and remains an active partner in tobacco control lobby groups.

The Tobacco Free Association of Zambia (TOFAZA) is another leading anti-smoking campaign that regularly collaborates with the private and public sector of agriculture, including agricultural research organizations and the Ministry of Agriculture. TOFAZA has mostly been involved in lobbying activities as well as research, data analyses, and scientific dissemination of information.

The Mental Health Association of Zambia (MHAZ) and the University of Zambia (UNZA) have also contributed to tobacco control efforts by helping with cessation programs and providing evidence-based tobacco control research to inform campaigns.

To improve the implementation and enforcement of smoke-free laws, UNZA, ZACA, and the Ministry of Health collaborated in the formation of the Zambia Tobacco Control Campaign (ZTCC). The ZTCC consists of non-government organizations (NGOs), policymakers, researchers, and other tobacco control interest groups, particularly those involved in increasing public education and awareness about the dangers of tobacco use. These organizations have also played an important role in building research capacity to inform stronger tobacco efforts in Zambia.

Tobacco Advertising, Promotion, and Sponsorship

Article 13 of the FCTC calls for Parties to implement effective measures against tobacco advertising, promotion, and sponsorship. Guidelines for Article 13 recommend a comprehensive ban on tobacco advertising, promotion, and sponsorship (or apply restrictions that are as comprehensive as possible). Included among the recommended measures are bans on: cross-border advertising, promotion and sponsorship; display of tobacco products at point of sale; tobacco product vending machines; internet sales; and attractive packaging and product features.¹⁰

In 1992, Zambia passed several tobacco-related bills under The Public Health (Tobacco) Regulations. Policies included provisions that prohibited the direct or indirect encouragement of tobacco use by commercial advertising.¹⁴ However, the 1992 regulations permit the advertising of tobacco products to the general public through newspapers, radio, television, cinemas, billboards, posters, magazines, and videos if the following is provided:

- The name and address of the manufacturer, importer, or distributor;
- The name and nature of the product;
- The brand and its symbol;
- The tar and nicotine levels; and
- Information on the price and quantity.



Example of prominent tobacco advertising in Zambia.

Unfortunately, taxation as a tobacco control strategy in Zambia is almost non-existent, with low taxes on tobacco products and no mention of tax measures in current tobacco control legislation.

In other words, the regulations allow the industry to use mass media with few restrictions. Ironically, tar and nicotine levels, which have been proven to have little validity with respect to actual uptake of harmful smoke by smokers, have been used by tobacco companies to market “light” and “low tar” brands to smokers as less harmful choices, when in fact there is no evidence that such brands are indeed less harmful. Requiring the industry to list tar and nicotine levels actually perpetuates the myth of “light/mild” cigarettes.

Additional regulations require advertisements in the form of a poster or a billboard to be no larger than nine square meters in surface area and limit one poster per brand. Newspaper advertisements are limited to half a page and periodical advertisements are restricted to one page. All oral or television advertisements must be followed by clearly audible or legible warnings.

Although the 1992 Public Health Regulations prohibit the provision of any form of tobacco product as a prize, the tobacco industry has a strong presence in Zambia. British American Tobacco (BAT), in particular, is active in “Corporate Social Responsibility” activities in the country. For example, BAT remains actively involved among Zambia’s youth by interacting directly with schools through donations and sponsoring interscholastic trophies for athletic competitions.⁶ Given the broad parameters of Zambia’s regulations, compliance with FCTC Article 13 remains poor.

Pricing and Taxation of Tobacco Products in Zambia

Increasing taxes on tobacco products is considered to be the most effective component of a comprehensive tobacco control strategy.^{15, 16} Numerous economic studies from high-income countries have shown that in general a 10% increase in retail price leads to about a 4% decrease in tobacco consumption, with about half of that due to lower prevalence.^{1, 17} There is evidence that the decrease in consumption could be even higher in LMICs.¹⁸ Therefore, if taxes are increased on tobacco products, to the extent that it is passed on as an increase in retail price, this could result in substantial reductions in tobacco prevalence and consumption. At the same time, because the relation between price and demand (i.e., consumption) of tobacco products is relatively inelastic (the percentage reduction in consumption resulting from a 1% increase in price is less than 1%), this means that an increase in tax and price will lead to increases in tobacco tax revenue at the same time as it leads to decreases in tobacco use. In this way, increasing taxes on tobacco products represents a “win-win” situation – achieving health goals of reducing tobacco use while also increasing tax revenue.

Article 6 of the FCTC obligates countries that have ratified the treaty to adopt tax and price policies aimed at reducing tobacco consumption.¹⁹ A set of guiding principles and recommendations for implementation of Article 6 was adopted at the Fifth Session of the Conference of the Parties (COP5) to the FCTC in November 2012. This includes the principles that effective tobacco taxes (leading to higher prices) lower consumption, improve the health of the population, are economically efficient, reduce health inequalities, and are an important source of government revenue.

Recommendations for implementing Article 6 include using the simplest and most efficient tax system, considering specific or mixed excise systems over ad valorem systems, monitoring tax rates regularly to account for inflation and income growth, taxing all tobacco products in a comparable way to minimize shifts to cheaper products, dedicating tax revenue to tobacco control programmes, and considering sales restrictions and limitations on international travelers importing tax and duty-free tobacco products.²⁰

Although nominal cigarette prices in Zambia have been increasing over the last decade, price adjustments have not kept in line with increases in inflation and income, and cigarettes have therefore become more affordable over the last 10 years. Affordability is expected to increase even further over the next decade (2011-2020) if significant tobacco control interventions are not initiated.²¹ Unfortunately, taxation as a tobacco control strategy in Zambia is almost non-existent, with low taxes on tobacco products, and no mention of tax measures in current tobacco control legislation. Cigarette excise taxes were only adjusted three times in the last decade, one of which was a decrease in taxes.^{12, 21}

There are currently three types of taxes that apply to cigarettes in Zambia: import duty, excise taxes, and Value Added Tax (VAT). The import duty of 25% of the Cost, Insurance, and Freight (CIF) value only applies to cigarettes from a country with which Zambia does not have a free trade agreement. But since over 90% of Zambia's imported cigarettes come from Kenya (with whom they do have an agreement), the import duty is effectively zero. The VAT that applies to all goods and services in Zambia, including cigarettes, is 17.5%. Finally, excise taxes consist of both an ad valorem and a specific excise tax, though only the higher of the two is applied. According to calculations by Chelwa (2012), the total cigarette excise tax for consumers is at least 21% of the retail price, and total taxes (excise taxes plus VAT) are 36% of the price. This makes Zambia's tobacco tax rates one of the lowest in the African region.²¹

Tobacco Farming in Zambia

Articles 17 and 18 of the FCTC address issues of alternative livelihoods for tobacco farmers and the protection of the health of workers engaged in the growing and processing of tobacco. Article 17 obligates countries to promote, as appropriate, economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers. Article 18 requires Parties to have due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture within their respective territories. Article 4 “Guiding Principles” state the importance of “assistance to aid the economic transition of tobacco growers.”¹⁹

The Tobacco Industry (TI) argues that tobacco is a profitable cash crop for developing countries and that economic loss would occur if discouraged.²² However, the World Bank shows that the data used by the TI as a basis for their position is misrepresented.²³ Additionally, existing evidence from developing countries shows that the health costs associated with tobacco growing and consumption far outweighs the economic benefits (if any) derived from tobacco farming.^{24, 25, 26} A review by Schmitt and colleagues reported that health threats to tobacco farmers include bladder cancer, allergic or irritant skin disorders (contact eczema), and toxicity to the peripheral and central nervous system caused by exposure to pesticides (e.g., organophosphate). During cultivation and harvesting, farmers suffer from “Green Tobacco Sickness”, which is caused by nicotine poisoning absorbed through the skin of tobacco farmers who do not wear adequate protective gear.²⁷



Evidence from developing countries shows that the health costs associated with tobacco growing and consumption far outweighs the economic benefits (if any) derived from tobacco farming.

Zambia is a major tobacco producer and is the seventh largest producer of tobacco leaf globally.²⁸ In 2007, Zambia produced 48,000 Metric Tonnes of unmanufactured tobacco, which was valued at \$8,751,000.¹² Tobacco farming in Zambia began before the Second World War.²⁹ Throughout the mid-1980s, tobacco farming remained a successful export and did not decline until 1995.³⁰ During the mid-1990s when tobacco exports dropped, additional resources were allocated to tobacco farmers, which led to a substantial production increase between 2001 and 2004.²⁹ This increase was also largely due to the immigration of farmers from Zimbabwe to Zambia.⁶

Between 2005 and 2006, low prices due to the increased value of the Zambian Kwacha forced many smallholder farmers to leave the tobacco industry.³¹ In 2006 and 2007, the total number of smallholders farming burley tobacco decreased by over 50% and subsequently caused a production decrease. However, prices have since increased and it is predicted that tobacco production will marginally increase.³⁰ While there is reason to believe that many Zambians are employed as tobacco growers, there is a lack of data on tobacco employment.⁶ Labourers on tobacco farms earn on average US \$1.20 per day for rural casual labour.³⁰ This amount is little compared to the Minimum Wages and Conditions of Employment Act (July 06, 2012) which states that the lowest wage should be 36.5 Zambian Kwacha (ZMW) per hour (about US \$5.64 per day).³²

The two most common types of tobacco grown in Zambia are burley and Virginia. Burley tobacco is primarily grown by smallholder farmers because it is less capital intensive and the leaf is air dried.²⁹ Virginia tobacco requires curing barns (i.e., large structures in which wood-fed fire is used to ‘cook’ the leaf). Virginia tobacco is capital intensive and associated with affluent white and large scale farmers. In the past, Virginia tobacco was more frequently grown than burley tobacco, but due to the soil conditions there has been a switch to burley tobacco.⁶ Recently, there has been an increase in growing Virginia tobacco by the white farmers from Zimbabwe who have access to capital and political/economic connections. Tobacco is mainly grown in Mukonchi in Kabwe district of Central Province (burley); Kalomo in Southern Province (burley and Virginia); Kaoma in Western Province (burley), and other areas in Eastern Province (burley and Virginia).³³ Table 2 provides unpublished data from the Ministry of Agriculture on the geographical distribution of tobacco production in Zambia in 2011-2012.

Small farmers sell to local subsidiary companies of US-based companies (e.g., Zambia Leaf and Standard Commercial) who fill pre-arranged contracts with

cigarette manufacturers and these leaf buyers export the raw leaf to processing plants where leaf is processed and turned into “unmanufactured tobacco.” Since the country lacks tobacco processing capabilities, 99% of Zambian tobacco is exported to several countries including Zimbabwe, Malawi, and South Africa.⁶ Typically, the planting season for tobacco begins in November and December, but may begin a month earlier in the North. During this time seedlings are hand-grown for 60 days and then relocated to the fields. Harvesting season occurs from April to June.³⁴

Small-scale tobacco farmers receive funding from the leading tobacco companies in Zambia. The main tobacco companies — Tombwe Processing, Zambia Leaf Tobacco Company (subsidiary of US-based Universal Corporation), Standard Commercial Tobacco Services (subsidiary of US-based Alliance One International) and Tobacco Development Company, contract small-scale farmers and offer inputs as well as other expertise services.³² The tobacco leaf is sold through the Tobacco Association of Zambia (TAZ).³²

Contracts are made between farmers and tobacco companies. However, most tobacco farmers do not fully understand the content of the contracts they eventually signed because many of them do not either have formal education or have low literacy.⁶ Tobacco companies determine the grading system and prices of tobacco produced by farmers including the cost of the loaned farm inputs such as seeds, cash, and fertilizers, and extension services.³² Contracted tobacco farmers typically work with the same tobacco companies who loaned them farm inputs at the beginning of the planting season, pay back their loans from the income they earn by selling their crops back to the same tobacco companies. While official figures are not available, farmers are often perpetually indebted to the tobacco industry because the loaned farm inputs are often priced higher than the market price of tobacco leaves, thus eroding their final income.⁶ Although the build-up of debt continues, farmers are forced to continue farming tobacco to avoid sacrificing all their assets. This situation has provided tobacco companies with the security of tobacco farmers.³⁵

A case study conducted by the Institute for Natural Resources and Technology (INRS) in Kenya showed that tobacco farmers were willing to shift to alternative crops if they were assured of a ready market, credit opportunities to purchase farm inputs and technical support. Moreover, their findings revealed that tobacco had the lowest return per acre when compared to other commercial crops, including passion fruit, watermelon, soybeans, pineapples, and peppers in one production cycle.³⁴

Table 2. Distribution of tobacco production in Zambia, 2011-2012

		Tobacco Type			
Province	Districts	Burley 2011-2012		Virginia 2011-2012	
		Area Planted (Ha)	Total produced (Metric Tons)	Area Planted (Ha)	Total Produced (Metric Tons)
Central	Chibombo Kabwe Kapirimposhi Mkushi Serenje	4,177	11,314		
	Kapirimposhi Serenje			209	180
Eastern	Chadiza Chipata Katete Lundazi	1,317	1,472		
	Chadiza Chipata Lundazi Petauke			2,552	3,762
Luapula	Mansa	1	2	1	0
Lusaka	Chongwe	293	680		
Southern	Choma kalomo Livingstone	4,453	10,276		
	ItezHITEZHI Kalomo			316	3,035
Western	Kaoma	483	506		
Muchinga	Chinsali IsokaMafinga			69	82
Northwestern	Mufumbwe Solwezi			14	7
National Totals		10,724	24,250	3,160	7,066

The ITC Zambia Survey aims to support current efforts of the FCTC Working Group on Articles 17 and 18 in the development of policy options and recommendations to assist farmers and workers in pursuing economically sustainable alternatives to tobacco growing.³⁶ The ITC Zambia Survey is the first systematic national-level household survey to assess: (1) the amount of tobacco that is harvested, consumed, and sold; (2) the economic position of tobacco farmers, including estimates of loans and profit; and (3) opportunities for pursuing viable alternative livelihoods, including whether farmers have considered switching to other crops or alternative livelihoods, barriers to switching, and the type and amount of government support received to help farmers switch from tobacco farming to other crops.

ITC SURVEY METHODS

OVERVIEW

The International Tobacco Control Policy Evaluation Project (the ITC Project) is an international research collaboration across 22 countries – Canada, United States, United Kingdom, Australia, Ireland, Thailand, Malaysia, Republic of Korea, China, Mexico, Uruguay, New Zealand, France, Germany, the Netherlands, Bhutan, Mauritius, Brazil, India, Bangladesh, Kenya, and Zambia.

The primary objective of the ITC Project is to conduct rigorous evaluation of the psychosocial and behavioural effects of national-level tobacco control policies of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). The ITC Project is conducting large-scale annual prospective cohort surveys of tobacco use to evaluate FCTC policies in countries inhabited by over 50% of the world's population, over 60% of the world's smokers, and over 70% of the world's tobacco users. The ITC Survey includes key measures for each FCTC policy domain that are identical or functionally similar across ITC countries to facilitate cross-country comparisons. The evaluation studies conducted from the ITC Surveys take advantage of natural experiments created when an ITC country implements a policy: changes in policy-relevant variables in that country from pre- to post-policy survey waves can be compared to other ITC countries where that policy has not changed. This research design provides high levels of internal validity, allowing more confident judgments regarding the possible causal impact of the policy. For a description of the conceptual model and objectives of the ITC Project, see Fong et al. (2006)³⁷; for a description of the survey methods, see Thompson et al. (2006).³⁸

The International Tobacco Control Policy Evaluation Project in Zambia (the ITC Zambia Survey) was created in 2012 as a system for evaluating the psychosocial and behavioural effects of tobacco control legislation in Zambia, using methods that the ITC Project has employed in many other countries. The project objective is to provide an evidence base to guide policies enacted under the FCTC and to systematically evaluate the effectiveness of these legislative efforts. As with all ITC Surveys, the ITC Zambia Survey was tailored for the tobacco control environment in the country.

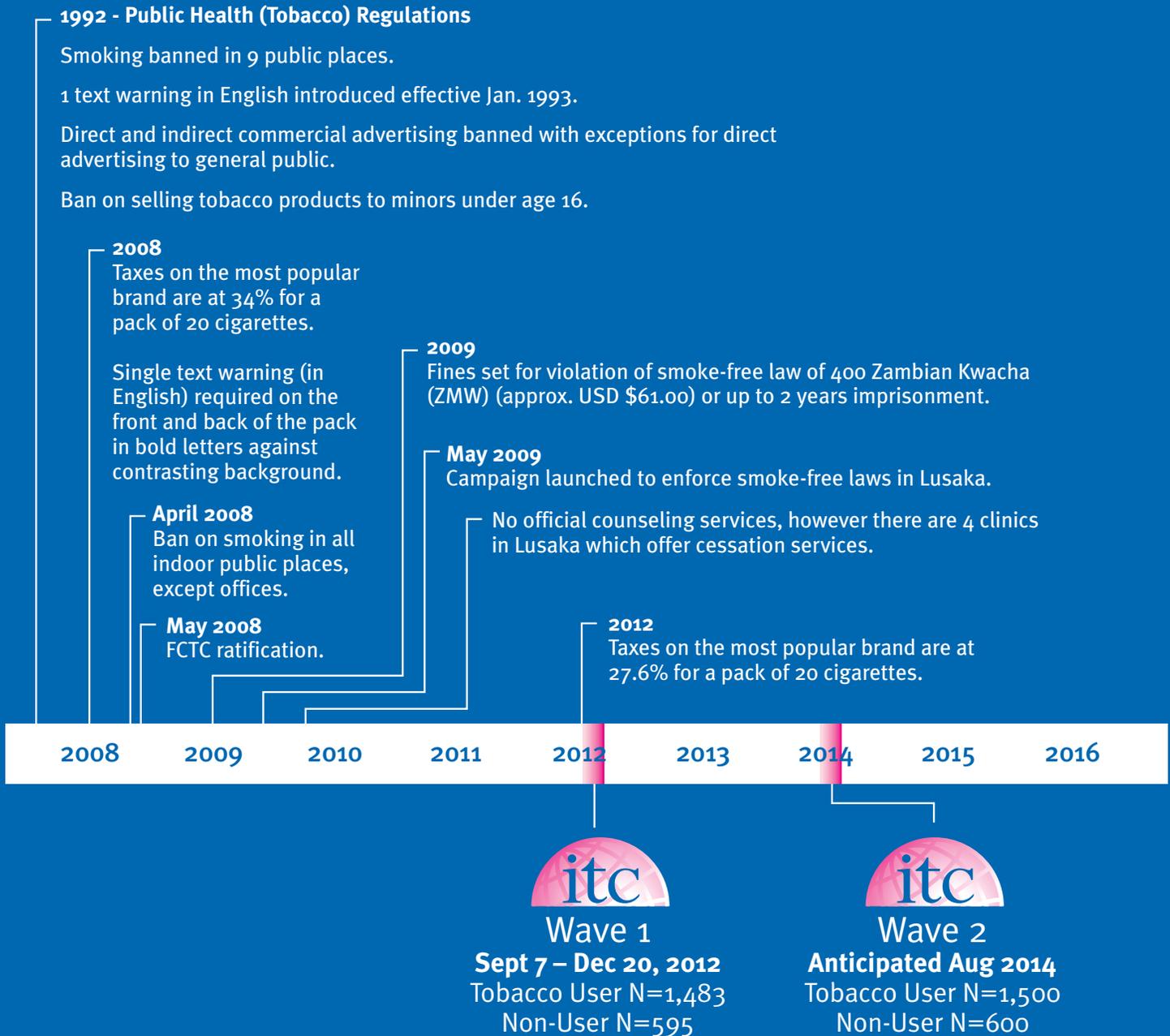
The ITC Zambia Wave 1 Survey

The ITC Zambia Wave 1 Survey was a face-to-face survey conducted by trained interviewers from the Central Statistics Office and the University of Zambia, School of Medicine. The Wave 1 Survey included a nationally representative sample of approximately 1,500 tobacco users and 600 non-users of tobacco aged 15 years and older, who were interviewed from September 7 to December 20, 2012. The ITC Survey is a longitudinal cohort study. Therefore, the respondents who participated in Wave 1 will be re-contacted in Wave 2 to answer the follow-up survey. For respondents that cannot be contacted, the sample will be replenished to retain the approximate numbers of tobacco users and non-users of tobacco. The ITC Zambia Wave 2 Survey is scheduled to take place in August 2014.

Figure 1 provides an overview of the ITC Zambia Survey dates in relation to the implementation of tobacco control policies in Zambia.



Figure 1. Zambia's tobacco control policy timeline in relation to the ITC Zambia Surveys



Sampling Design

The ITC Zambia Survey is a nationally representative probability sample of tobacco users and non-users of tobacco selected through a multi-stage clustered sampling design. Specifically, the design was stratified by province and sampled a total of 150 clusters/enumeration areas (EA), allocated to the provinces in numbers proportional to population size (see Table 3). Design calculations were based on 2010 census data. Within each EA, approximately 10 tobacco users and 4 non-users of tobacco were interviewed. Approximately 70 households in each EA were enumerated to attain 10 tobacco users.

In each of the 10 provinces in Zambia, two districts were sampled with inclusion probability proportional to size. Within each district, two wards were sampled except in the large Lusaka ward (the capital) in which four wards were sampled. Therefore, the total number of wards sampled was 42 (see Table 3). Within the two districts of a province, an equal number of wards (except for rounding) were sampled with inclusion probability proportional to size. Within each ward, clusters/EAs were sampled with inclusion probability proportional to size. Depending on the size of the province, the number of clusters/EAs ranged from two to six (two was a lower bound constraint).

The sample scheme was slightly changed in Lusaka province because Lusaka district, the capital, made up more than half of the population. Out of the four districts in this province Lusaka district was purposively sampled and one additional district of the remaining three was also sampled.

Table 3. Sampling design for the ITC Zambia Wave 1 Survey

Province	Districts sampled	District	Wards sampled	Clusters sampled
Central	2	Chibombo	2	15
		Kabwe	2	
Copperbelt	2	Kitwe	2	23
		Mufulira	2	
Eastern	2	Chipata	2	18
		Petauke	2	
Luapula	2	Kawambwa	2	11
		Samfya	2	
Lusaka	2	Chongwe	2	26
		Lusaka	4	
Muchinga	2	Chinsali	2	8
		Mafinga	2	
Northern	2	Kasama	2	13
		Mungwi	2	
Northwestern	2	Mufumbwe	2	8
		Solwezi	2	
Southern	2	Kalomo	2	18
		Namwala	2	
Western	2	Kalabo	2	10
		Shang'ombo	2	
TOTAL	20		42	150

The total sample of ITC Zambia Wave 1 Survey is 2,064 respondents. Table 4 shows a breakdown of the sample by province, smoking status, and gender. Further information on the sampling design, fieldwork procedures, construction of sampling weights, and cooperation and response rates is provided in the ITC Zambia Wave 1 Technical Report.³⁹

Table 4. Total sample of respondents by province, smoking status, and gender

Sample Area (provinces)	Cigarette only		Smokeless only		Mixed user		Non-user	
	Male (N)	Female (N)	Male (N)	Female (N)	Male (N)	Female (N)	Male (N)	Female (N)
Central	118	8	3	13	2	1	31	29
Copperbelt	138	7	14	71	0	0	47	44
Eastern	141	6	3	26	0	0	37	34
Luapula	63	3	5	32	0	1	19	20
Lusaka	237	16	0	0	2	0	50	54
Muchinga	70	0	1	9	1	0	15	17
Northern	99	10	7	13	1	0	27	26
Northwestern	74	3	0	1	0	1	17	14
Southern	157	7	1	3	0	0	37	35
Western	42	3	11	45	1	0	18	23
Subtotal A	1,139	63	45	213	7	3	298	296
Subtotal B	1,202		258		10		594	
Grand Total	2,064							

Characteristics of the Sample

Table 5 summarizes the demographic characteristics of the ITC Zambia Wave 1 Survey sample. Smokers were defined as those who reported that they currently smoked cigarettes only, pipe only, or both cigarettes and pipes at least once a month.

In each of the 10 provinces in Zambia, two districts were sampled with inclusion probability proportional to size. Within each district, two wards were sampled except in the large Lusaka ward (the capital) in which four wards were sampled.

Table 5. Demographic characteristics of the ITC Zambia Wave 1 Survey

	Freq.	%
Highest level of education		
Low (illiterate/< primary)	293	14.2
Moderate (some/completed primary)	1,034	50.1
High (secondary or higher)	720	34.9
Non-response	17	0.8
Total	2,064	100.0
Religion		
Roman Catholic	536	26.0
Protestant/Other Christian	1,373	66.5
Muslim	4	0.2
Hindu	1	0.1
Buddhist	0	0.0
No Religion	106	5.1
Other (specify below)	23	1.1
Non-response	21	1.0
Total	2,064	100.0
Household Income (income groups, using World Bank definition of income)		
Low	1,008	48.8
Medium	253	12.3
High	513	24.9
Non-response	290	14.1
Total	2,064	100.0
Gender		
Male	1,489	72.1
Female	575	27.9
Total	2,064	100.0
Age		
15-17	53	2.6
18-24	308	14.9
25-39	819	39.7
40-54	466	22.6
55+	418	20.3
Total	2,064	100.0

*Percentages are unweighted raw percentages

CONTENT OF THE ITC ZAMBIA SURVEY

The ITC Zambia Survey was developed by an international transdisciplinary team of tobacco control experts. Most of the survey methods and survey questions have been adapted and used in ITC Surveys conducted in more than 20 countries around the world.

In the ITC Zambia Survey, each respondent who was categorized as a tobacco user responded to the following types of questions:

Smokers responded to questions on:

- 1. Tobacco use behaviour and cessation.** Past and present use of smoked and smokeless tobacco products, tobacco dependence, cigarette/pipe/smokeless brand choice and purchasing, and quitting behaviours and use of cessation assistance;
- 2. Knowledge and basic beliefs about smoking.** Knowledge of the health effects of smoking/smokeless tobacco use and important beliefs relevant to smoking/smokeless tobacco use and quitting, perceived risk, and perceived severity of tobacco-related diseases;
- 3. Policy-relevant questions.** Awareness of, impact of, and beliefs relevant for each of the FCTC demand reduction policy domains (warning labels, taxation/price, advertising/promotion, light/mild, and smoke-free policies);
- 4. Other important psychosocial predictors** of smoking behaviour/use of smokeless tobacco products and potential moderator variables (e.g., normative beliefs, self-efficacy, intentions to quit);
- 5. Individual difference variables** relevant to smoking/use of smokeless products (e.g., depression, stress, time perspective);
- 6. Demographics** (e.g., age, gender, marital status, education, occupation).

Respondents who were categorized as non-users of tobacco were asked to respond to similar survey items, with the exception of the tobacco use and cessation-relevant questions.

In addition, each head of the household also responded to:

- 1. Tobacco cultivation questions.** Involvement in tobacco farming, tobacco leaves price, profits/losses, tobacco farming-related loans, switching to alternative crops or livelihood, and awareness of government support to facilitate switching from tobacco farming to other crops;
- 2. Wealth index questions.** Assets and livestock/poultry owned by the household;
- 3. Income and expenditures questions.** Monthly household income, household expenditures, and purchases.

The average length of the Wave 1 Survey was 60 minutes for tobacco users and 30 minutes for non-users of tobacco. Full copies of the questionnaire are available on the ITC Project website at www.itcproject.org.

In order to adjust for potential disproportionate selection of adult tobacco users and non-users of tobacco in sub-groups, enumeration and survey weights have been calculated for each enumerated household and survey respondent.

ANALYTIC APPROACH

The ITC Zambia Wave 1 Survey data used a stratified multistage cluster sampling design. In order to adjust for potential disproportionate selection of adult tobacco users and non-users of tobacco in sub-groups, enumeration and survey weights have been calculated for each enumerated household and survey respondent. All the proportion and mean estimates in this report are derived based on the survey samples weighted by the survey cross-sectional weight, unless stated otherwise. The survey cross-sectional weight is interpreted as the number of people in the population that a respondent represents.

To accommodate a potential design effect resulting from the complex survey design, the weight is used in conjunction with the strata (provinces) and primary sampling units (enumeration areas) information in computing estimates of proportions and means. The standard errors for the proportions or means and reported 95% confidence intervals were accordingly adjusted for the design effect. Comparisons of proportions of binary outcomes were tested for statistical significance at the 95% level using survey logistic regression models. Estimated proportions with wide confidence intervals (e.g., in the tobacco farming section) are due to small sample sizes and should be interpreted with caution.

Similarly, since country samples vary in their composition, survey logistic regression models were used to generate standardized or adjusted values of the descriptive statistics (proportions) in cross-country comparisons. For the cross-country comparisons, age group, smoking status, and time-in-sample were included in the model as covariates. Time-in-sample is the number of times a respondent has participated in the survey and controls for the variation in responses among respondents who are newly recruited compared to those who have completed one prior wave, who vary from those who have completed two prior waves and so on. These documented “time-in-sample” effects have been found in the ITC Surveys and in many other surveys as well.^{40, 41, 42, 43, 44}

Time-in-sample adjustment is not required for the Zambia Wave 1 Survey data. Beginning with the Wave 2 data, time-in-sample adjustment will be factored into the analyses.

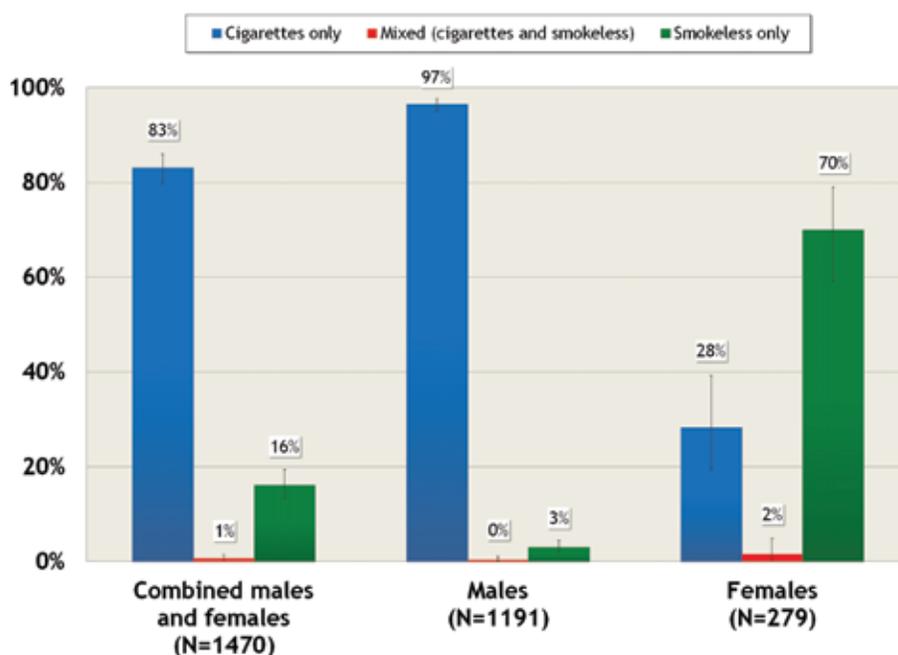
It should also be noted that the percentages for Zambia presented in cross-country comparisons may vary slightly from the Wave 1 Survey results provided in the text, due to differences in adjustment methods.

FINDINGS

TOBACCO USE AND QUITTING BEHAVIOUR

The ITC Zambia Wave 1 Survey measured tobacco use, quitting behaviour, and beliefs and attitudes towards tobacco use among Zambians aged 15 years and older. The survey also measured quitting behaviours and intentions to quit, as well as use of and support for cessation services.

Figure 2. Type of tobacco use, by gender



Types of Tobacco Use

The ITC Zambia Wave 1 Survey findings showed that almost all (97%) Zambian male tobacco users smoked cigarettes, while the majority (70%) of female Zambian tobacco users used smokeless tobacco products (see Figure 2).

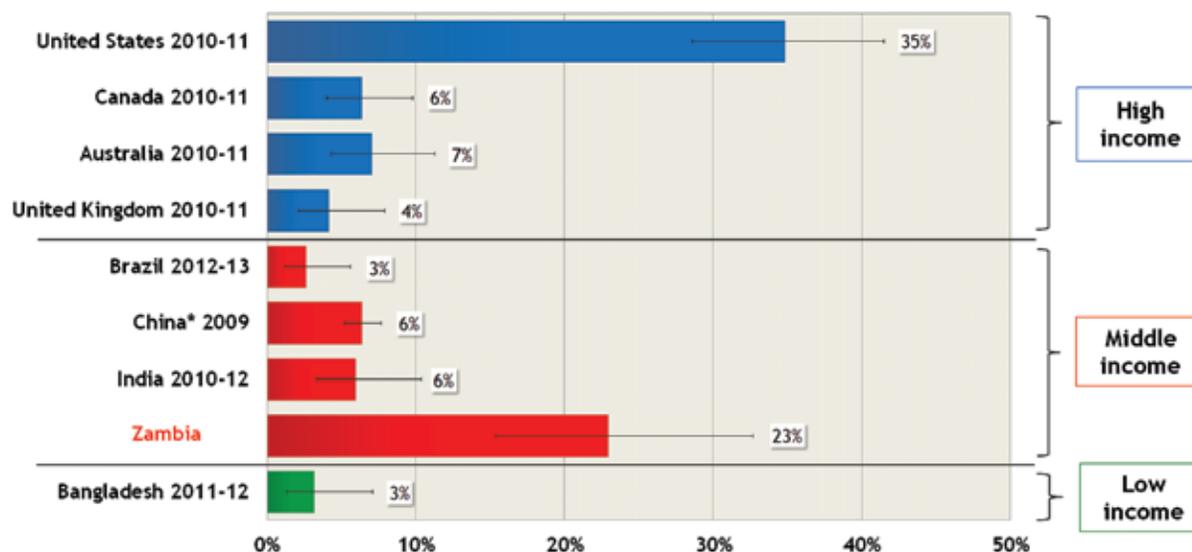
Tobacco Consumption

More than three-quarters (87%) of smokers* reported that they smoked cigarettes daily or almost daily. They smoked an average of 6.2 cigarettes. ITC cross-country comparisons indicate that this average daily consumption among male smokers is similar to India and the lowest of 21 ITC countries.

Among smokers who had a usual brand of cigarettes (N=671), 27% of them reported that their usual cigarette brand was menthol flavoured, and 30% stated that their usual cigarette variety was “mild” or “extra mild.” Cross-country comparisons of these findings with other ITC countries where the survey specifically asked about menthol use among those who have a regular brand indicate that Zambia has the highest percentage of male smokers who smoke menthol cigarettes among male smokers in 5 ITC LMICs (i.e., Brazil, China, India, and Bangladesh), and also higher than male smokers in Canada, Australia, and United Kingdom (see Figure 3). Only male smokers in the United States had a higher percentage of menthol cigarette use (35%) among 9 ITC countries where menthol use was reported among those who smoke a regular brand.

* In this report “smokers” include those who use any smoked product, including cigarettes, bidis, or pipes and “mixed users” (those who use both smoked and smokeless products), unless otherwise stated. “Smokeless users” include those who only use smokeless tobacco products, as well as mixed users, unless otherwise stated.

Figure 3. Percentage of male smokers[†] who reported smoking menthol cigarettes among those who have a regular brand, by country



[†] 'Smokers' refer to only cigarette users for all countries except Bangladesh, India, and Zambia where dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) were also included in the analysis.

* In China, the question asked about the brand the respondent reported smoking most often in the last month.

Note: Only country, smoking status, and time-in-sample were adjusted for in the model due to the low prevalence of respondents who reported that they smoke menthol cigarettes.

Use of other smoked tobacco products is low in Zambia. Overall, 2% (N=44) of all survey respondents reported that they currently smoked bidis less than once a month. None of the survey respondents reported currently smoking bidis at least once a month. Additionally, 2% of the survey respondents stated that they currently smoked Kreteks, Hookah (2%), and Cheroots (2%) less than once a month. Only 8 respondents (<1%) indicated that they had used pipe tobacco.

With respect to “mixed tobacco use”, that is, the use of both smoked and smokeless tobacco products, this was very rare in Zambia, unlike in India, where about one-quarter of smokers also reported using some form of smokeless tobacco. In Zambia, very few smokers reported also using any smokeless product (6 also used oral snuff, 3 also used nasal snuff, and 2 also used betel quid).

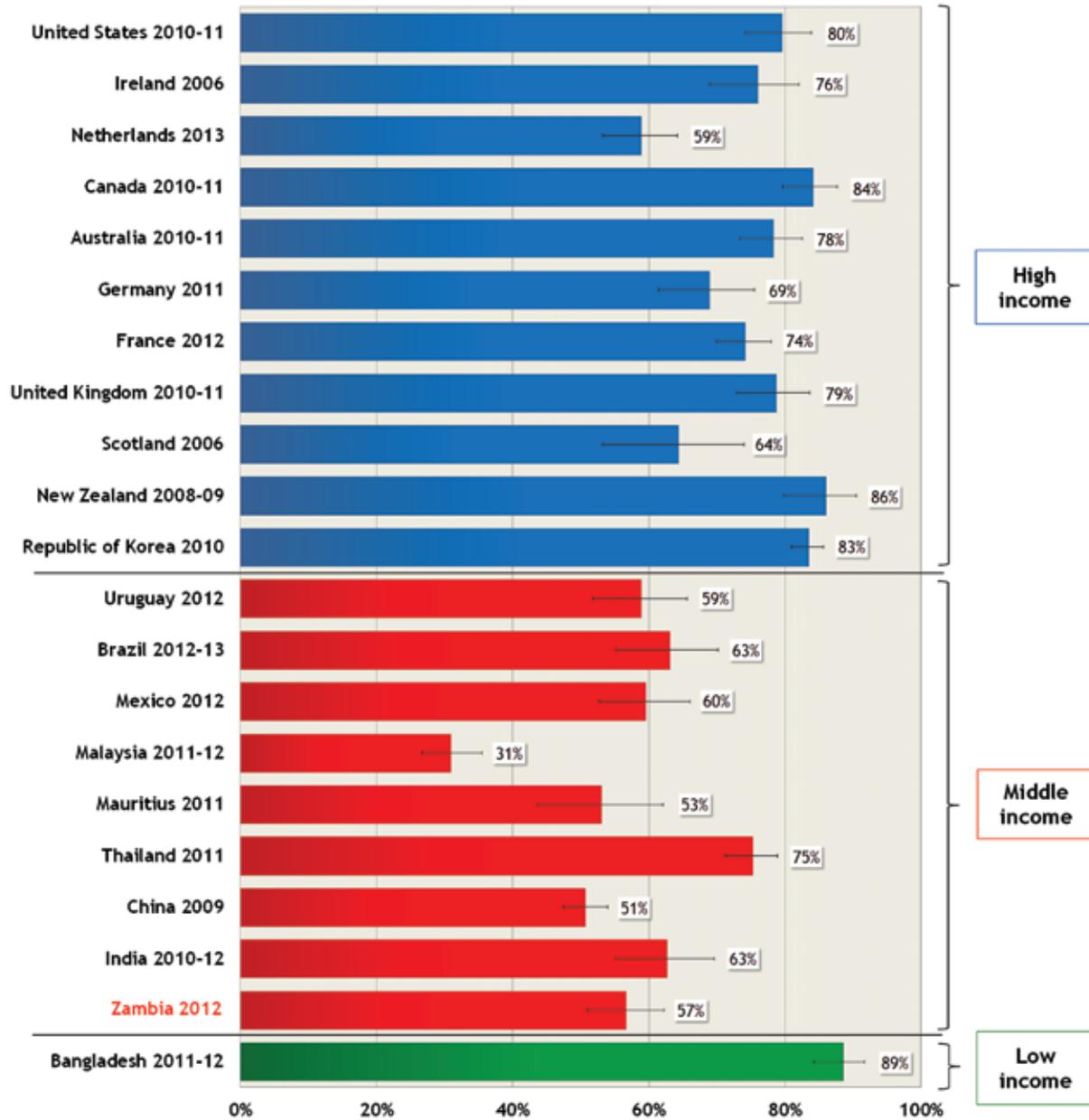
Smokeless tobacco users were asked how often they used their usual smokeless tobacco product. Almost all (90%) smokeless users reported that they used these products daily or almost every day. The majority (81%) of smokeless users used nasal snuff at least once a month or less than once a month. Smokeless users also reported that they used oral snuff (28%), plain chewing tobacco (16%), and betel quid (15%) at least once a month or less than once a month.

Opinions and Perceived Norms about Smoking

Zambians have a negative opinion about smoking. More than half (55%) of Zambian smokers and 50% of non-users “agree” or “strongly agree” with the statement “Zambian society disapproves of smoking.”

ITC cross-country comparisons reveal that the level of perceived societal disapproval among Zambian male smokers is similar to other LMICs, but generally lower than in high-income countries where tobacco control is typically more well established (see Figure 4).

Figure 4. Percentage of male smokers† who “agree” or “strongly agree” that society disapproves of smoking, by country



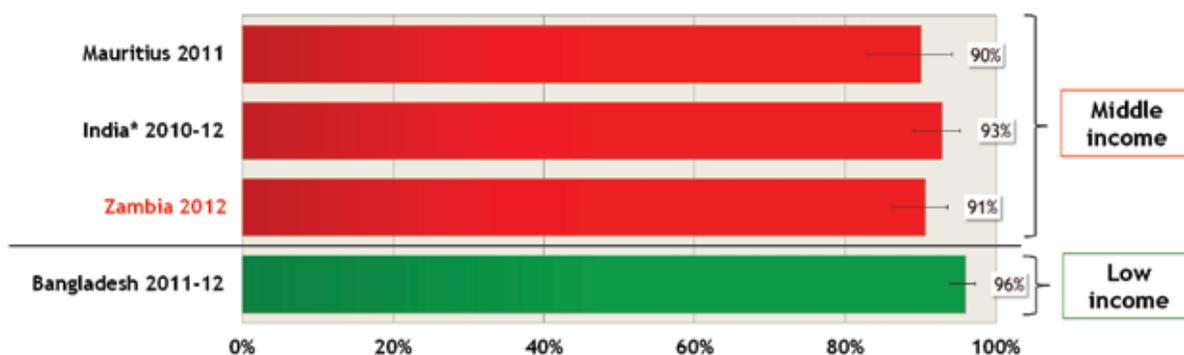
† ‘Smokers’ refer to only cigarette users for all countries except Bangladesh, India, and Zambia where dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) were also included in the analysis.

The majority (82%) of smokers, 71% of smokeless users, and 92% of non-users “disagree” or “strongly disagree” that female smoking is acceptable. However, it is of concern that there is already a minority (8%) of survey respondents who “agree” or “strongly agree” that female smoking is acceptable in Zambia as recent reports note that African women are disproportionately targeted by the tobacco industry using marketing strategies that present smoking as a symbol of strong women and of having modern values.⁸ This social acceptability measure will be an important indicator to track over time.

Perception of Harm

The majority of tobacco users and non-users are generally aware that smoking is harmful to health; however, there is a lower level of awareness of specific harms of tobacco (see Education, Communication, and Public Awareness section). Most smokers (88%), smokeless only users (80%), and non-users (98%) think that smoking cigarettes is “not good for your health.” ITC cross-country comparisons among male smokers in Zambia (91%), Mauritius (90%), India (93%), and Bangladesh (96%) show similar high levels of awareness that smoking cigarettes is harmful (see Figure 5).

Figure 5. Percentage of male smokers[†] who think that smoking cigarettes is “not good for your health”, by country



[†] Smokers refer to only cigarette users for all countries except Bangladesh, India, and Zambia where dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) were also included in the analysis.

* In India, the question did not specify “cigarettes”, it just asked about smoked tobacco in general.

When asked about their overall opinion about smoking, 83% of smokers, 77% of smokeless only users, and 97% non-users said that smoking was “bad” or “very bad.” ITC cross-country comparisons indicate that a higher percentage of male smokers in Zambia (82%) have a negative opinion of smoking compared to male smokers in Latin American countries (Uruguay (53%); Brazil (57%); and Mexico (42%) and in Southeast Asia (Malaysia (67%); Thailand (72%)) (see Figure 6). More than 80% of male smokers in Zambia (82%), Mauritius (89%), India (91%), and Bangladesh (98%) have negative opinions of smoking.

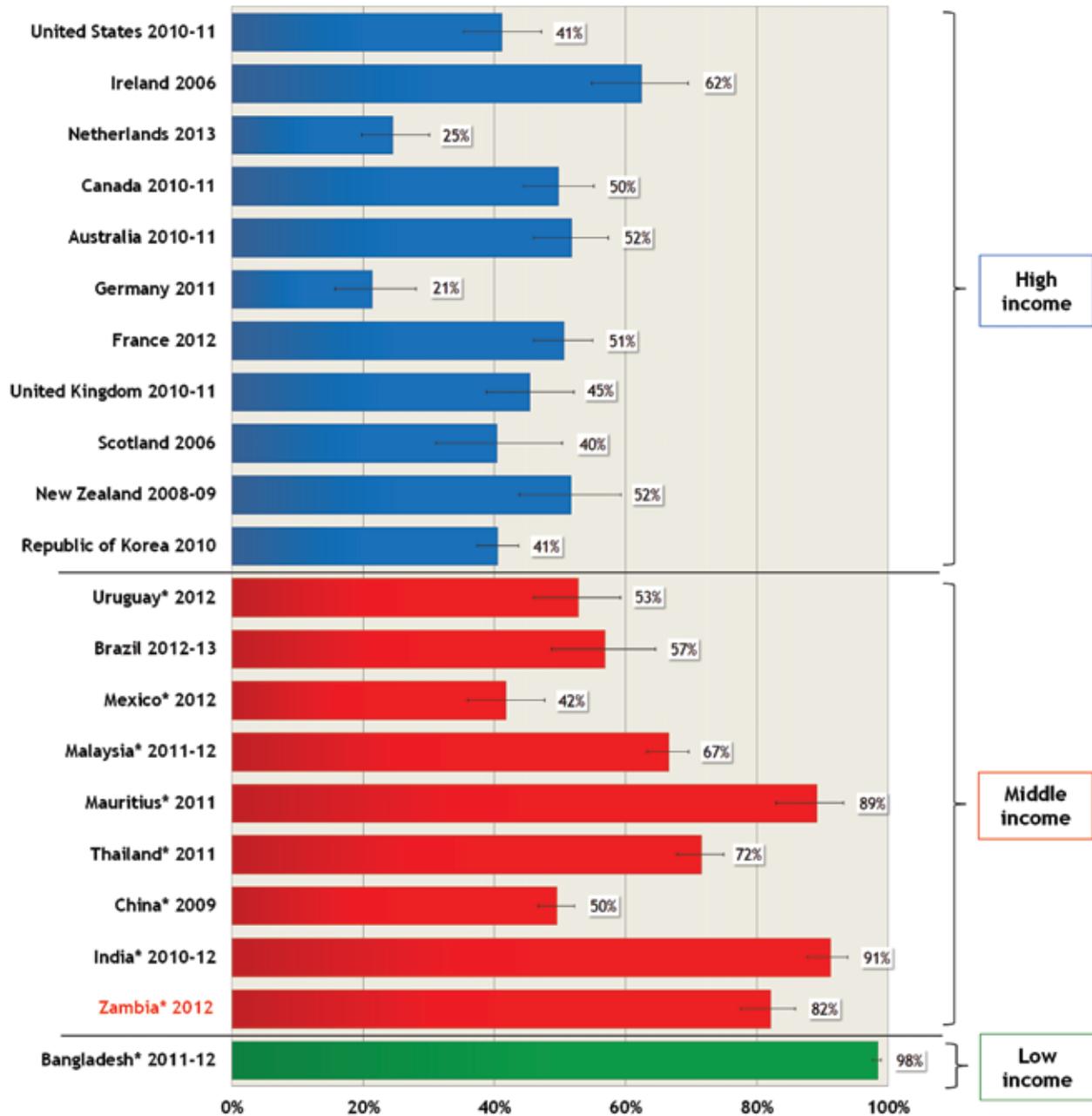
While the majority of smokers said that smoking is “bad” or “very bad” for your health, smokeless tobacco users were less negative about the harms of using smokeless tobacco products. Approximately half (52%) of smokeless users said that smokeless tobacco products are “good” or “neither good nor bad” for your health. In contrast, non-users of smokeless products were more aware of the harms of smokeless tobacco products — the majority of smokers (90%) and non-users (97%) said that smokeless products are “not good for your health.”

Almost half (42%) of smokeless users think that smokeless tobacco is less harmful than cigarettes, and 55% of smokeless users think that there is no difference in harm between cigarettes and smokeless tobacco. About half (45%) of smokeless users think that the smokeless tobacco product they use might be “a little less harmful” than other brands/types of smokeless products.

About two-thirds (67%) of smokers think that there is no difference in harm between cigarettes and smokeless tobacco and 12% of smokers think that smokeless tobacco is less harmful than cigarettes.

While the majority of smokers said that smoking is “bad” or “very bad” for your health, smokeless tobacco users were less negative about the harms of using smokeless tobacco products.

Figure 6. Percentage of male smokers† whose overall opinion of smoking is “negative” or “very negative”, by country



† ‘Smokers’ refer to only cigarette users for all countries except Bangladesh, India, and Zambia where dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) were also included in the analysis.

* Response options were “bad” or “very bad”.

The majority of smokers (89%) and smokeless users (71%) agree that hand-rolled cigarettes are more or equally harmful to health than factory-made cigarettes.

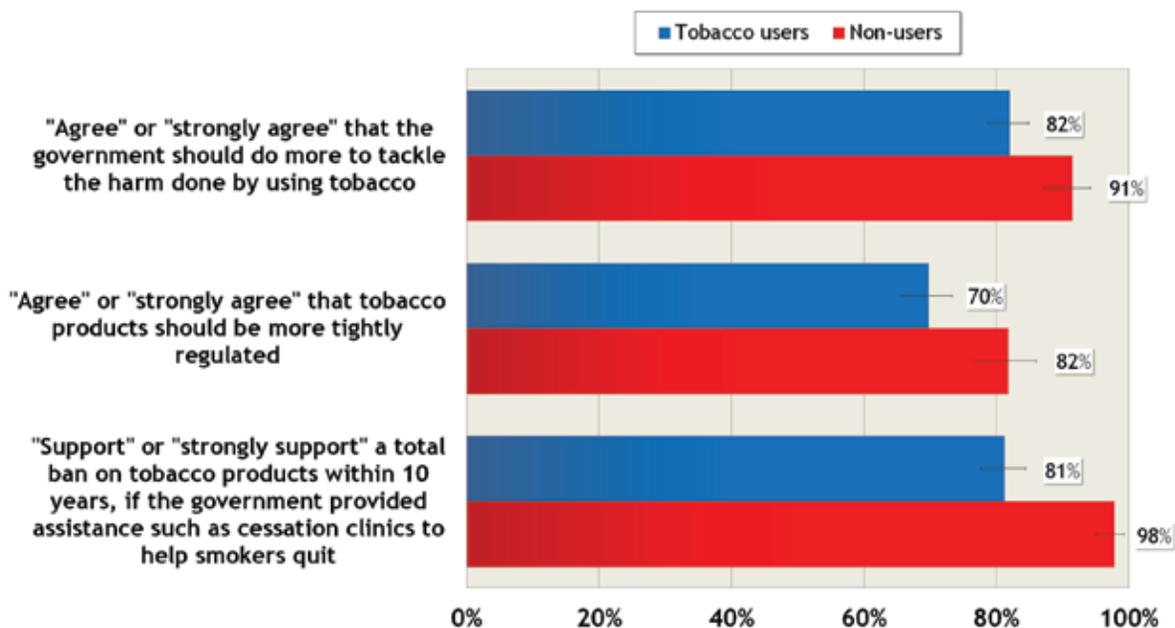
The majority of survey respondents – both tobacco users and non-users—are aware of the addictive properties of tobacco. Most smokers (92%), smokeless only users (85%), and non-users (87%) “agree” or “strongly agree” that smoking is addictive. Similarly, 86% of smokers and 87% of smokeless users “agree” or “strongly agree” that smokeless tobacco is addictive.

Regret and Support for Government Action

Perhaps the most striking phenomenon in tobacco use is the fact that many smokers simply do not want to smoke.⁴⁵ The ITC Zambia Survey assessed the extent to which smokers regret that they smoke by measuring the proportion of smokers who “agree” or “strongly agree” with the statement: “If you had to live your life again, you would not have started smoking cigarettes.” Two-thirds (68%) of smokers “agree” or “strongly agree” with this statement.

It should be keenly noted that the vast majority of tobacco users themselves support stronger action by the Zambian government in tobacco control—at levels that are quite close to the level of support of non-tobacco users (see Figure 7). About 82% of tobacco users and 91% of non-users “agree” or “strongly agree” that the government should do more to tackle the harm done by using tobacco. Most (70%) tobacco users and 82% of non-users “agree” or “strongly agree” that tobacco products should be more tightly regulated. Most (70%) tobacco users and 82% of non-users “agree” or “strongly agree” that tobacco products should be more tightly regulated. Most (70%) tobacco users and 82% of non-users “agree” or “strongly agree” that tobacco products should be more tightly regulated.

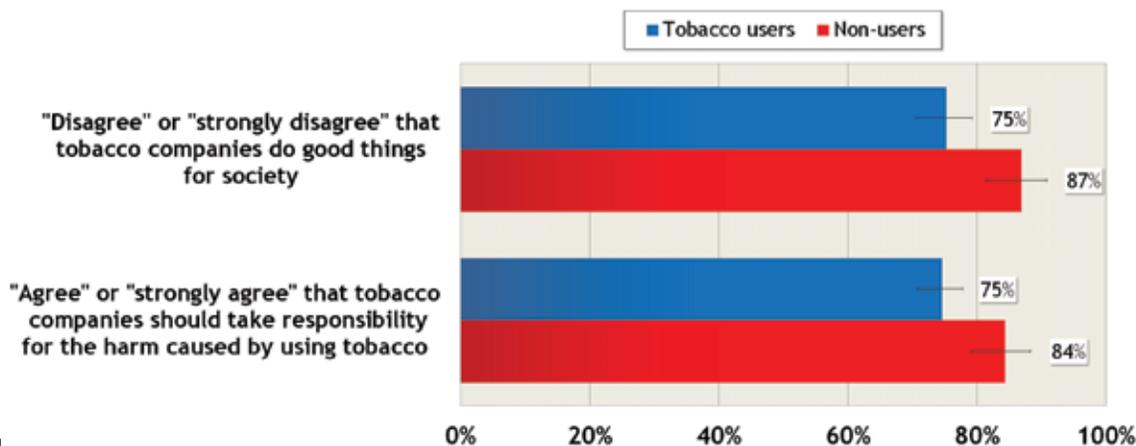
Figure 7. Tobacco users’ and non-users’ opinions about government responsibility



Opinions about Tobacco Companies

Tobacco users and non-users have a negative opinion of tobacco companies and believe that tobacco companies should take responsibility for the harm caused by tobacco. The majority of study respondents (75% of tobacco users and 87% of non-users) “disagree” or “strongly disagree” that tobacco companies do good things for society. Similarly, 75% of tobacco users and 84% of non-users “agree” or “strongly agree” that tobacco companies should take responsibility for the harm caused by using tobacco (see Figure 8).

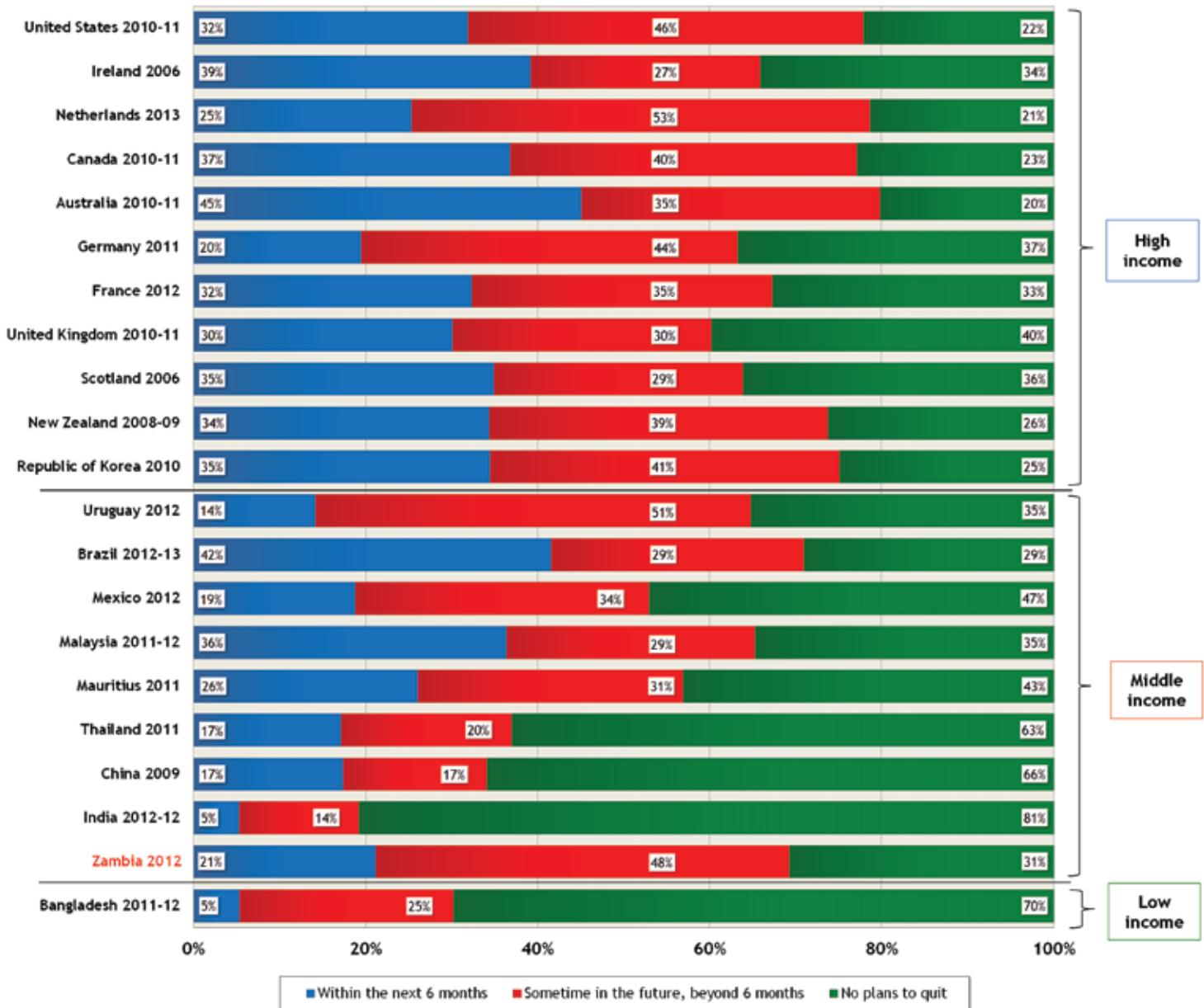
Figure 8. Tobacco users’ and non-users’ opinions about tobacco companies



Quit Intentions and Quit Attempts

Past attempts to quit and future intentions to quit are important because they are strong predictors of future quit attempts. In Zambia, nearly half (43%) of smokers have “ever” tried to quit smoking. About a quarter (24%) of smokers plan to quit smoking within the next month or 6 months. ITC cross-country comparisons indicate that the percentage of male smokers who plan to quit in the next 6 months in Zambia is similar to Mauritius, and higher than in India and Bangladesh (see Figure 9).

Figure 9. Intentions to quit smoking among male smokers[†], by country



[†]Smokers refer to only cigarette users for all countries except Bangladesh, India, and Zambia where dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) were also included in the analysis.

About a quarter (21%) of male smokers plan to quit in the next month or 6 months. Zambia and Mauritius have similar percentages of male smokers who are planning to quit in the next 6 months.

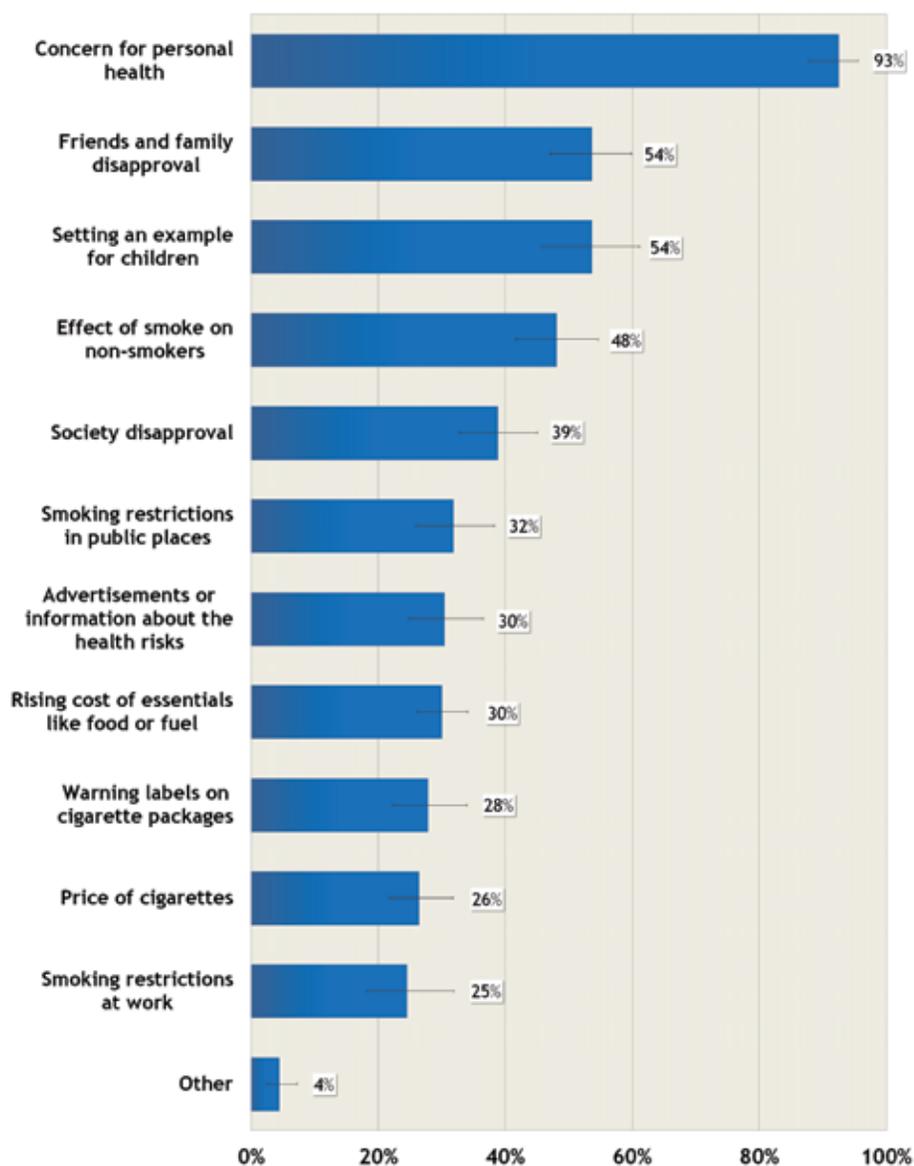
Reasons to Think About Quitting

Almost all smokers (93%) who were planning to quit smoking indicated that concern for personal health was a reason that led them to think about quitting smoking (see Figure 10). More than half (54%) of those who were planning to quit indicated that setting an example for kids, and the disapproval of close friends and family were reasons to think about quitting. These reasons were followed by concern about the effect of cigarette smoke on non-smokers (48%) and Zambian society disapproval of smoking (39%) were reasons to think about quitting.

It is of concern that fewer than one-third of smokers have indicated that smoke-free laws in workplaces and public places, warning labels, and price of cigarettes are reasons to think about quitting since research shows that these policies have the potential to have the greatest impact in reducing smoking prevalence (see Figure 10).

Given the proven link between tobacco price increases and reduction of smoking initiation and increased cessation, it is of concern that the price of cigarettes was among the least frequently cited reasons for thinking about quitting. In ITC countries where there are strong tobacco tax policies leading to higher prices, price is one of the MOST frequently cited reasons for thinking about quitting. The infrequent mention of price in Zambia suggests that cigarettes are very affordable in Zambia. This finding, along with other ITC Zambia Survey results discussed later, demonstrate the need for increasing price of tobacco products through higher taxes.

Figure 10. Smokers' (cigarette only and mixed tobacco users) reasons that led them to think about quitting smoking, among those who plan to quit



More than a quarter (28%) of smokeless users have “ever” tried to quit. 10% of smokeless users plan to quit within the next month or 6 months. Among smokeless users (including mixed tobacco users) who plan to quit, the most commonly mentioned reasons for thinking about quitting included their concern for health (82%), disapproval by friends and family members (31%), rising costs of essentials (29%), setting an example for children (24%), and price of smokeless tobacco products (22%).

Availability and use of cessation services and assistance in Zambia

One-sixth (16%) of tobacco users reported that they had visited a health provider in the last 6 months. Among these smokers, a third (34%) were given advice to quit smoking cigarettes. While this is a good starting point, rates of closer to 50% have been achieved among male smokers in other LMICs such as Mauritius (52%), India (48%), Uruguay (46%), and Mexico (44%). It is well established that advice to quit from a physician or health professional is a powerful motivator for quitting. Of those who were given advice to quit, 71% reported that the advice made them think about quitting cigarettes.

Only 5% said that they received additional help or a referral to another service to help them quit smoking cigarettes. Overall, only 5% of tobacco users and non-users reported that they had heard about medications to help people stop smoking (e.g., Nicotine Replacement Therapies like nicotine gum or the patch, or Zyban).

The great majority of tobacco users (81%) and nearly all non-users (98%) unanimously “support” or “strongly support” a total ban on tobacco products within 10 years, if the government were to provide assistance such as cessation clinics to help smokers quit (see Figure 7).



Given the proven link between tobacco price increases and reduction of smoking initiation and increased cessation, it is of concern that the price of smoked and smokeless products were among the least frequently cited reasons for thinking about quitting.

LABELLING OF TOBACCO PRODUCTS

Article 11 of the FCTC requires Parties to implement large, visible, rotating warnings covering at least 50% of the principal display areas in the country's principal language within 3 years of ratification. The strong guidelines for the implementation of Article 11 adopted in November 2008 at the Third Conference of the Parties (COP3) to the FCTC call for warnings that include full-colour pictures covering more than 50% of the principal display areas.¹⁰

Health warnings were introduced in Zambia in January 1993 under The Public Health (Tobacco) Regulations, 1992 mandating that all tobacco packages be clearly labelled with the following text-only warning: "Warning: Tobacco is Harmful to Health." Although the health warning regulation was amended in 2008 to require the text-only warning on both sides of the pack and to strengthen the legibility of the text warning, the existing legislation fails to meet the FCTC Article 11 requirements and the recommendations of the Article 11 Guidelines as follows:

- It does not mandate a minimum size or position for the warnings. Article 11 calls for warnings to be placed on 50% or more of the principal display areas, but no less than 30%. The Guidelines recommend that warnings appear on both front and back of the pack and be positioned at the top of the pack. The current single text-only warning in Zambia is less than 30% of the bottom front and back of the cigarette package.
- There are no actual language regulations for the health warnings and the message appears only in English - which is the official language of communication and instruction in Zambia, but is used by only 1.7% of the population (3.8% urban; 0.2% rural), according to the 2010 census. The warnings are not provided in the three main local languages identified in the 2010 census — Bemba, Nyanja, and Tonga. The Article 11 Guidelines state that health warnings and messages should be presented in simple, clear, and concise language that is culturally appropriate.
- There are currently no requirements for pictorial warnings, and the single text-only warning does not meet the rotation requirement of the FCTC. Article 11 Guidelines call for warnings to include full-colour pictures and for the text messages of the warnings to rotate.
- There is also no requirement for the display of information about constituents and emissions. The Article 11 Guidelines recommend that only qualitative statements be displayed on each pack that convey the relative harmfulness of emissions of the tobacco product.

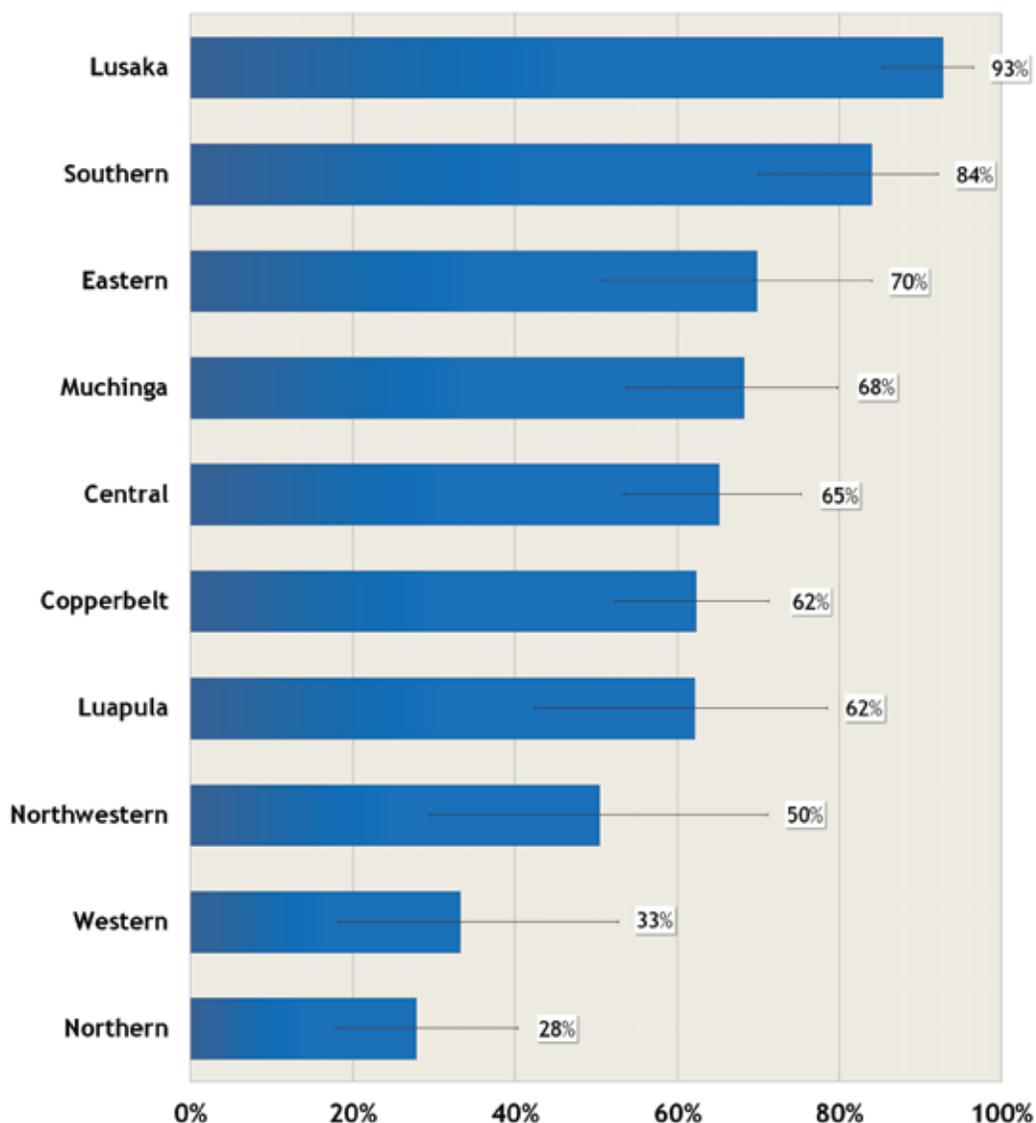
The ITC Zambia Wave 1 Survey findings described below provide evidence of the urgent need to improve the current text-only warnings in order for Zambia to meet its obligations to the FCTC and to most effectively provide tobacco users in Zambia with information on the harms of tobacco use.

Awareness of Health Warnings

Awareness of the single text-only health warning is low in Zambia. Almost one-third (30%) of smokers were not even aware that cigarette packages have warning labels. Furthermore, there was a large disparity in awareness of health warnings across the 10 Zambian provinces. For example, 72% of smokers themselves in the Northern province were not even aware that there is a warning.

The single text-only warning on cigarette packs is in English, which is not the primary language of the majority of the population, according to the 2010 census.

Figure 11. Awareness of warning labels on cigarette packages among smokers (cigarette only and mixed tobacco users), by province*



* Due to small sample sizes, some point estimates (percentages) with wide confidence intervals should be interpreted with caution.

The purpose of warning labels is to communicate the health risks of tobacco use. Evidence from the ITC Zambia Survey indicates that the current single text-only health warning in English is failing to serve this purpose. Almost one-quarter (21%) of 67 smokers who showed survey interviewers their cigarette packs were not able to read the health warning on the packs.

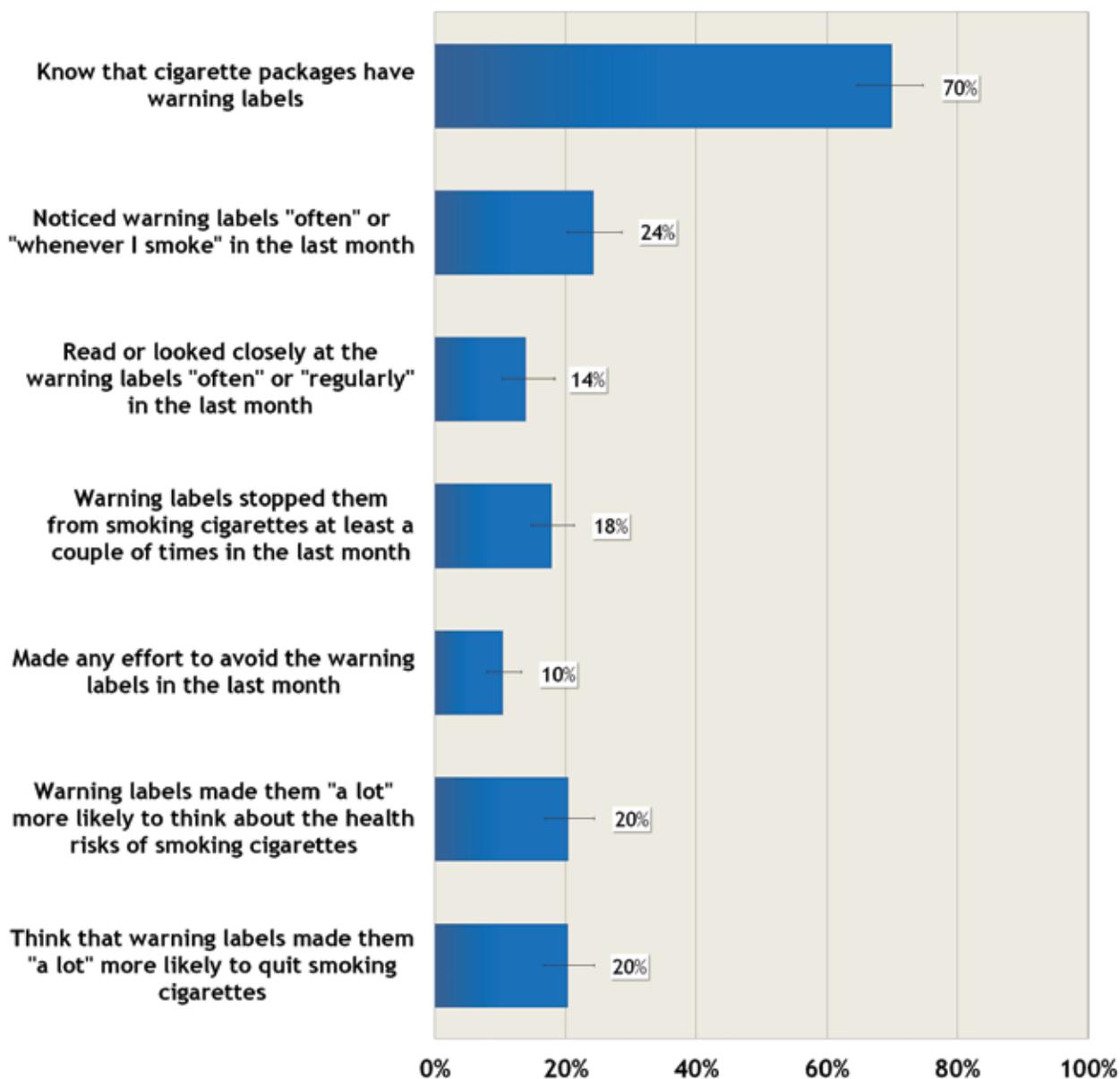
There was a large disparity in awareness of health warnings across the 10 Zambian provinces, ranging from 93% of smokers in Lusaka to 28% in the Northern province.

Impact of Health Warnings

The majority of smokers in Zambia are not aware that there is a health warning on cigarette packages. Only one-quarter (24%) of smokers said they noticed the health warning “often” or “whenever I smoke cigarettes” in the last month prior to the survey, and 14% reported that they read or looked closely at the warning labels “often” or “regularly” in the last month (see Figure 12). Only one in five (20%) smokers stated that the health warnings made them “a lot” more likely to think about the health risks of smoking cigarettes. The same proportion (20%) of smokers reported that health warnings made them “a lot” more likely to quit smoking cigarettes.

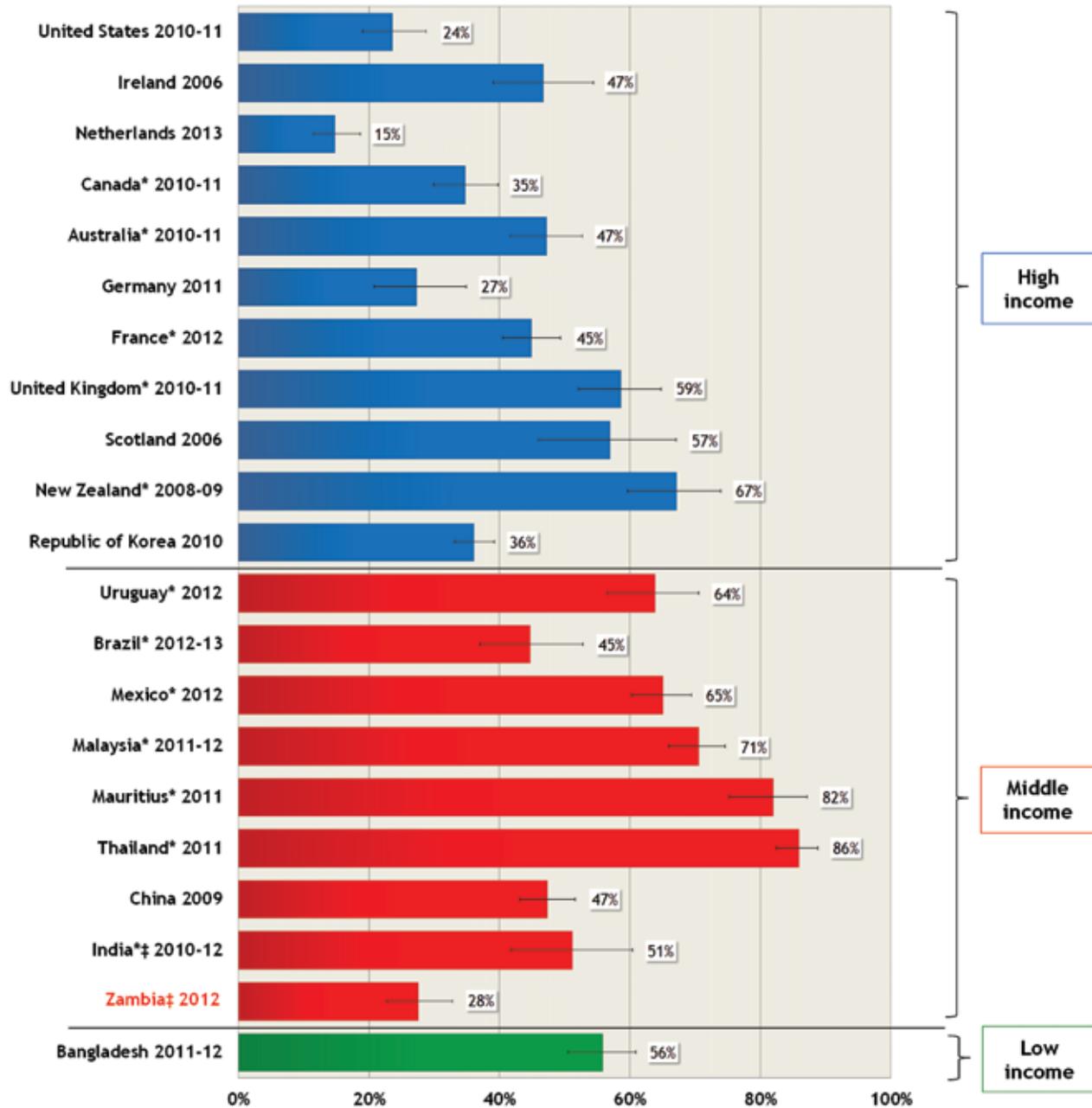
Less than a quarter (18%) of Zambian smokers stated that warning labels stopped them from smoking cigarettes at least a couple of times in the last month. Only 10% of smokers made any effort to avoid the warning labels in the last month. This finding suggests a lost opportunity to motivate cessation as research conducted in Brazil has shown that avoidance creates strong negative associations which can make tobacco products less positive in the minds of smokers and may motivate quitting.⁴⁶

Figure 12. Impact of health warnings on smokers’ (cigarette only and mixed tobacco users) perceptions and behaviours



ITC cross-country comparisons demonstrate that Zambia’s text warnings are performing poorly compared to health warnings in other ITC countries. Among all male smokers surveyed, Zambia had the lowest percentage (28%) of those who “often” or “very often” noticed warnings among LMICs in the ITC Survey (see Figure 13). In contrast, in Mauritius, where pictorial health warnings cover 60% of the front and 70% of the back of the pack, 82% of male smokers noticed the warnings. This demonstrates the vast potential for increasing the effectiveness of health warnings in Zambia with the implementation of large pictorial warnings, as called for by Article 11 of the FCTC.

Figure 13. Percentage of male smokers† who “often” or “very often” noticed warning labels, by country



† ‘Smokers’ refer to only cigarette users for all countries except Bangladesh, India, and Zambia where dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) were also included in the analysis.

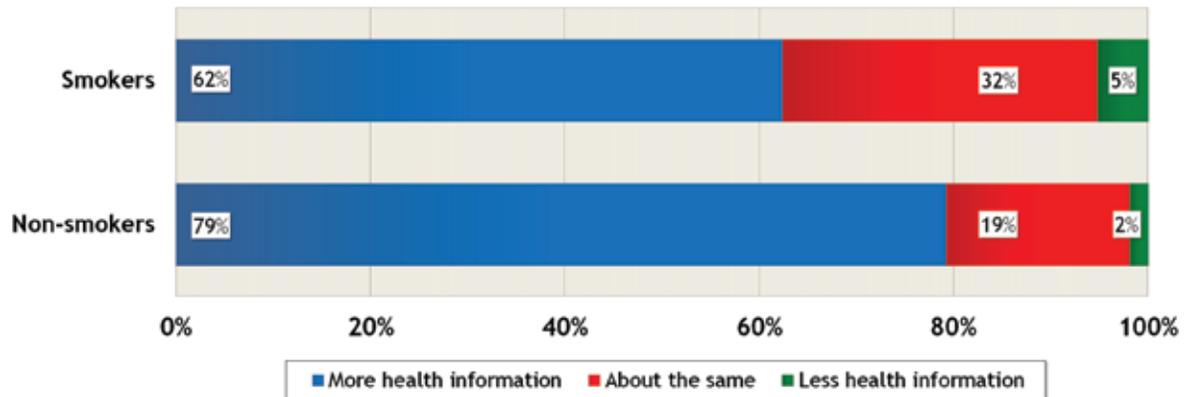
* Countries with pictorial warnings at time of survey.

‡ In India and Zambia, there was an extra filter that asks “As far as you know, do any smoked tobacco/cigarette packages in India/Zambia have warning labels?”. If the respondent answered “no” then noticing warning labels was set to “never”.

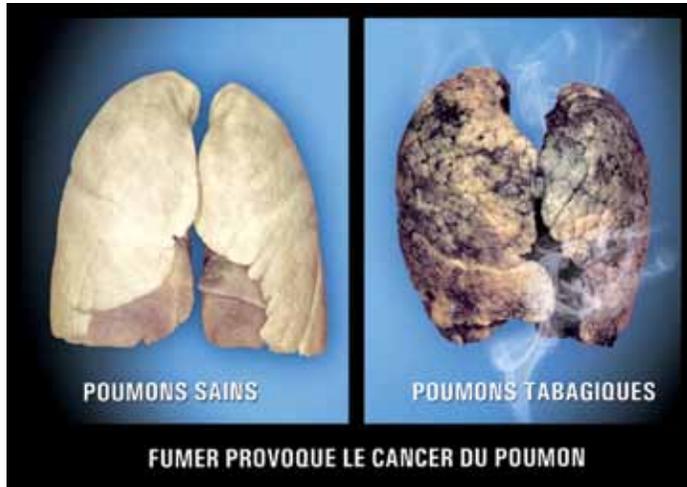
Support for Enhanced Health Warnings

At the same time that the ITC Zambia Survey has shown that the current Zambia warning is very weak, it should be noted that the Survey also finds that there is very strong support among Zambian smokers and non-smokers for strengthening the health warnings on cigarette packages. The majority of Zambian smokers (62%) and non-smokers (79%) indicated that cigarette packages should have more health information (see Figure 14).

Figure 14. Percentage of smokers (cigarette only and mixed tobacco users) and non-smokers who think that cigarette packages should have more, the same, or less health information*



* This question was asked among those respondents that answered "yes" to the question "As far as you know, do any cigarette packages in Zambia have warning labels?"



Examples of pictorial health warnings in Mauritius

Mauritius' switch from text-only warnings to pictorial warnings on 60% of the front and 70% of the back of the pack increased the percentage of smokers who noticed the warnings "often" or "very often" from 58% to 83%.⁵⁰ Similarly, the percentage of smokers who read or looked closely at the warnings increased from 30% to 52%. Smokers who reported thinking about smoking-related health risks increased from 25% to 42% and smokers who reported considering quitting increased from 14% to 27%.

SMOKE-FREE POLICIES

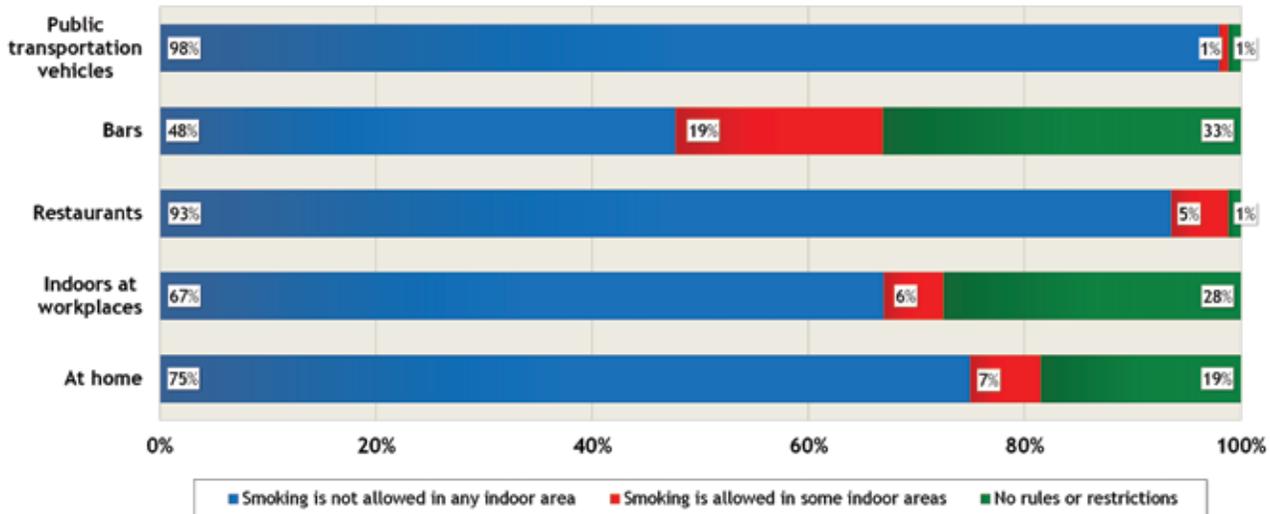
Article 8 of the FCTC requires the adoption of effective measures to provide protection from exposure to tobacco smoke. Guidelines for Article 8 of the FCTC adopted at the Second Conference of the Parties (COP2) in 2007 established the core principles for achieving 100% smoke-free environments, including monitoring and evaluation of enforcement of legislation.¹⁰ Article 8 Guidelines recommend a comprehensive ban on smoking in public places and workplaces, without exemptions.

The 1992 Public Health Regulation of Zambia fully bans smoking in public places, including schools, health care facilities, on public transportation, and in government buildings. The scope of the ban on smoking in public places was broadened in April 2008 when the Ministry of Local Government and Housing enacted Local Government Statutory Instrument #39 (Government of Zambia, 2008).¹¹ Under the Regulations, “public places” is defined as “any building, premises, conveyance or other place to which the public has access.” Evidence from the ITC Zambia Wave 1 Survey indicates that the Zambians are not protected from exposure to tobacco smoke in bars and workplaces; however, the majority of smokers and non-smokers support complete smoking bans in these venues.

Smoking on Public Transportation

The ITC Zambia Wave 1 Survey findings show that almost all smokers (98%) and non-smokers* (97%) who use public transportation are aware of the current smoking ban on any mode of public transport (e.g., buses, ferries, and trains) (see Figure 15).

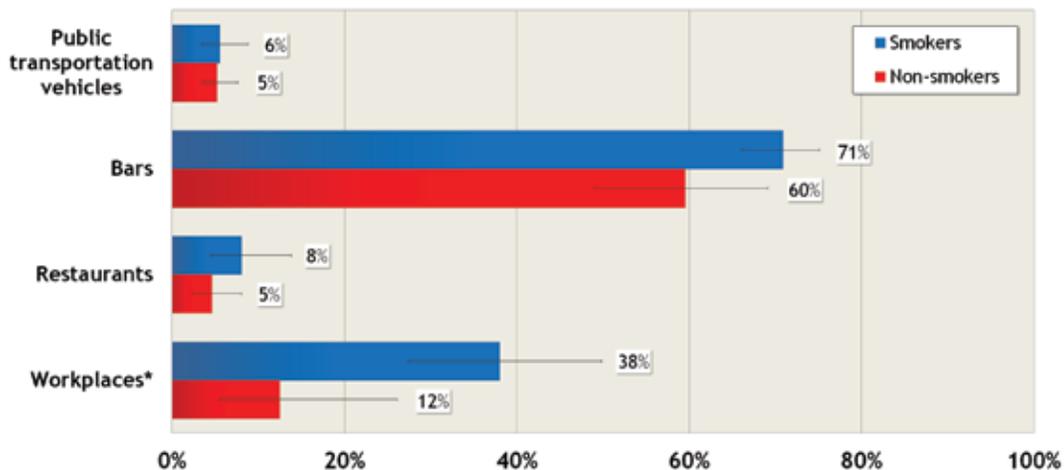
Figure 15. Reporting of smoking bans in various venues among smokers (cigarette only and mixed tobacco users) who visited these places or used public transportation



Only 6% of smokers and 5% of non-smokers who used public transportation noticed people smoking inside during their last trip (see Figure 16). Additionally, only 2% of smokers who used public transportation said that they smoked inside the vehicle during their last visit.

* In this smoke-free section, “non-smokers” are those respondents who are non-users or those who reported using only smokeless tobacco.

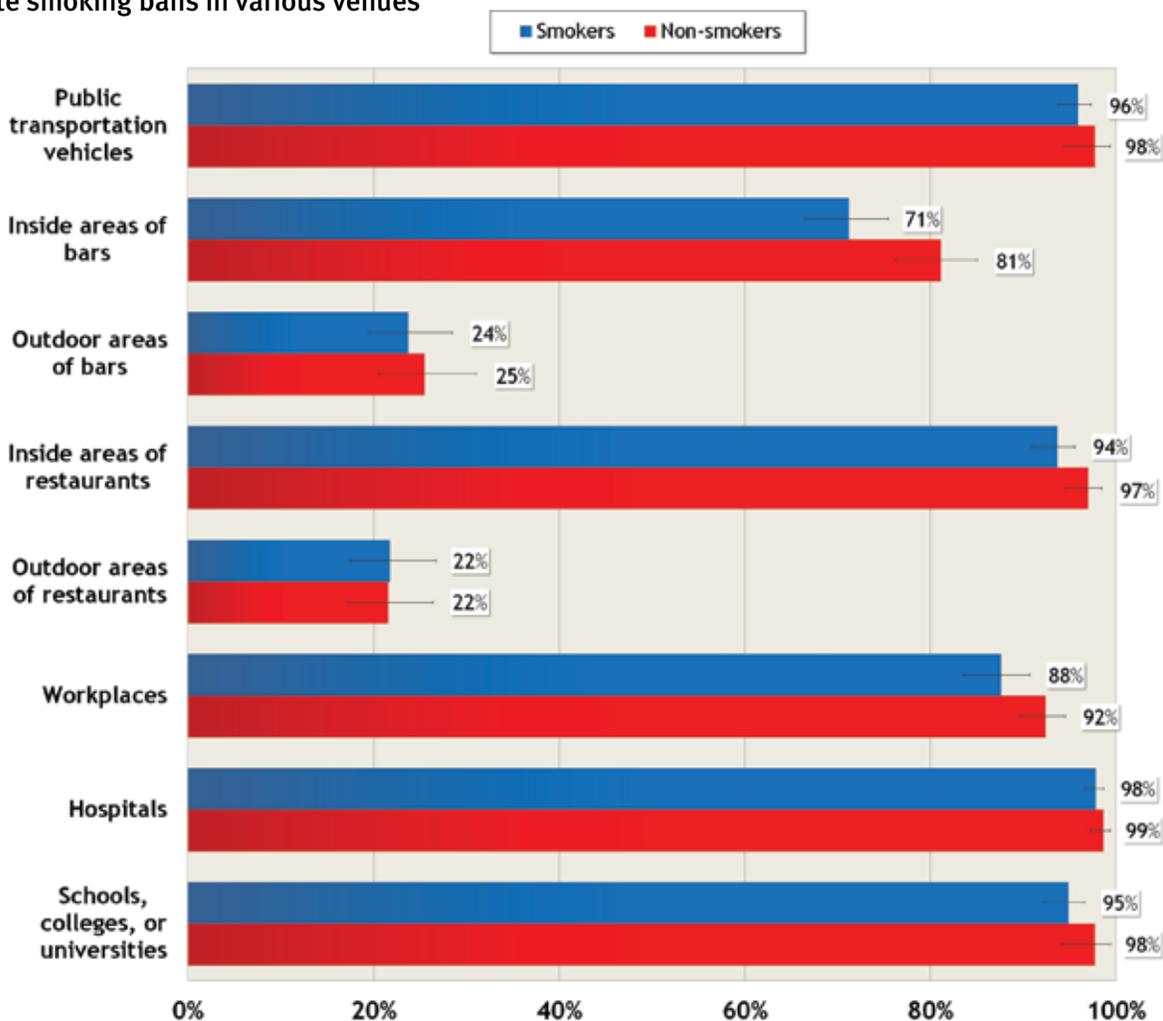
Figure 16. Percentage of smokers (cigarette only and mixed tobacco users) and non-smokers who noticed people smoking indoors in various venues at their last visit or last ride on public transportation



* Question asked about the last month and is among those respondents who reported working inside a building.

Nearly all smokers (96%) and non-smokers (98%) support the complete ban on smoking in public transportation vehicles (see Figure 17).

Figure 17. Percentage of smokers (cigarette only and mixed tobacco users) and non-smokers who support complete smoking bans in various venues



Smoking in Bars

About half (48%) of smokers and 55% of non-smokers who go to bars stated that smoking was not allowed in any indoor areas of these venues, while about a third (33%) of smokers and 35% of non-smokers indicated that there were no rules or restrictions regarding smoking in bars (see Figure 15). Less than a quarter (19%) of smokers and 10% of non-smokers said that smoking was allowed only in some indoor areas in the bar.

Although approximately half of all respondents reported that there was a complete ban on smoking indoors in bars, there is evidence for weak compliance with bans in these venues. Among those respondents who visited a bar, 71% of smokers and 60% of non-smokers reported that they noticed people smoking inside the bar during their last visit (see Figure 16). Additionally, more than half (58%) of smokers said that they smoked inside the bar during their last visit.

About 71% of smokers and 81% of non-smokers supported a complete ban on smoking in *indoor* areas in bars. However, only 24% of smokers and 25% of non-smokers supported a smoking ban in the *outdoor* areas of a bar (see Figure 17).

Smoking in Restaurants

The majority of smokers (93%) and non-smokers (96%) who go to restaurants indicated that there is a complete ban on smoking inside restaurants (see Figure 15).

Among those respondents who visited restaurants, 8% of smokers and 5% of non-smokers reported that they noticed people smoking inside the restaurants during their last visit (see Figure 16). Additionally, 5% of smokers said that they smoked inside the restaurant during their last visit. The level of smoking inside restaurants is quite low compared to other ITC countries. This may reflect a stronger norm in Zambia against smoking inside restaurants relative to other ITC countries (see next paragraph).

An overwhelming majority of smokers (94%) and non-smokers (97%) support the complete ban on *indoor* smoking in restaurants (see Figure 17). Support for a ban on smoking in *outdoor* areas of restaurants is similar to that of bars, with 22% of smokers and 60% of non-smokers being in favour of this ban.

Smoking in Workplaces

The findings from the ITC Zambia Wave 1 Survey showed that 67% of smokers and 91% of non-smokers who worked inside a building were aware that smoking was not allowed in any indoor area at work (see Figure 15).

Among those who worked inside a building, 38% of smokers and 12% of non-smokers noticed people smoking indoors at work (see Figure 16). Moreover, more than a third (38%) of smokers reported that they smoked in indoor areas at work in the last month prior to the survey.

It is notable that although more than a third of smokers reported smoking indoors at work, the majority of smokers (88%) and 92% of non-smokers support a complete ban on smoking in all indoor areas at their workplace (see Figure 17).

Smoking in the Home

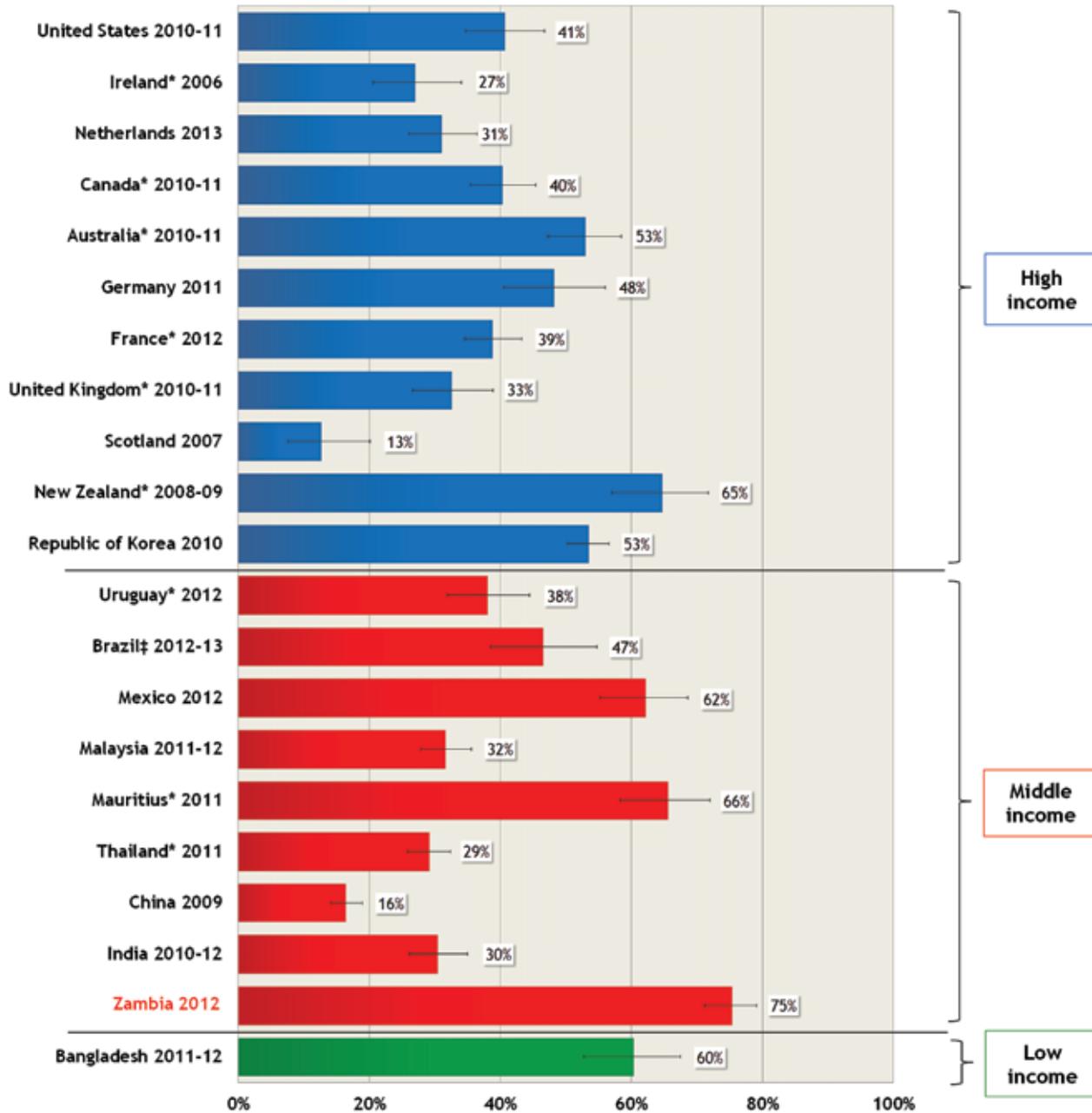
Complete bans on smoking inside the home are common in Zambia. 88% of all respondents reported that they had a complete ban on smoking in the home. Specifically, 75% of smokers and 92% of non-smokers reported that they do not allow any smoking inside their homes (see Figure 15). ITC cross-country comparisons indicate that male smokers in Zambia report the highest percentage of home smoking bans of all 21 ITC countries (see Figure 18). In addition, 7% of smokers and 1% of non-smokers only allow smoking in some rooms inside the home. 18% of smokers (including mixed users) and 7% of non-smokers reported that they do not have any rules or restrictions in their homes.

Although more than a third (38%) of smokers reported smoking indoors at work, the majority of smokers (88%) and 92% of non-smokers support a complete ban on smoking in all indoor areas at their workplace.

Support for Smoking Bans in Other Public Places

Almost all smokers and non-smokers support complete smoking bans in hospitals (98% of smokers; 99% of non-smokers) and schools, colleges or universities (95% of smokers; 98% of non-smokers) (see Figure 17).

Figure 18. Percentage of male smokers[†] who reported that smoking is never allowed inside their home, by country



[†] 'Smokers' refer to only cigarette users for all countries except Bangladesh, India, and Zambia where dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) were also included in the analysis.

* Countries with complete smoking bans in bars, restaurants, and workplaces in effect at time of survey.

‡ Brazil implemented a complete smoking ban in bars prior to the time of survey, however, regulations for implementation have not been defined at time of survey.

TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP

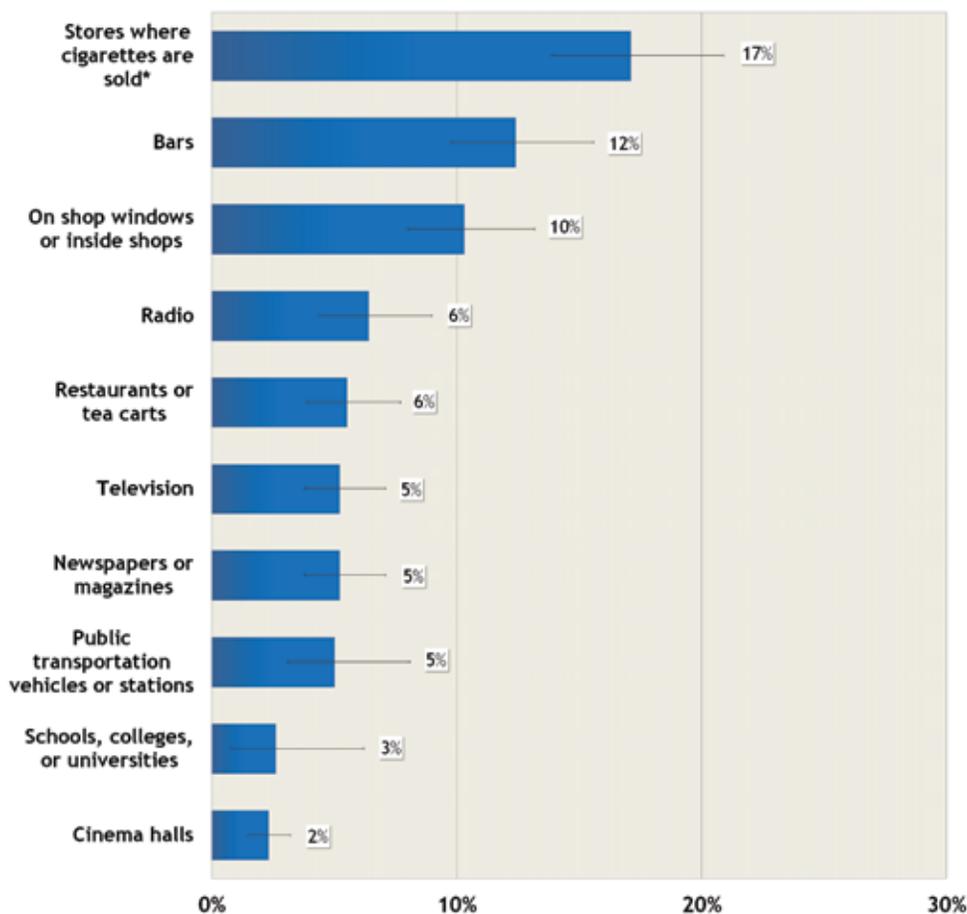
Article 13 of the WHO FCTC requires Parties to take measures to ban direct and indirect forms of tobacco advertising within 5 years of ratifying the Treaty. Guidelines for Article 13 of the FCTC call for Parties to implement a comprehensive ban on tobacco advertising, promotion, and sponsorship (or apply restrictions that are as comprehensive as possible). Included among the recommended measures are bans on: all print forms including newspapers, magazines, flyers, billboards, posters, and signs; television and radio; cross-border advertising, promotion, and sponsorship; display of tobacco products at point of sale; tobacco product vending machines; internet sales; and attractive packaging and product features. The 1992 Zambian Public Health (Tobacco) Regulations do not comply with Article 13 Guidelines as they permit the advertising of tobacco products to the general public through newspapers, radio, television, cinemas, billboards, posters, magazines, and videos. Given the broad parameters of Zambia's regulations, compliance with Article 13 remains poor.

Tobacco Advertising

The ITC Zambia Wave 1 Survey asked tobacco users whether they noticed tobacco products being advertised in a variety of specific venues in the last 6 months. Cigarette smokers were asked if they noticed cigarette advertising in stores where cigarettes are sold in the last 30 days. The survey findings indicate that in the last 30 days, cigarette advertising was noticed among 17% of cigarette users in stores where cigarettes are sold. In the last 6 months, tobacco products were most commonly noticed by tobacco users in bars (12%) and on shop window or inside shops (10%). Less than 10% of tobacco users reported noticing advertising through other listed venues including: radio (6%), restaurants/tea carts (6%), television (5%), newspapers or magazines (5%), public transportation vehicles or stations (5%), schools/colleges/universities (3%), and cinema halls (2%) (see Figure 19).

These findings suggest that there may be a shifting of tobacco advertising away from traditional direct sources, which have become more heavily regulated throughout the world, towards more subtle forms of tobacco promotion. Results of ITC survey questions asking about promotion of tobacco products on television and in cinemas and magazines suggest that indirect forms of tobacco marketing are prominent, for example through the glamorous depiction of smoking by celebrities (see next section).

Figure 19. Percentage of tobacco users who noticed tobacco products being advertised in various venues in the last 6 months

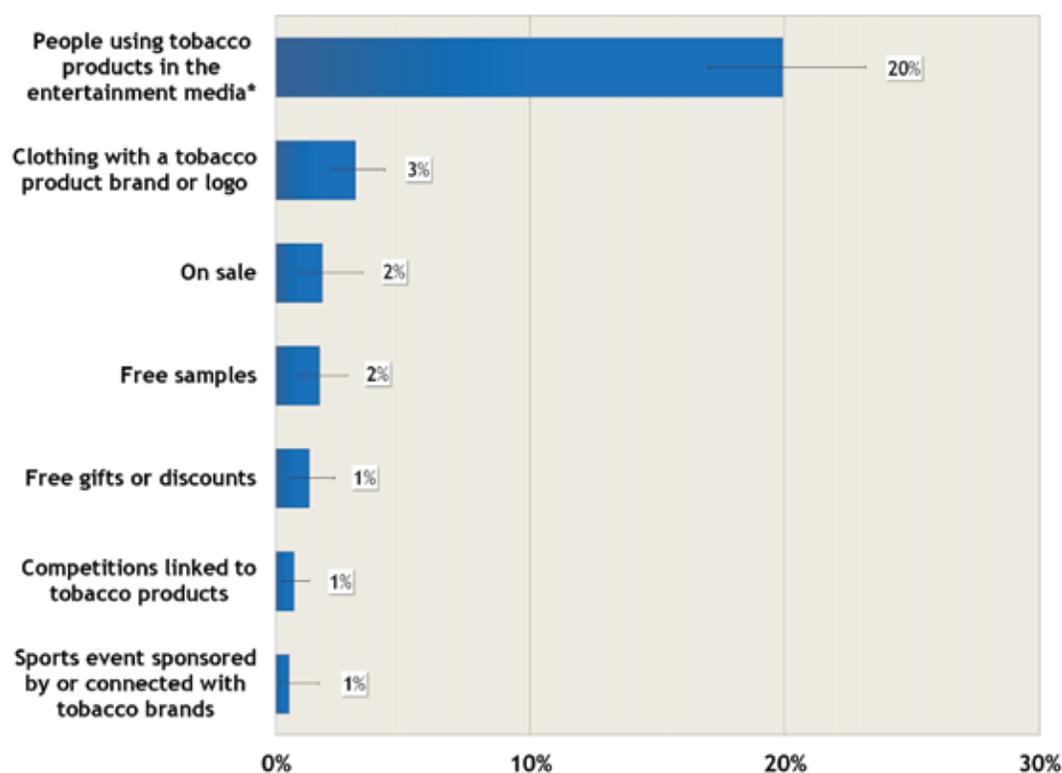


*Question asked about cigarettes specifically and not tobacco in general and asked about the last 30 days.

Tobacco Promotion and Sponsorship

Findings from the ITC Zambia Wave 1 Survey showed that tobacco users infrequently noticed tobacco promotion on clothing or other items with a tobacco product brand or logo (3%), tobacco products on sale (2%), free samples (2%), free gifts or discounts (1%), competitions (1%), and sporting events (1%) in the last 6 months (see Figure 20).

Figure 20. Percentage of tobacco users who noticed various types of tobacco promotions in the last 6 months



* Estimates shown for response options "often" or "once in a while" vs. "never," rather than "yes" vs. "no."

However, 20% of tobacco users stated that they "often" or "once in a while" saw people using tobacco products in the entertainment media (e.g., movies, TV, and magazines) in the last 6 months. This is not surprising because the 1992 Zambian Public Health (Tobacco) Regulations permits the advertising and promotion of tobacco products to the general public through newspapers, radio, television, cinemas, billboards, posters, magazines, and videos. These findings are of concern as numerous studies have proven that there is a causal association between the depiction of smoking in the entertainment media and the initiation of youth smoking and progression to regular smoking.^{47, 48}

These findings suggest that there may be a shifting of tobacco advertising away from traditional direct sources, which have become more heavily regulated throughout the world, towards more subtle forms of tobacco promotion.

EDUCATION, COMMUNICATION, AND PUBLIC AWARENESS

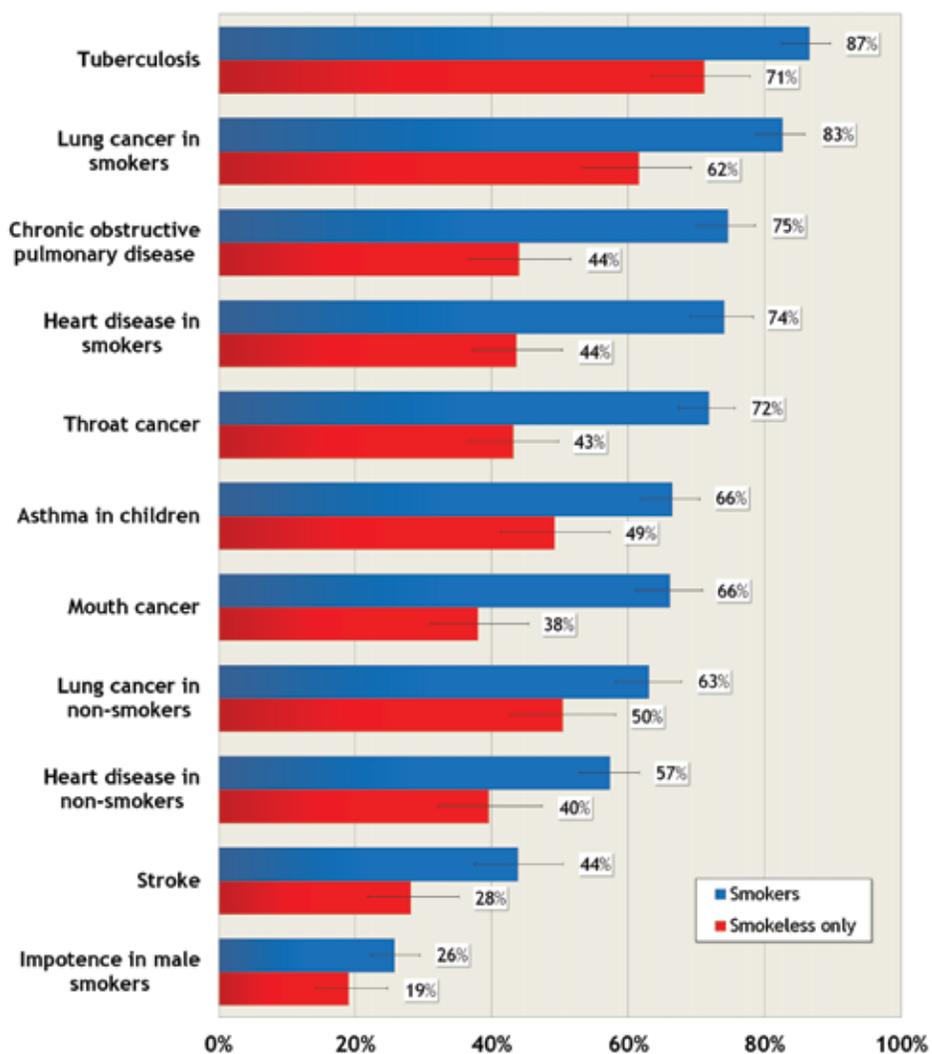
Under Article 12 of the WHO, Parties are required to promote and strengthen public awareness of tobacco control issues through education and public awareness programs on the health risks of tobacco consumption and the benefits of cessation, and provide public access to information on the tobacco industry. Multiple civil society organizations have been actively involved in the tobacco control movement in Zambia; however, there is a lack of sustained funding for campaigns to increase public awareness of the harms of smoking.

Knowledge of the Harms of Smoking

The ITC Zambia Wave 1 Survey measured smokers' awareness of a range of health effects associated with smoking cigarettes. Overall, Zambian smokers demonstrated a higher level of awareness of smoking-related health effects compared to smokeless only users (Figure 21). Smokers correctly believed that smoking causes tuberculosis (87% vs. 71%), lung cancer in smokers (83% vs. 62%), chronic obstructive pulmonary disease (75% vs. 44%), heart disease in smokers (74% vs. 44%), throat cancer (72% vs. 43%), asthma in children (66% vs. 49%), mouth cancer (66% vs. 38%), lung cancer in non-smokers (63% vs. 50%), heart disease in non-smokers (57% vs. 40%), stroke (44% vs. 28%), and impotence in male smokers (26% vs. 19%).

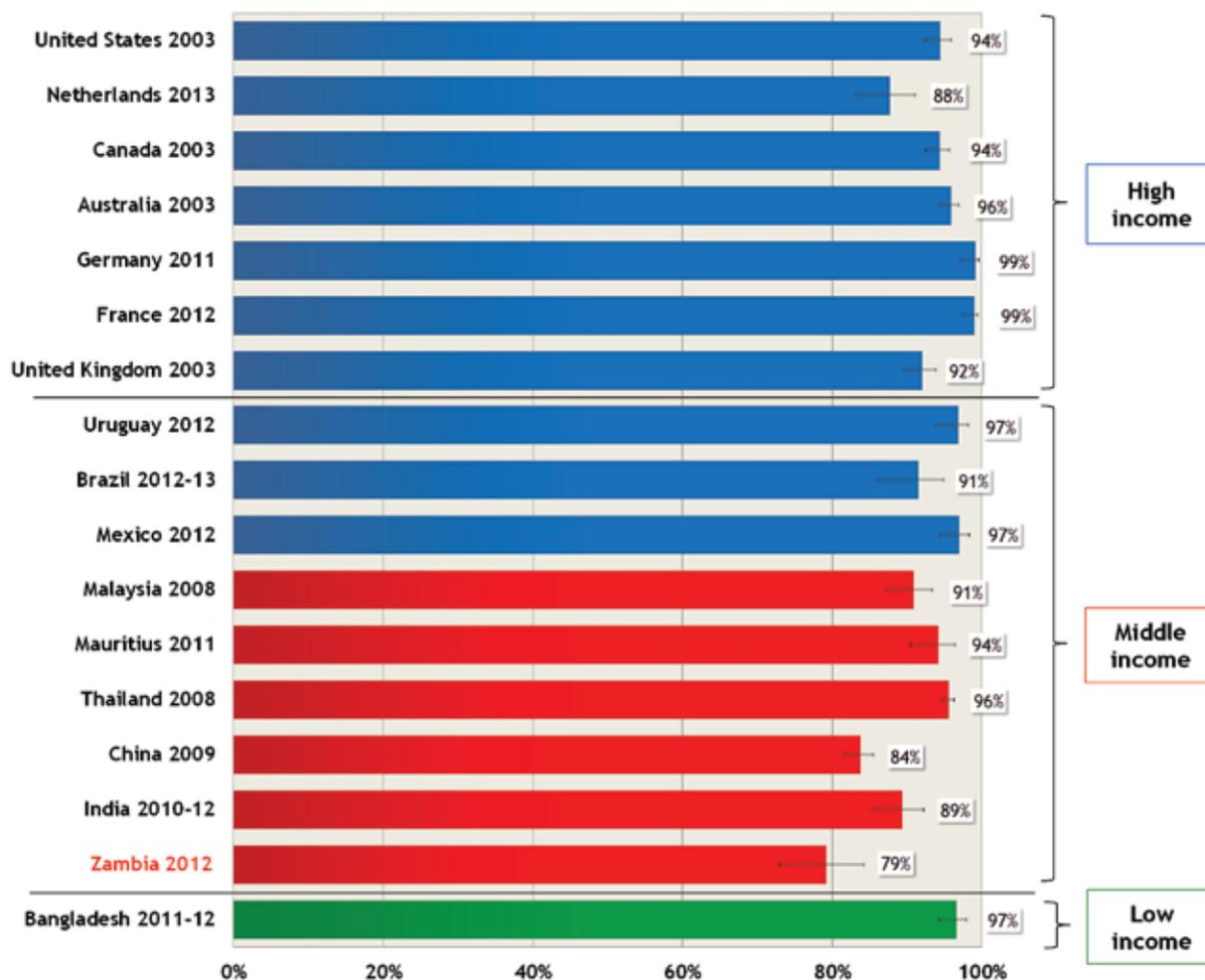
Zambian smokers demonstrated a higher level of awareness of smoking-related health effects compared to smokeless tobacco only users.

Figure 21. Smokers' (cigarette only and mixed tobacco users) and smokeless tobacco only users' knowledge of the health effects of smoked tobacco use



Although smokers are generally more aware of the harms of smoking than smokeless tobacco users, ITC cross-country comparisons reveal that Zambian male smokers have a lower awareness of several important smoking-related health effects compared male smokers in most other ITC countries. For example, male smokers in Zambia had the lowest level of awareness of lung cancer among male smokers in 17 countries (see Figure 22). Only male smokers in China had a lower level of awareness of heart disease (see Figure 23) and strokes (see Figure 24). Similarly, among six LMICs, only China had a lower percentage of male smokers who were aware that secondhand smoke causes heart disease in non-smokers (see Figure 25).

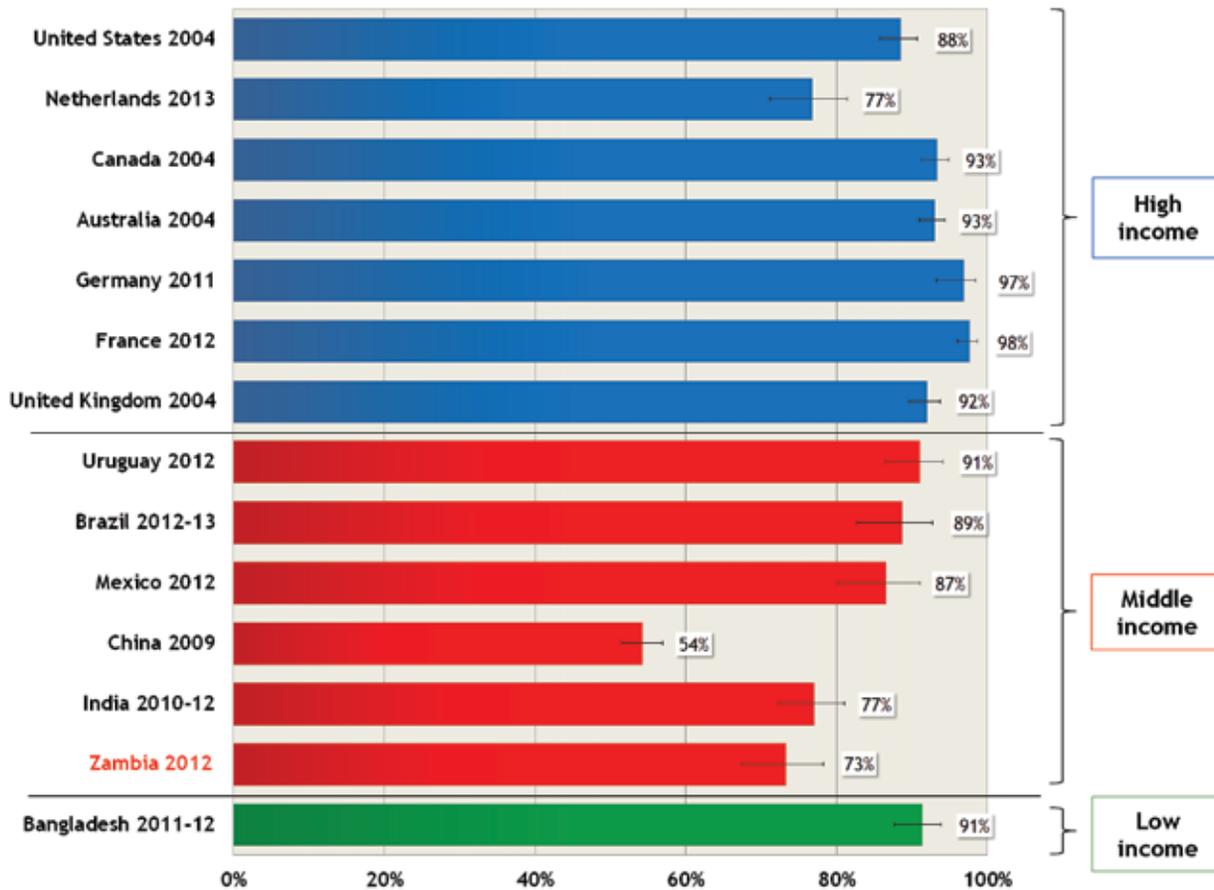
Figure 22. Percentage of male smokers* who believe that smoking causes lung cancer in smokers, by country



* 'Smokers' refer to only cigarette users for all countries except Bangladesh, India, and Zambia where dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) were also included in the analysis.

In Zambia, the level of awareness that smoking causes lung cancer in smokers was the lowest of 17 ITC countries.

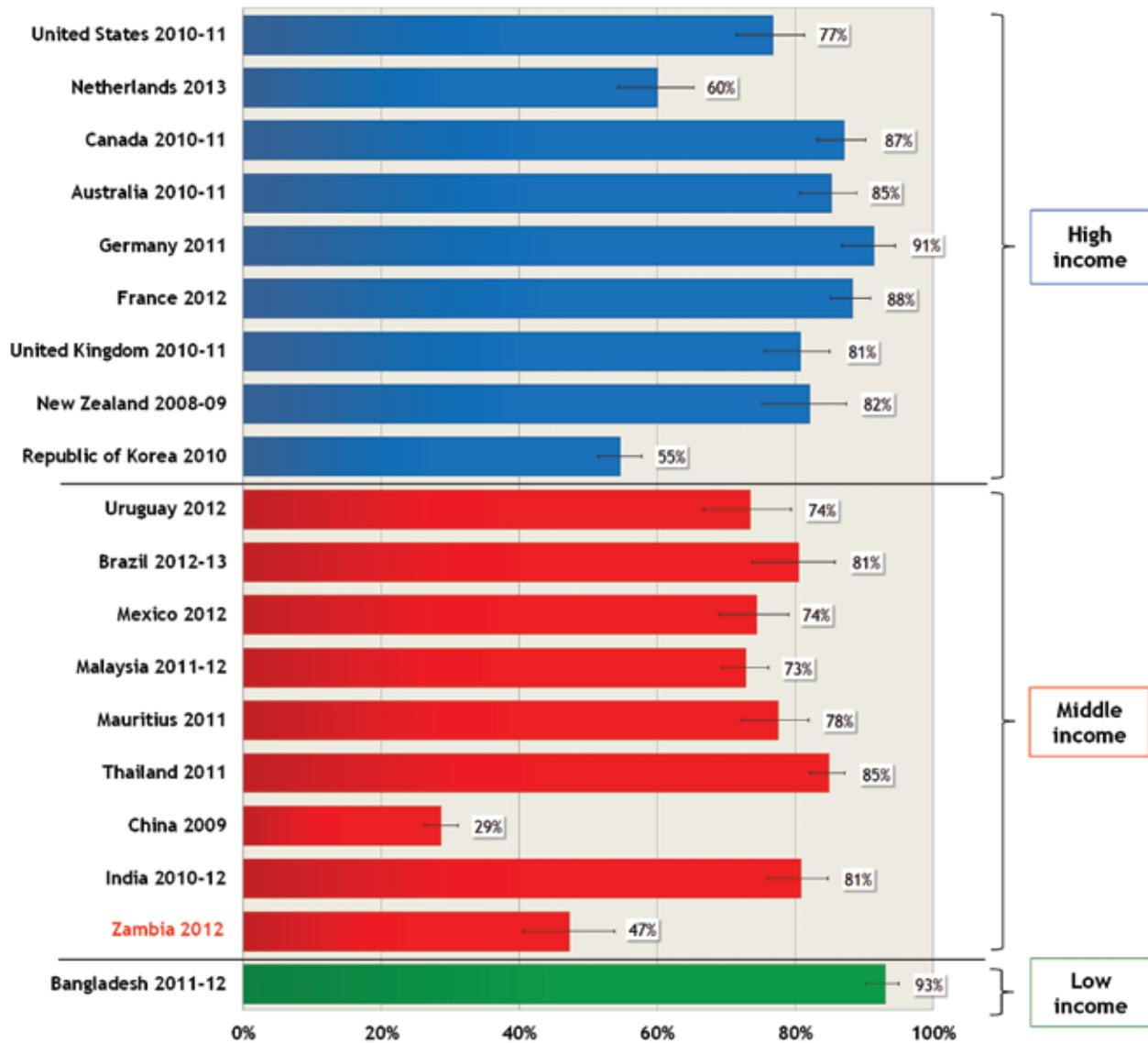
Figure 23. Percentage of male smokers* who believe that smoking causes heart disease in smokers, by country



* 'Smokers' refer to only cigarette users for all countries except Bangladesh, India, and Zambia where dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) were also included in the analysis.

In Zambia, the level of awareness that smoking causes heart disease was the second lowest (13th) of 14 ITC countries; only China was lower.

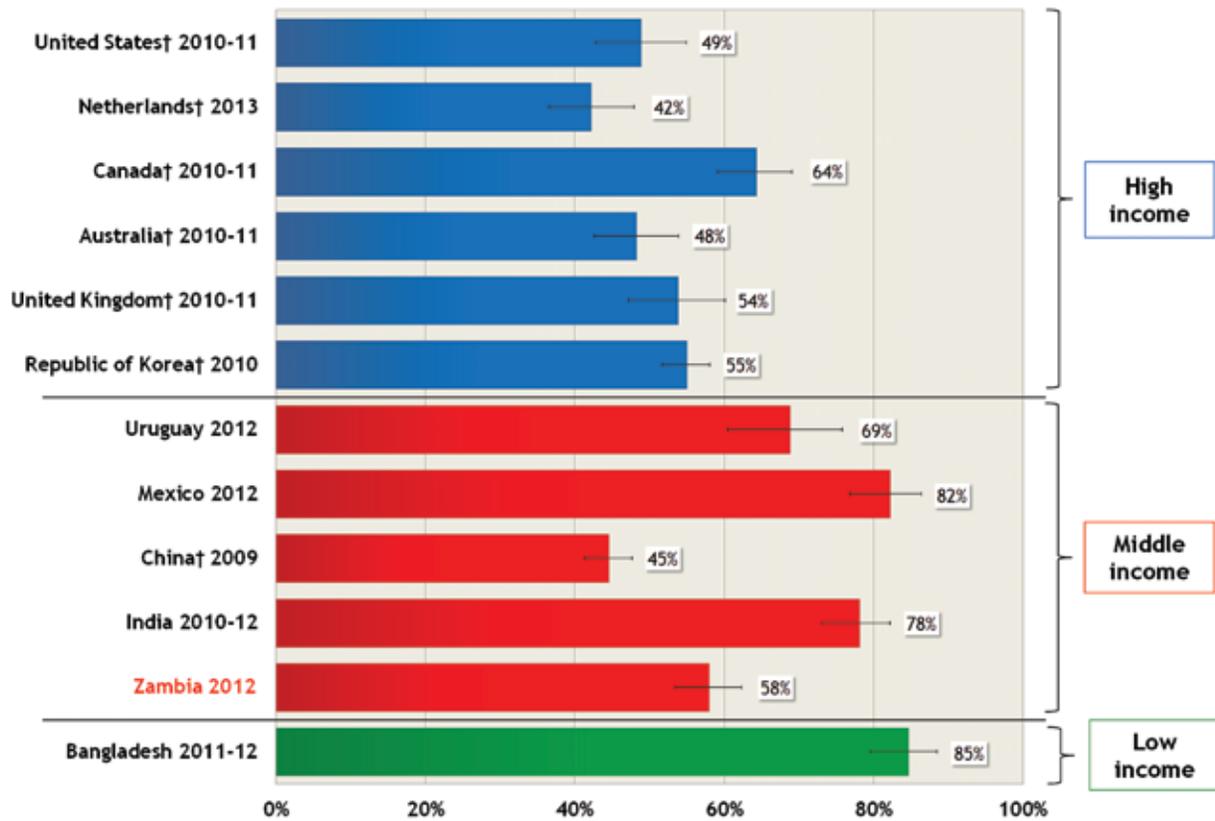
Figure 24. Percentage of male smokers* who believe that smoking causes stroke in smokers, by country



* 'Smokers' refer to only cigarette users for all countries except Bangladesh, India, and Zambia where dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) were also included in the analysis.

In Zambia, the level of awareness that smoking causes strokes was the second lowest (18th) of 19 ITC countries; only China was lower.

Figure 25. Percentage of male smokers* who believe that secondhand smoke causes heart disease in non-smokers, by country



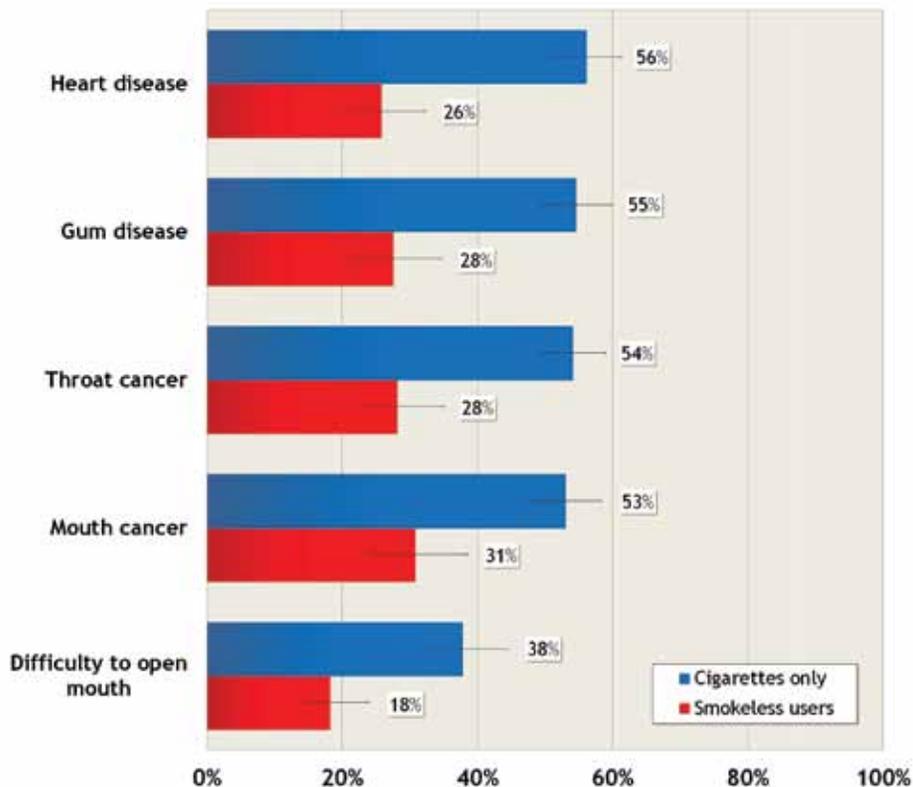
* 'Smokers' refer to only cigarette users for all countries except Bangladesh, India, and Zambia where dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) were also included in the analysis.

† In these countries, the question asked whether the respondent believes that second-hand smoke causes "heart attack" in non-smokers, rather than "heart disease".

Knowledge of the Harms of Smokeless Tobacco Products

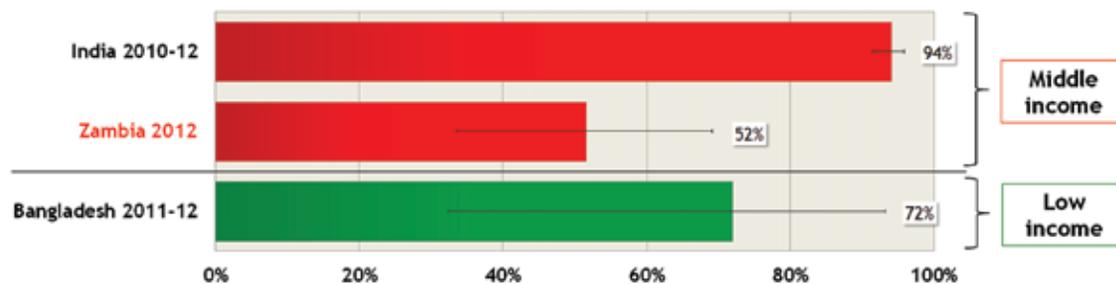
The ITC Zambia Wave 1 Survey measured tobacco users' awareness of a range of health effects associated with using smokeless tobacco products. Overall, Zambian tobacco users had low awareness of the harms of smokeless tobacco use. Those who smoke cigarettes only demonstrated a higher level of awareness of health effects associated with the use of smokeless tobacco products compared with smokeless users (see Figure 26).

Figure 26. Cigarette only users' and smokeless tobacco users' (smokeless only and mixed tobacco users) knowledge of the health effects of smokeless tobacco use



Less than one-third of smokeless users were aware that smokeless tobacco causes mouth cancer (31%), throat cancer (28%), gum disease (28%), heart disease (26%), and difficulty to open mouth (18%). Awareness that smokeless tobacco causes mouth cancer is lowest among male smokeless users in Zambia (52%) compared to India (94%) and Bangladesh (72%) (see Figure 27). These findings point to the need for campaigns to educate the public about the harms of smokeless tobacco—particularly among women (because the vast majority of smokeless users are women).

Figure 27. Percentage of male smokeless tobacco and mixed tobacco users who believe that smokeless tobacco causes mouth cancer, by country

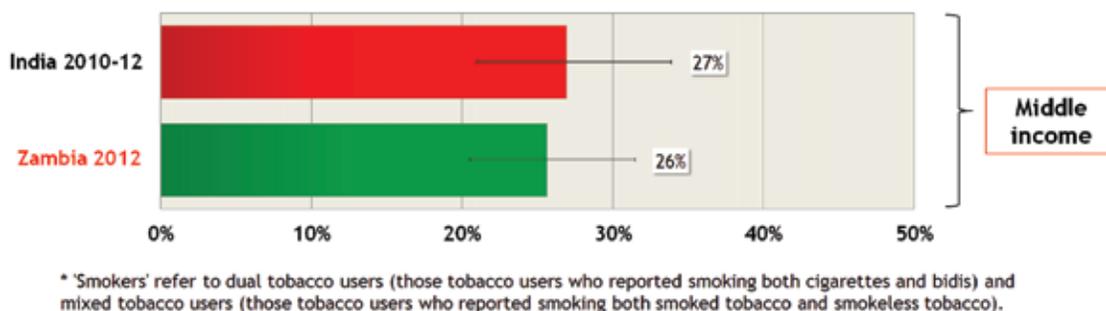


Beliefs about Light/Mild Cigarettes

Currently, Zambia has not banned the use of false, misleading, or deceptive terms such as “light”, “mild”, or “low tar” on tobacco packages as required under Article 11.

About one-quarter (26%) of Zambian male smokers who had a regular brand reported smoking “light” or “mild” cigarettes. This is close to the same percentage reported by Indian male smokers (27%) (see Figure 28).

Figure 28. Percentage of male smokers* who reported smoking light or mild cigarettes among those who have a regular brand, by country



The ITC Zambia Survey findings suggest that smokers have false beliefs about “light” cigarettes. About half (51%) of smokers “agree” or “strongly agree” that light cigarettes are less harmful than regular cigarettes. Among smokers who smoked a usual brand, almost a third (29%) think that the cigarette brand that they usually smoke is “a little less harmful” compared to other cigarettes. However, it is well established that all conventional cigarette brands present the same level of risk to smokers — light and low tar cigarettes are no less harmful to a smoker’s health than regular cigarettes.⁵² To curb these false beliefs, Guidelines for Article 11 prohibit the display of quantitative or qualitative statements about tobacco constituents and emissions that might imply that one brand is less harmful than another. Zambia has not yet implemented this policy.

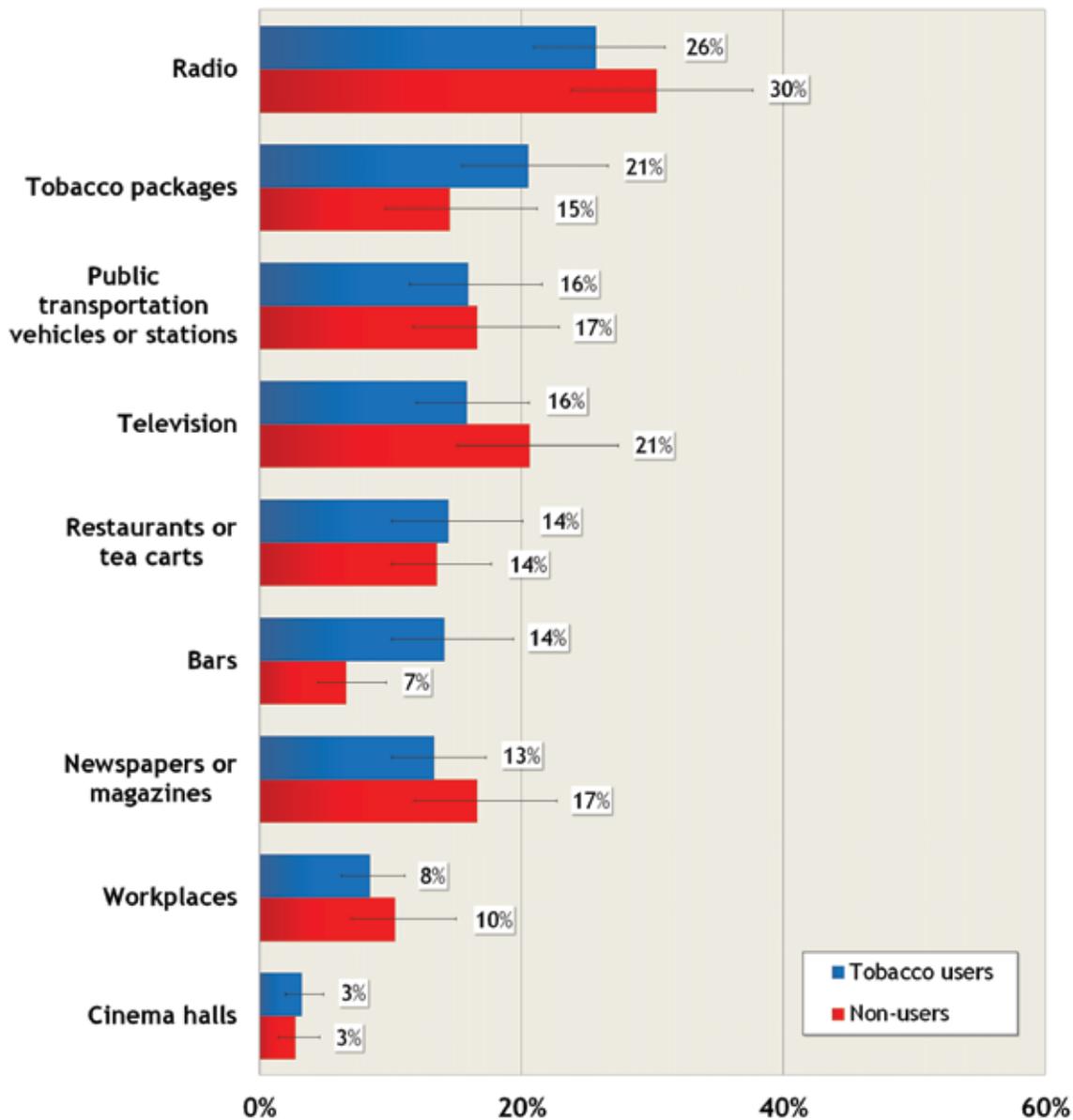
Exposure to Anti-smoking Messages

The ITC Zambia Survey findings indicate the very low presence of anti-smoking messages in Zambia. The most commonly cited places where tobacco users noticed or heard about anti-smoking messages were on the radio (26%), tobacco packs (21%), public transportation (16%), television (16%), and restaurants (14%) (see Figure 29). Non-users were most likely to cite radio (30%), television (21%), public transportation (17%), and newspapers/magazines (17%). These percentages are the lowest of all of the ITC countries, including China, India, and Bangladesh.

Almost three-quarters (72%) of tobacco users and 66% of non-users reported that the anti-tobacco advertising made using tobacco less socially acceptable. Additionally, close to half (44%) of the tobacco users said that the anti-tobacco advertising made them more likely to quit using tobacco. Taken together, the ITC Zambia Survey findings on the very low awareness of the harms of tobacco use and the very low exposure of anti-smoking messages point to the clear need for strong and more frequent anti-tobacco advertising campaigns in Zambia.

ITC Zambia Survey findings on the very low awareness of the harms of tobacco use and the very low exposure of anti-smoking messages point to the clear need for strong and more frequent anti-tobacco advertising campaigns in Zambia.

Figure 29. Percentage of tobacco users and non-users who noticed advertising or information that talks about the dangers of tobacco use, or encourages quitting, in various venues in the last 6 months



Increasing public awareness of the harms of tobacco can also be achieved through large, rotating pictorial health warnings as called for by the Article 11 Guidelines of the FCTC.

TOBACCO PRICE AND TAXATION

Increasing tobacco taxes and prices is widely recognized as the single most cost-effective strategy to reduce the prevalence of tobacco use, particularly among youth. Article 6 of the FCTC encourages countries that have ratified the treaty to adopt tax and price policies aimed at reducing tobacco consumption. A set of guiding principles and recommendations for implementation of Article 6 was adopted at the Fifth Session of the Conference of the Parties (COP5) to the FCTC in November 2012.²⁰ The document states that effective tobacco taxes (leading to higher prices): lower consumption and prevalence and thereby improve the health of the population; are economically efficient and reduce health inequalities; and are an important source of government revenue.

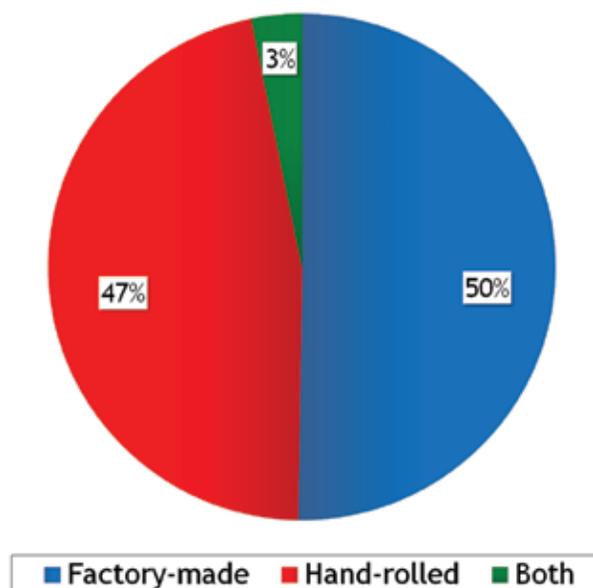
Although nominal cigarette prices in Zambia have been increasing over the last decade, price adjustments have not kept in line with increases in inflation and income, and cigarettes have therefore become more affordable over the last 10 years. Affordability is expected to increase even further over the next decade (2011-2020) if significant price increases are not initiated.

The ITC Zambia Wave 1 Survey collected extensive information on purchasing and price of tobacco products. Survey respondents were asked to determine the extent to which the price of cigarettes influences brand selection and their thoughts about quitting. Survey respondents were also asked about their perceptions of the cost of smoking. The findings below suggest that cigarettes are highly affordable are that prices are too low to motivate smokers to quit.

Factory-made vs. Hand-rolled Cigarettes

Half (50%) of Zambian smokers smoke only or mainly factory-made cigarettes and 47% smoke only or mainly hand-rolled cigarettes (see Figure 30). Smokers' reasons for smoking mainly hand-rolled cigarettes suggest that there are considerable cost savings associated with smoking hand-rolled cigarettes vs. factory-made cigarettes. 81% of those who smoke mainly hand-rolled cigarettes do so because of price.

Figure 30. Percentage of smokers (cigarettes only and mixed tobacco users), by cigarette type*



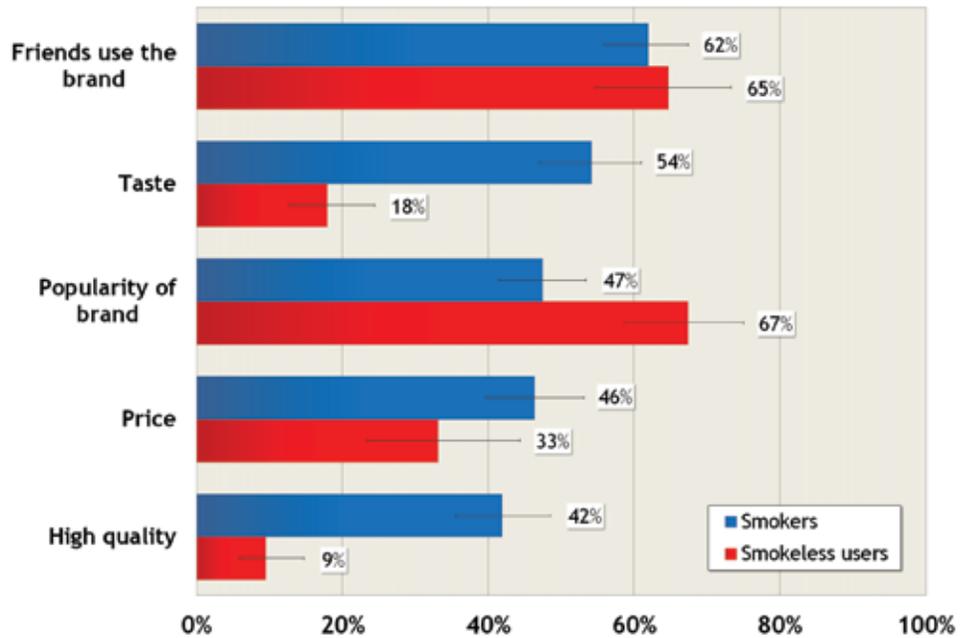
* Factory-made includes those respondents who reported smoking only factory-made cigarettes or mainly factory-made cigarettes. Similarly, hand-rolled includes those respondents who reported smoking only hand-rolled cigarettes or mainly hand-rolled cigarettes. Both indicates that the respondent smokes an equal amount of factory-made and hand-rolled cigarettes.

Reasons for Choosing a Specific Brand

The most frequently selected reasons for cigarette brand selection among those who have a usual brand were: friends smoke the same brand (62%), the taste (54%), it is a popular brand (47%), and the price (46%) (see Figure 31).

Among smokeless users with a usual smokeless brand, the popularity of the brand (67%), friends use the same brand (65%), and price (33%) were the three most commonly cited reasons for choosing a usual smokeless brand (see Figure 31).

Figure 31. Reasons for choosing their regular brand of cigarettes and regular brand of smokeless tobacco among smokers (cigarettes only and mixed tobacco users) and smokeless users (smokeless only and mixed tobacco users), respectively*

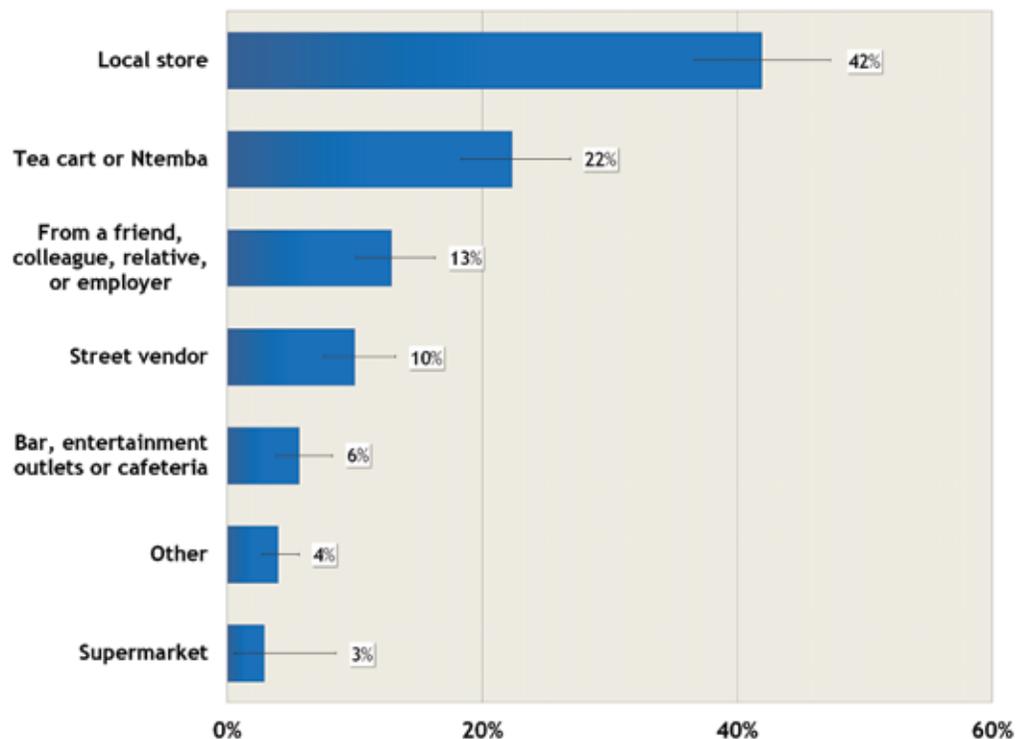


* Among those tobacco users who reported that they have a regular brand of cigarettes and/or smokeless tobacco.

Sources of Last Purchase of Cigarettes

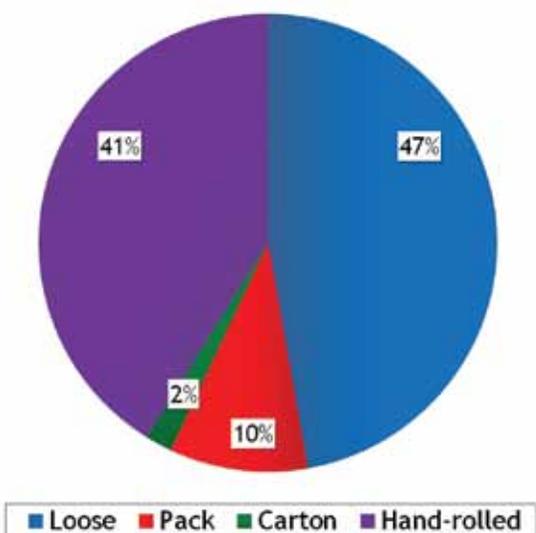
Most smokers (including mixed tobacco users) made their last purchase of cigarettes mainly from a local store (42%), a tea cart or *Ntemba* (kiosk) (22%), from a friend/colleague/relative or employer (13%), or a street vendor (10%) (see Figure 32).

Figure 32. Source of last purchase of cigarettes among smokers (cigarettes only and mixed tobacco users)*



* Sources where very few respondents reported last purchasing cigarettes, and thus had estimates of below 1%, are not shown in the figure. These include purchases from hotels or inns, from outside the country, from a vendor selling from a public transportation vehicle, and from a tobacco shop.

Figure 33. Form of last purchase of cigarettes among smokers (cigarettes only and mixed tobacco users)



Smokers were asked whether they had done anything in the last 6 months to save on the amount of money they have spent on cigarettes. In response, 42% said that they had considered quitting, 32% had reduced the number of cigarettes smoked per day, and 27% had purchased a cheaper brand.

Zambia has not regulated the sale of loose (single) tobacco in Ntembas (kiosks). Almost half (47%) of smokers stated that their last purchase of cigarettes was mainly loose (single) cigarettes.

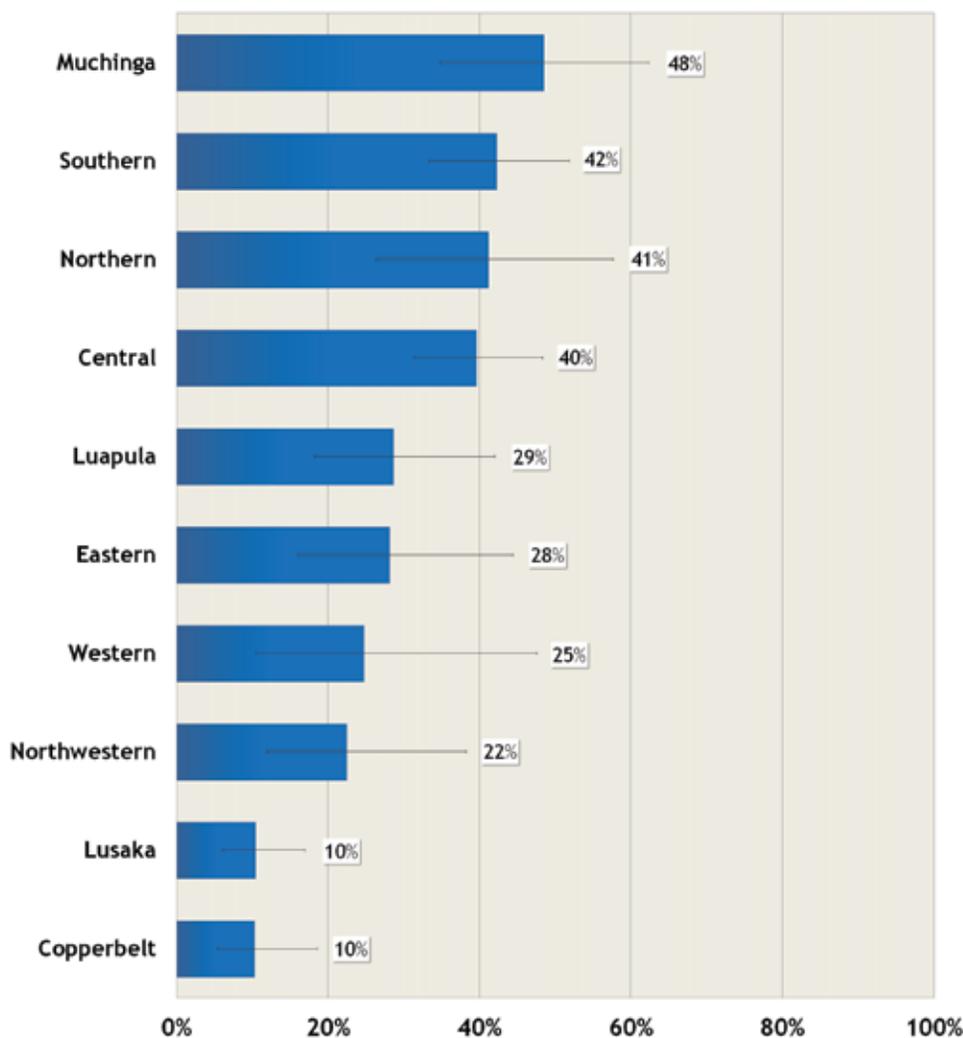
Loose Cigarette Purchases

Currently, Zambia has not regulated the sale of loose (single) tobacco in *Ntembas* (kiosks). Almost half (47%) of smokers stated that their last purchase of cigarettes was mainly loose (single) cigarettes (see Figure 33).

Concern about Money Spent on Cigarettes

More than half (60%) of smokers “agreed” or “strongly agreed” that they spend too much money on cigarettes. About a quarter (26%) of smokers reported that their spending on cigarettes resulted in not having enough money for household essentials like food. Figure 34 shows that the results vary by province from 48% in Muchinga to 10% in Lusaka and Copperbelt.

Figure 34. Percentage of smokers (cigarette only and mixed tobacco users) who reported that there was a time in the last 6 months when the money spent on cigarettes resulted in not having enough money for household essentials like food, by province*

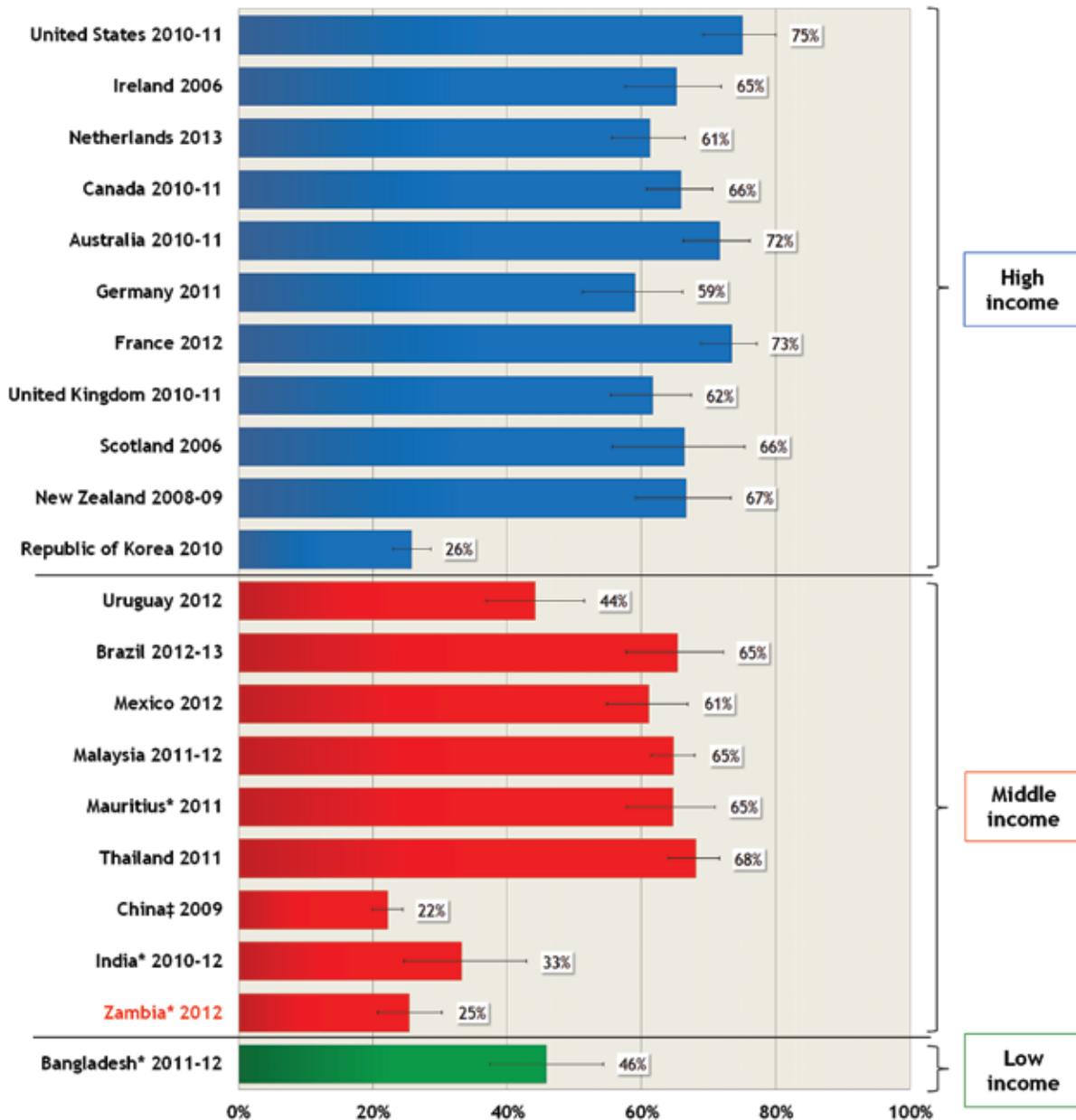


* Due to small sample sizes, some point estimates (percentages) with wide confidence intervals should be interpreted with caution.

Price as a Reason to Quit Smoking

Among smokers who were planning to quit smoking, price was identified by only 26% as a reason to think about quitting – one of the least frequent reasons among twelve reasons given in the survey (see Figure 10). Moreover, ITC cross-country comparisons indicate that of 21 ITC countries, Zambia had the second lowest percentage of male smokers who reported that price led them to think about quitting “somewhat” or “very much” in the last 6 months (see Figure 35). These findings show that cigarettes are highly affordable in Zambia and that prices are currently too low to act as a powerful force to motivate smokers to quit and to prevent youth from starting as it has in many other countries.

Figure 35. Percentage of male smokers† who reported that the price of cigarettes led them to think about quitting “somewhat” or “very much” in the last 6 months, by country



† Smokers refer to only cigarette users for all countries except Bangladesh, India, and Zambia where dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) were also included in the analysis.

* The response options for Bangladesh, India, Mauritius, and Zambia were yes/no versus very much/somewhat/not at all. The percentage of respondents who answered “yes” is shown.

‡ In China, instead of “somewhat” the response option was “a little”.

Tax Evasion

Article 15 of the FCTC requires Parties to implement effective measures against all forms of illicit trade in tobacco products including smuggling, illicit manufacturing, and counterfeiting. In fact, a new treaty on illicit trade in tobacco has been created from the FCTC. To curb illicit trade of tobacco products in Zambia, cigarette packs have official tax stamps issued by the Zambian Ministry of Finance.

The ITC Zambia Wave 1 Survey interviewers asked respondents to voluntarily show them their cigarette packs. Respondents were also requested to voluntarily give the empty cigarette packs to the interviewers. Fewer than 1 in 10 (9%) smokers showed the interviewers a cigarette pack. Of 64 cigarette packs shown to interviewers by the survey respondents, 19 (38%) packs did not have tax stamps, nor any sign that a stamp was ever present.

Support for Government Increasing Taxes

The ITC Zambia Wave 1 Survey asked whether the government should increase the taxes on cigarettes. There is strong public support for raising tobacco taxes, including from tobacco users themselves. Overall, more than three-quarters (78%) of Zambians thought that the government should increase taxes on cigarettes. More than half (56%) of smokers, 48% of smokeless users, and 85% of non-users support a tax increase. Similarly, 77% of Zambians support an increase in taxes on smokeless tobacco, including 57% of smokers, 34% of smokeless users, and 84% of non-users.



Example of Zambian Ministry of Finance tax stamp on back of pack

Approximately three-quarters of Zambians support tax increases on smoked and smokeless tobacco. Over half (56%) of smokers support a tax increase on cigarettes and one-third (34%) of smokeless tobacco users support a tax increase on smokeless tobacco.

TOBACCO FARMING

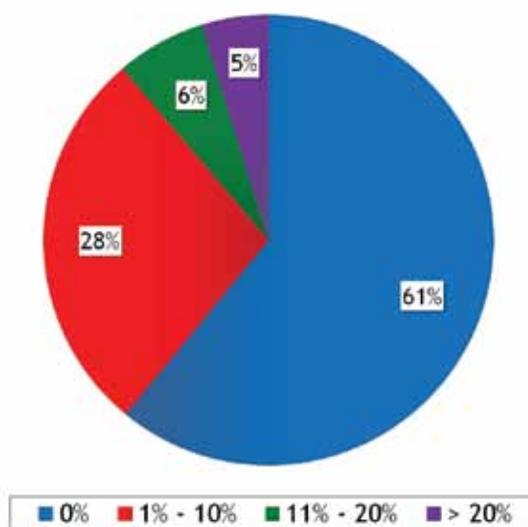
Articles 17 and 18 of the FCTC address issues of alternative livelihoods for tobacco farmers and the protection of the health of workers engaged in the growing and processing of tobacco. Article 17 obligates countries to promote, as appropriate, economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers. Article 4 “Guiding Principles” state the importance of “assistance to aid the economic transition of tobacco growers.”¹⁹

Findings from the ITC Zambia Wave 1 Survey showed that about 2% (N=53) of all respondents (N=1,982) were involved in tobacco farming in 2011-2012. Among these survey respondents who were involved in farming, 62% were land owners, 21% were smallholder farmers, and 17% were casual/day laborers. The findings indicate that the majority of those who play a primary role in tobacco farming are seeking alternative livelihoods or alternative crops, but they are facing financial barriers and a lack of sources of support to assist with this transition.

Percentage of Total Monthly Income Spent on Smoked Tobacco

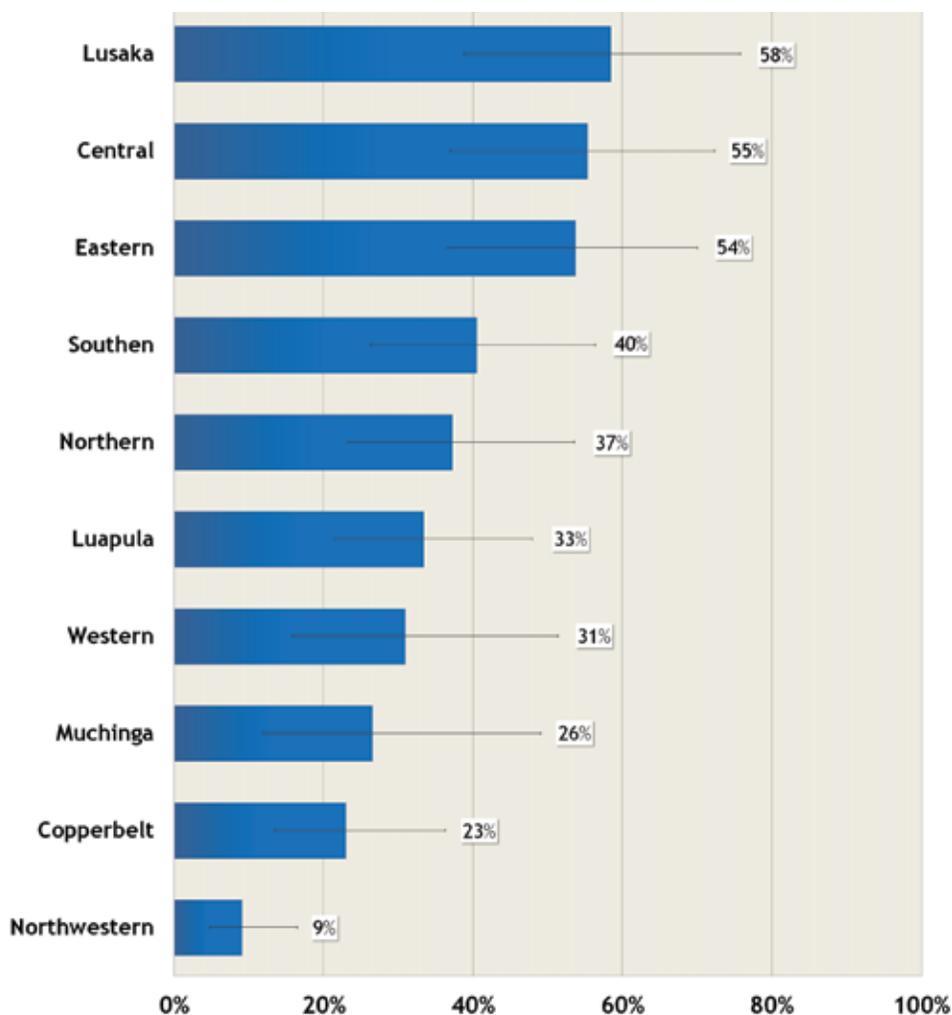
The ITC Zambia Wave 1 Survey asked all respondents what percentage of total monthly income the whole household spent on cigarettes and hand-rolled tobacco in the last month. More than a third (39%) of respondents reported that part of their total monthly household income was spent on smoked tobacco. Figure 36 shows that 28% of these respondents spent between 1% and 10% of their monthly income on smoked tobacco, 6% spent between 11% and 20%, and 5% of respondents spent more than 20%.

Figure 36. Percentage of monthly income spent on smoked tobacco



There was a wide range of results across the 10 Zambian provinces in the percentage of respondents who spent some of their monthly income on smoked tobacco — from 9% of respondents in the Northwestern province to 58% of respondents in Lusaka (see Figure 37).

Figure 37. Percentage of respondents who reported spending some of their monthly income on smoked tobacco, by province*



* Due to small sample sizes, some point estimates (percentages) with wide confidence intervals should be interpreted with caution.

Alternative Livelihood

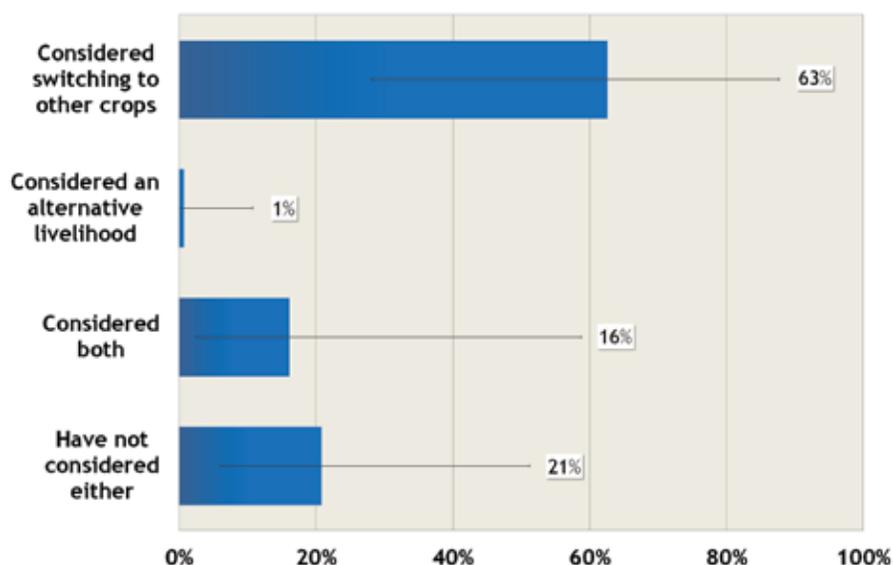
Among those respondents who played a primary role on tobacco farming (N=37), the majority (79%) stated that they had considered switching from tobacco farming to farming other crops, to an alternative livelihood, or both (see Figure 38).

Approximately 1 in 10 (11%) survey respondents involved in tobacco farming reported that they were aware of any government support programs to help tobacco farmers switch from tobacco to other crops. Only 1% of those involved in tobacco farming reported that they had received government support to grow other crops. Thus, there is a large gap between the percentage of respondents who had considered switching from tobacco farming (79%) and the percentage of those who reported receiving any form of funding from the government (1%).

Barriers to Switching to Other Crops or to an Alternative Livelihood

The main reasons cited by tobacco farmers that have kept them from switching to other crops or to an alternative livelihood included tobacco leaves pay more money than other crops (46%); the lack of money to begin farming other crops (18%); lack of seeds, tools, or labor (11%); switching is too risky (9%); and to pay back loans (4%) (see Figure 39).

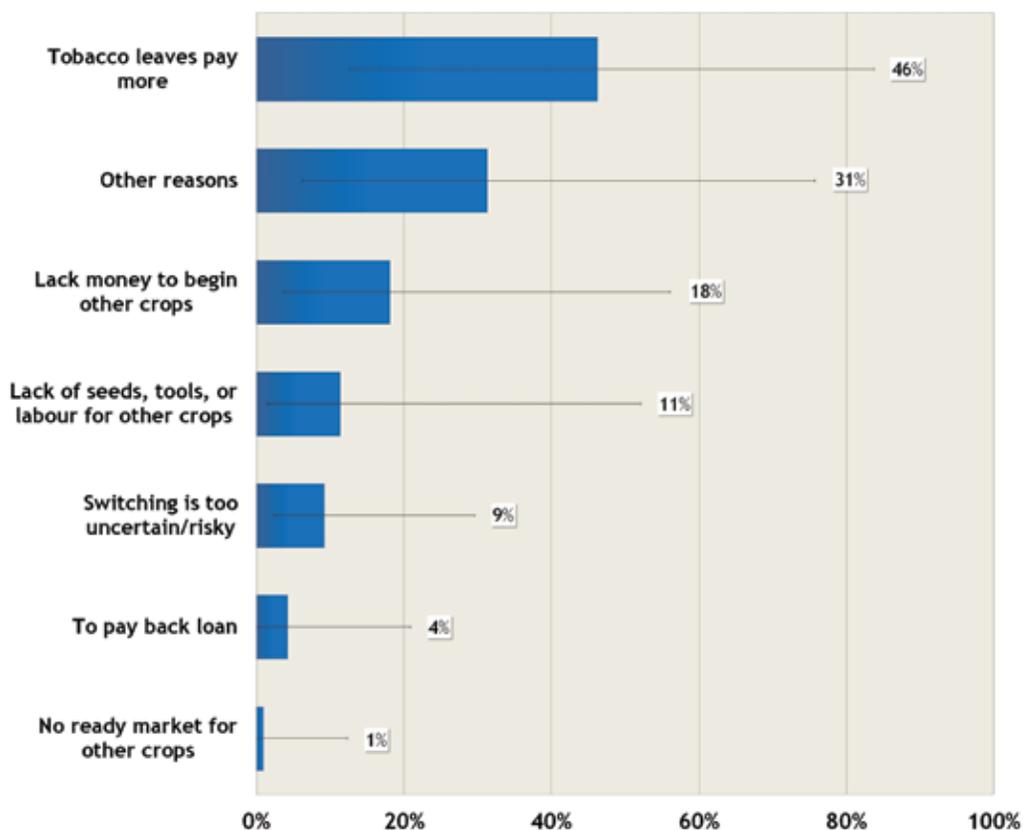
Figure 38. Percentage of respondents who have considered switching from tobacco farming among those who play a primary role on a tobacco farm (N=37)*



* Due to the small sample size, some point estimates (percentages) with wide confidence intervals should be interpreted with caution.

Note: The estimates shown sum to just over 100% due to rounding.

Figure 39. Reasons for not switching to other crops or to an alternative livelihood among those who play a primary role on a tobacco farm (N=28-33)*



* Due to the small sample size, some point estimates (percentages) with wide confidence intervals should be interpreted with caution. Sample sizes were as follows: N=33 for lack money to begin other crops and no ready market for other crops; N=32 for tobacco leaves pay more and lack of seeds, tools, or labour for other crops; N=31 for switching is too uncertain/risky and to pay back loan; and N=28 for other.

CONCLUSIONS AND RECOMMENDATIONS

The ITC Zambia Wave 1 (2012) Survey findings indicate that efforts to strengthen the 1992 Public Health (Tobacco) Regulations fall short of meeting the government's obligations to the FCTC across all policy domains. Prompt action is required to fully implement and enforce a comprehensive set of proven tobacco control policies and programs as described in the FCTC and its Guidelines.

Overall, the attitude toward smoking among both smokers and non-smokers is negative and a high proportion (43%) of smokers have attempted to quit. The majority of tobacco users (82%) and non-users (91%) strongly support and urge the Zambian government to implement stronger tobacco control policies to tackle the harm done by using tobacco.

Based on the findings of the ITC Zambia Wave 1 Survey, we offer the following evidence-based recommendations for strengthening tobacco control in Zambia:

1. Increase the price and taxation of tobacco products and ban the sale of single cigarettes.

Increasing tobacco taxes and prices is recognized by the WHO as the single most cost-effective strategy to reduce the prevalence of tobacco use, particularly among youth. Article 6 of the FCTC encourages countries that have ratified the treaty to adopt tax and price policies aimed at reducing tobacco consumption

ITC Zambia Wave 1 findings suggested that cigarettes are highly affordable in Zambia and that prices are too low to motivate smokers to quit. Almost half (47%) of smokers and mixed users stated that their last purchase of cigarette was mainly single cigarettes. Availability of single cigarettes increases youth access to tobacco products. The Government should ban the sale of single cigarettes in order to reduce youth access to inexpensive forms of tobacco.

Zambians support higher tobacco taxes — more than three-quarters of Zambians thought that the government should increase taxes on cigarettes (78%) and smokeless tobacco products (77%), with considerable support for tax increases among the users of these tobacco products. The Government should make tobacco products less affordable by increasing taxes on tobacco products to keep up with inflation and rising incomes. The WHO recommendation for developing countries is a tax level of 67%-80% of the retail price per pack.⁴⁹ Tax equalization across different forms of tobacco (e.g., hand-rolled cigarettes and factory-made cigarettes) is important to discourage brand switching to less expensive products.

2. Design and implement pictorial health warnings that occupy at least 50% of the top part of the front and back of the pack as called for in the Article 11 Guidelines.

There is an urgent need for Zambia to meet the recommendations of the strong WHO FCTC Article 11 Guidelines that urge Parties to implement large, visible, rotating full-colour pictorial health warnings that cover at least 50% of the principal display areas in the country's principal language.

The findings clearly indicate that the current policy of a single text-only health warning must be improved to meet the Article 11 recommended standards. Overall, 30% of cigarette smokers themselves were not aware that there was a warning (and in some provinces, the lack of awareness was over half of smokers). The ineffectiveness of Zambia's health warning is indicated by the low proportion of smokers who noticed (24%) or read (14%) the health warning on cigarette packs. Moreover, about a quarter of the smokers who showed interviewers their packs (N=67) were not able to read the English health warning on the packs.

Pictorial health warnings are highly recommended for people with low literacy who may not be able to read. ITC studies conducted in other countries, including Mauritius, which implemented pictorial health warnings on 60% of the front and 70% of the back of the pack in 2009, have consistently shown that pictorial health warnings are more effective than text-only warnings in increasing the salience (prominence) of health warnings, and in encouraging smokers to think about the health risks of smoking and quitting. Zambia can expect to achieve the same increases in warning label effectiveness that Mauritius experienced after the implementation of large, pictorial warnings.

3. Strengthen the smoke-free law by ensuring strong and consistent enforcement, including strong penalties for violations.

The 1992 Public Health Regulations of Zambia banned smoking in several venues, including schools, health care facilities, cinemas, theatres, and public transport and the scope of the ban was expanded in 2008 to include other public places. Although penalties for violations of the smoke-free law were introduced in 2009, the ITC Zambia Wave 1 Survey demonstrates that the ban is not working in some venues: 71% of smokers and 60% of non-smokers reported that people were smoking in bars. In addition, 38% of smokers and 12% of non-smokers reported that people were smoking indoors in workplaces in the last month. Overall, compliance with the smoking bans in public transportation and in restaurants was high as less than 10% of smokers and non-smokers noticed people smoking in these venues at last visit.

4. Implement a comprehensive ban on tobacco advertising, promotion, and sponsorship of tobacco products, including the entertainment media, with no exceptions.

According to Article 13, Zambia was obligated to ban direct and indirect forms of tobacco advertising within 5 years of ratifying the FCTC—in other words, by 2013. However, the 1992 Public Health Regulations of Zambia permit the advertising of tobacco products to the general public through direct sources such as newspapers, radio, television, cinemas, billboards, posters, magazines, and videos. The ITC Zambia Wave 1 Survey showed that 20% of tobacco users noticed people using tobacco products in the entertainment media. These findings are of concern as numerous studies have proven that there is a causal association between the depiction of smoking in the entertainment media and the initiation of youth smoking.

Existing evidence suggests that strong comprehensive bans are more effective than partial bans. The Government should revise their Public Health Regulations to adhere to the Guidelines for Article 13, which calls for Parties to implement a comprehensive ban on all forms of tobacco advertising, promotion, and sponsorship on radio, television, print media, and other media such as entertainment media. The Article recommends that Parties should prohibit the use of identifiable tobacco brands or imagery, require anti-tobacco advertisements, and implement a ratings or classification system that takes tobacco depictions into account.

5. Design and implement health information and mass media campaigns to further educate the public regarding the harms of tobacco and to keep messages salient.

It is clear that there are gaps in Zambian smokers' awareness of the range of harms to health caused by smoking. Although at least three-quarters of smokers were aware of a range of health effects associated with smoking including tuberculosis, lung cancer, heart disease, and chronic obstructive pulmonary disease, this level of awareness is low compared to other ITC countries. Furthermore, less than half (47%) of smokers were aware that smoking causes stroke — the second lowest level of awareness among male smokers in 19 ITC countries. Smokeless users had a lower awareness of the harms of smokeless tobacco use than smokers. Less than one-third of smokeless and mixed users were aware that smokeless tobacco causes mouth cancer, throat cancer, gum disease, heart disease, and difficulty to open mouth. Awareness that smokeless tobacco causes mouth cancer was the lowest among male smokeless and mixed tobacco users in Zambia (52%), compared to India (94%) and Bangladesh (72%).

The ITC Zambia Survey also shows why awareness of the harms of tobacco is so low in Zambia: anti-tobacco messages are not salient. The percentage of respondents who reported hearing about the harms of tobacco in Zambia was the lowest among ITC countries, pointing to the need for stronger campaigns.

Most Zambian tobacco users (88%) and non-users (98%) have a negative opinion towards smoking (“not good for your health”) and they support and urge the government to do more to tackle the harm done by using tobacco. The Government should build on public disapproval of smoking in Zambia and public support for stronger government action by providing funding for ongoing mass media campaigns to educate the public on the harms of tobacco use and to encourage quitting, as described by FCTC Article 12. Studies have shown that launching such campaigns in co-ordination with the introduction of pictorial warnings can boost the increase in public awareness of the harms of tobacco and can increase motivation to quit.⁵¹

6. Increase resources to assist tobacco farmers who are considering switching from tobacco farming to farming other crops or alternative livelihoods.

Articles 17 and 18 of the WHO FCTC address issues of alternative livelihoods for tobacco farmers and the protection of the health of workers engaged in the growing and processing of tobacco. Article 17 obligates countries to promote, as appropriate, economically viable alternatives for tobacco workers, growers, and, as the case may be, individual sellers. Article 4 “Guiding Principles” state the importance of “assistance to aid the economic transition of tobacco growers.”¹⁹

ITC Zambia Wave 1 findings showed that 79% of respondents who were involved in tobacco farming had considered switching from tobacco farming to farming other crops, to an alternative livelihood, or both. However, less than a quarter (11%) were aware of any government support programs to help them switch from farming tobacco to other crops and only 1% reported receiving any of this support. This indicates a large government support gap.

The main barriers cited include: tobacco leaves pay more money than other crops; lack of money to begin farming other crops; lack of seeds, tools, and labour; switching is too risky; and paying back tobacco farming-related loans.

The Government should allocate more resources to economically assist tobacco farmers who are considering switching from farming tobacco to other alternative crops or livelihoods. Forms of assistance could include finding ready markets for alternative crops, and providing the seeds, tools, and labour costs for farming alternative crops.

7. Increase government support for cessation services and training of health care workers to strengthen their role in cessation.

It is well established that advice to quit from a physician or health professional is a powerful motivator for quitting. The ITC Zambia Wave 1 Survey findings indicate that less than a quarter (16%) of tobacco users reported that they had visited a health care provider in the last 6 months. However, among those who accessed health care services, the percentage of tobacco users receiving advice to quit (34%) suggests that Zambia has a good starting point for achieving rates of physician support for quitting reported by male smokers in other LMICs such as Mauritius (52%), India (48%), Uruguay (46%), and Mexico (44%).

Article 14 of the FCTC promotes the implementation of programs for smoking cessation, including programs for diagnosing, counselling, preventing, and treating tobacco dependence, as well as facilitating accessible and affordable treatments. Guidelines for Article 14 encourage population-level approaches to promoting cessation such as including mass communication, integrating brief advice to quit into all health-care systems, and quit lines as well as individual approaches, for example, behavioural support and where appropriate, medications or advice on provision of medications. There is a need in Zambia for stronger government efforts to provide cessation services in primary health care settings and also train health care providers to offer smoking cessation assistance to tobacco users. The majority of tobacco users (81%) and non-users (98%) unanimously supported a total ban on tobacco products within 10 years, if the government provided assistance such as cessation clinics to help smokers quit.

8. Ban misleading, false, or deceptive packaging and labelling, including descriptors such as “light”, “mild”, or “low tar”, as well as the display of quantitative or qualitative statements about tobacco constituents and emissions that might imply that one brand is less harmful than another. Consider plain packaging to reduce the appeal of tobacco products.

Research has shown definitively that “light” and “mild” cigarettes are no less harmful and tar numbers are not a valid measure of how much tar is produced by the burning cigarette or the amount of tar that is taken in by the smoker. Yet, cigarette packaging and labelling is designed to mislead smokers into thinking that this is the case. In the absence of a ban on misleading descriptors such as “light”, “mild”, or “low tar”, Zambian smokers believe that some cigarettes are less harmful than others. Almost one-third (30%) of Zambian smokers who have a usual brand reported that their usual cigarette variety was “mild” or “extra mild.” About half (51%) of smokers (including mixed users) thought that “light” cigarettes were less harmful than regular cigarettes. These study findings are not surprising because Zambia has not banned the use of false, misleading, or deceptive terms such as “light”, “mild”, or “low tar” on tobacco packages as obligated under Article 11.

Therefore, the Government should ban the use of false, misleading, or deceptive terms such as “light”, “mild”, or “low tar” on tobacco packages as obligated under Article 11. In addition, the display of quantitative or qualitative statements about tobacco constituents and emissions that might imply that one brand is less harmful than another should be prohibited as recommended in the Guidelines for Article 11. It is also known that tobacco companies use the brand or variety name or other elements of pack design such as colour to market some cigarettes as less harmful than others. Article 11 Guidelines suggest that Parties adopt plain packaging (cigarette packs which contain the brand name and warning labels, but no brand-identifying colours or logos) in order to eliminate package design techniques that may suggest that some products are less harmful than others.

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In the absence of campaigns and strong health warnings to educate the public about the harms of tobacco, the high level of support among tobacco users themselves for the Zambian Government to play a stronger role in tobacco control (82% of tobacco users) is remarkable. The fact that tobacco users themselves are so supportive of stronger tobacco control policies sends a clear message for policymakers to create a stronger, and more comprehensive tobacco control program, and to ensure that the program is implemented and enforced.

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The International Tobacco Control Policy Evaluation Project

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Evaluating the Impact of FCTC Policies in...

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

Australia
Bangladesh
Bhutan
Brazil
Canada
China (Mainland)
France

Germany
India
Ireland
Kenya
Malaysia
Mauritius
Mexico
Netherlands

New Zealand
Republic of Korea
Thailand
United Kingdom
Uruguay
United States of America
Zambia

