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**Sent:** 28 January, 2017 13:44  
**To:**  
**Cc:**

## **The Silent Salesman**

<http://journals.sagepub.com/doi/abs/10.1177/1010539516688081>

## **Why Packaging Is Commercially Vital for Tobacco Corporations:**

## **What British American Tobacco Companies in Asia Tell Their Shareholders**

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# Why Packaging Is Commercially Vital for Tobacco Corporations: What British American Tobacco Companies in Asia Tell Their Shareholders

**Simon Barraclough, MA, PhD  
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## Abstract

This study analyses what British American Tobacco (BAT) and its 4 publicly listed Asian subsidiary companies have told their shareholders about the commercial value of tobacco packaging. The discourse on packaging in BAT annual reports was analyzed, revealing themes of modernization, rejuvenation, internationalism, heritage, innovation, value for money, and competitive edge. Packaging was credited with providing existing brands with a competitive edge and enabling the successful “launch” of new ones. Since advertising, sponsorship, and free samples were prohibited in many countries, packaging has become more important for advertising. New brands and brand variants have proliferated. BAT companies have allocated considerable resources to regularly altering packaging for marketing purposes. Clearly, restrictions on packaging will substantially detract from the promotion of the company’s brands. The findings provide further evidence from industry sources of the vital function of packaging and further justify plain packaging as an essential part of any comprehensive tobacco control policy.

## Keywords

tobacco packaging, brand communication, tobacco industry documents, tobacco plain packaging, Asia

## Introduction

Tobacco corporations have waged a vigorous campaign against the pioneering plain packaging policy of the Australian government<sup>1</sup> and have threatened to do so against other governments if they follow this policy.<sup>2</sup> Tobacco corporations claim that their intellectual property is being expropriated since their trademarks and other ways of creating brand identity are no longer permitted. Nevertheless, several Western countries, including the United Kingdom, France, Canada, New Zealand, and the Republic of Ireland have, or intend to, follow the Australian example. In Asia, both India and Malaysia have considered a plain packaging policy.

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British American Tobacco (BAT), the focus of this study, has identified plain packaging as a serious risk<sup>3(p47)</sup> since it would prevent communications with customers and lead to “loss of brand equity,” “lower margins through inability to build brand equity,” “reduced ability to compete and make new market entries,” and “lower profits.” The objective of the study is to determine what BAT and its 4 publicly listed Asian subsidiary companies have told their shareholders about the commercial value of tobacco packaging.

### *The Literature on Tobacco Product Packaging*

Previous studies have clearly established the importance of packaging as a brand communication device which has been the subject of considerable research and development on the part of tobacco corporations.

Wakefield et al<sup>4</sup> investigated how packs featured in tobacco industry documents dating from the 1950s to the mid-1990s held in the Guilford Depository. They found that tobacco corporations had spent substantial sums to research smokers’ perceptions of packs and that packaging was integral to the promotion of new brands. They quoted a senior BAT executive who as long ago as 1980, had noted the increasing prohibitions on tobacco advertising and concluded that in future “the product may have to sell itself through the pack”. Pack design and the use of colors were also found to be part of efforts to deceive smokers that particular brands were “milder” or “low tar,” while slim, long, and pastel colors were employed to appeal to females. These authors also observed that innovative packaging is likely to appeal younger people who are attracted by novelty.<sup>4</sup>

More than a decade later, Kotnowski and Hammond<sup>5</sup> reviewed material in the Legacy Tobacco Documents Library for the period 1973-2002. They found that industry research reported that innovations in pack shape evoked modern imagery as well as perceptions among consumers of added value and product quality. In addition, such research found that smaller packs were attractive to young adults while “slim” packs were favored by females. Several industry documents credited novel packaging design as the reason for increased sales.<sup>5</sup>

The examination by Barraclough and Yong<sup>6</sup> of cigarette packaging in Malaysia following the prohibition of tobacco advertising described the pack as a “vital microcosm” that allowed for the use of logos, colors, and images, as well as other promotional mechanisms, including telephone numbers for product enquiries. The use of hinged “wallet packs” substantially increased the pack’s surface area for promotional purposes.<sup>6</sup>

In their exploration of the role of packaging in tobacco marketing, Ford et al<sup>7</sup> stressed the marketing function of packaging at both the point-of-purchase and postpurchase. Their review of the literature on generic packaging strategies identified a range of devices employed to promote brands and increase sales. These include “innovation packaging” (using new technologies and designs), “special edition packaging” (issued for a limited period of time), value packaging (communicating value for money), and “green packing” (signaling environmental responsibility). These authors<sup>7(pp341-343)</sup> also related the importance of color, shape, and packaging size in marketing and cited a tobacco industry document that identified younger smokers as “packaging and design literate.”

In their discussion of tobacco product packaging as promotion, Scollo and Freeman<sup>8</sup> emphasized that, since advertising tobacco has been “increasingly banned in more and more forms throughout the world, the pack has become the most important vehicle for reaching potential and current smokers.”

A number of studies have specifically explored the perceptions of packaging by young people. A 2003 qualitative study of 21 young adult Norwegian smokers concluded that packs were “an accessory of identity” for young smokers.<sup>9</sup> An online survey of the perceptions of young people aged 10 to 17 years in the United Kingdom about packaging concluded that “the look of

**Table 1.** British American Tobacco Companies' Annual Reports Analyzed for Discourse on Packaging.

Company	Country	Years of Annual Reports
British American Tobacco	Parent company, United Kingdom, reporting on global operations	2007-2015
Ceylon Tobacco Company	Sri Lanka	2010-2015
British American Tobacco Malaysia	Malaysia	2005-2014
The Bentoel Group	Indonesia	2010-2015
Pakistan Tobacco Company	Pakistan	2011-2014

packaging does appeal to youth and indeed influences young people's choices of cigarettes."<sup>10</sup> In another study, some 1025 never-smokers aged 11 to 16 years from the United Kingdom were surveyed for their responses to novelty, regular, and plain packaged cigarettes. The authors concluded that cigarette pack design is linked to susceptibility to smoke.<sup>7</sup>

While the growing literature on packs has established their importance for brand identity and communication, no examination has been made to date of how tobacco corporations have sought to communicate their significance, especially their commercial value, to their shareholders. Our study seeks to do this in the case of 4 Asian subsidiaries of a major global tobacco group, British American Tobacco. The operational affairs of tobacco corporations are usually not transparent and are subject to "commercial-in-confidence" policies. There is, however, a valuable source of information that is publicly available since public companies (ie, those listed on stock exchanges) are required by local laws to report annually to their shareholders. Such reports often include explanations of initiatives taken by the boards of management to add value to products and hence increase profitability for shareholders. The ways in which corporations describe the significance of packaging provide insights not only into its commercial value but also into its use as a marketing device.

In the case of BAT group we were able to investigate what the management of 4 Asian subsidiaries, as well as of the London-based parent company, told shareholders about the use of packaging in the promotion of its brands.

## Methods

Publicly listed companies within the BAT group were identified and all annual reports available on the group's website were thematically analyzed to explore how matters related to packaging were reported. These corporations, and the years of their reports examined, are listed in Table 1.

The reports were searched both manually and electronically for the words "pack," "package," and "packaging" (and for the Bentoel group, the Indonesian words *kemasan* and *bungkus*). Each time pack or packaging was mentioned in reports in connection with a tobacco product, we examined the context and language used to identify a theme or themes. We used some of the general categories identified in the literature on tobacco packaging to describe the function of the pack. In the interest of accuracy, for the most part, we presented the discourse of the companies in their own words. Indonesia language reporting was translated by the first author and checked for accuracy by a bilingual speaker.

## Results

The marketing strategies related to the product pack identified in the literature are also evident in our analysis of BAT's reporting of its use of packaging. In every year covered by the annual reports, changes were made to packs. Most changes were part of global branding by the parent company, but some reflected local considerations. Limited edition packs



were frequently used to introduce or emphasize a new or existing brand or variant, innovative technology, or to mark a special occasion. We found that the annual reports of BAT's Malaysian subsidiary had the highest content related to product packaging, and this is reflected in the examples presented.

### *Packaging Identified as Significant for Profitability*

A recurring theme in the annual reports was that packaging was instrumental in maintaining or increasing sales and was therefore vital for the profitability of the company.

The parent company reported in 2009<sup>11(p15)</sup> that “the Reloc resealable pack was launched in most core markets, driving gains in market share” while “[c]onsumer perception of Pall Mall has strengthened globally as a result of improvements to the brand's king size packaging and communications.”<sup>11(p16)</sup>

A subsequent report on global operations<sup>12(p11)</sup> explained that “our growth in 2010 has been driven by pack and product innovations . . .” Reporting on Kent in 2011<sup>3(p12)</sup> BAT noted that “[p]ackaging improvements implemented across our core range strengthened the brand and results in share gains . . .”

At the individual country level, packaging was seen as contributing to brand growth. In Sri Lanka “premium world class packaging” enabled Dunhill Switch to be “positioned at the apex of the premium range.”<sup>13(p22)</sup> In Malaysia “Peter Stuyvesant delivered exceptional growth performance [. . .] by introducing new packs that featured the Peter Stuyvesant freshness seal.”<sup>14(p74)</sup>

### *Tactile Qualities, Shape, and Color*

The “feel” of the pack, as well as its shape and colors were enthusiastically commented on in reporting on marketing to shareholders.

Pall Mall Round Corner Packs were launched in Malaysia in 2004:

Consumer feedback indicated that the brand is perceived as more international and modern compared to competitor brand offers. With a premium look-and-feel, Pall Mall distinguishes itself from key competitor brands.<sup>15(p37)</sup>

In 2010, BATM launched 2 new blends of Pall Mall: Red and Blue. Color was an essential part of pack design to communicate the brand.<sup>16</sup>

### *Modernization and Rejuvenation*

A common explanation for pack redesign was that it would modernize or rejuvenate the brand, although what was meant by these concepts was never explained. In Sri Lanka, The Ceylon Tobacco Company reported in 2011 that

a pack designed under the theme “Discover Passion” was released to the marketplace. The pack was the first for the Sri Lankan market and was designed to add modernity to the brand.<sup>17(p22)</sup>

In Malaysia, “the metallic packs with rounded corners injected Pall Mall with a more modern and stylish look.”<sup>18(p47)</sup> In 2010, the Bentoel Group in Indonesia launched new packs for Pall Mall, Dunhill, Xmild, Joged and Rawit, and Star Mild.<sup>19</sup>

In Sri Lanka, pack design was credited with reversing the decline of a major brand:

Despite its long-standing history in the market, JPGL [John Player Gold Leaf] had experienced a decline over the past five years. However, in 2010 our investments in the brand—which included an image makeover and a pack upgrade—helped stem this decline and return growth to the brand.<sup>20(p16)</sup>

The key marketing project undertaken during the year was the introduction of the new modern pack for JPGL: “. . . This rejuvenation of the offer has placed a strong foundation for future growth for JPGL.”<sup>20(p26)</sup>

Yet another “rejuvenation” exercise was deemed necessary just 4 years later:

Driven by the need to rejuvenate the brand—in the context of 9 percent year on year decline evident between 2013 and 2014—a pack upgrade was carried out to add excitement around JPGL.<sup>21(p32)</sup>

Since “rejuvenation” means making someone or something youthful again, it is reasonable to infer that such a process is intended to appeal to younger people. Indeed, the parent company conceded this in their comments on the use of packaging to promote one of its leading international brands:

BAT in marketing Lucky Strike concentrates on “adult smokers” under 30 years of age by delivering packaging options and taste experiences they value.”<sup>11(p15)</sup>

## Heritage

BAT has used “heritage” as a marketing tool. Ironically, in several of the countries examined in the present study this heritage has colonial overtones since many brands were introduced during colonial rule and celebrated a distant, exotic link with Britain.

In Malaysia, Dunhill, one of BAT’s major international brands, redolent of its origins in an exclusive London tobacconist established in 1907 on Gentleman’s Row, was repackaged a number of times to celebrate its heritage. In 2005 “the Dunhill Limited Edition Pack . . . [was] developed to embody the Dunhill brand essence recognised by Malaysians for its rich heritage, prestige and exclusivity.”<sup>22(p33)</sup> Six years later, BATM reported that

. . . as a strategic direction to further establish Dunhill’s presence as an international brand amongst consumers Dunhill launched three limited edition packs with designs referencing its proud heritage . . .<sup>14(p76)</sup>

In Sri Lanka in 2012, the Ceylon Tobacco Company’s major brand John Player Gold Leaf, which features a 19th-century British sailor as its trade mark, was issued in a limited edition pack “to celebrate its 135 year old legacy.”<sup>23(p154)</sup>

## Innovation

As identified in the literature, “innovation packaging” was frequently featured in annual reports. In Sri Lanka, “further innovation of the brand by way of a limited edition pack aided the growth momentum.”<sup>17(p22)</sup> In Pakistan:

marketing initiatives to strengthen CbPMO [Capstan by Pall Mall Original] included a brand building campaign and an innovative limited edition side opening pack.<sup>24(p13)</sup>

In Malaysia, various innovative packs were introduced. BATM “kick-started 2005 by introducing its new rounded corner packs. The packs helped to enhance, project and communicate Pall Mall’s modernity and internationalism . . .”<sup>22(p35)</sup>

In the same year, the Dunhill Limited Edition Wallet Pack was described in the following terms:

Not only is it stylish, it is a groundbreaker in terms of innovation. Which points to Dunhill's commitment to deliver more value and product differentiation to offer the best to its customers."<sup>22(p34)</sup>

In addition to innovations in design such as the "click pack" with a hinged lid, the pack was also used to promote new technologies in the manufacture of cigarettes. For example, in 2009, BATM explained that new variants of the Kent brand offering Mintek (green thread technology with a cool flavor) and 3Tek (triple charcoal filter technology) were launched with new limited edition packs.<sup>25(p46)</sup> In 2014, Peter Stuyvesant had its pack "reinforced" with "a Freshness Seal to further improve awareness of that feature among consumers."<sup>26(p72)</sup>

### Value for Money

"Value packing" also featured in various annual reports. The Director of the Pakistan Tobacco Company told shareholders that the new pack for Gold Flake had been

well executed in the market and the brand is looking good to give us a steady volume base by cashing into the improved pack appeal cues in the low medium segment.<sup>27(p34)</sup>

In Sri Lanka, by way of a "value proposition," the Company<sup>20(p26)</sup> introduced a "twelves" pack during 2010. Ceylon Tobacco Company subsequently reported that

During 2014 we further strengthened the brand image of JPGL by the launch of its improved pack design. The new design is a key milestone in the long history of JPGL in Sri Lanka and is in full alignment of (sic) our value infusion strategy aimed at creating excitement around the brand in an increasingly price sensitive market environment."<sup>21(p72)</sup>

## Discussion

The statements of corporate executives reported in this study demonstrate that the pack is vital for marketing existing and new brands. We noted the continuous intensification of packaging redesign and rebranding during the period studied. Our study demonstrated that new packaging was commonly associated with claims of increased sales and competitive advantage. Packaging was also seen as projecting modernization, rejuvenation, internationalism, heritage, innovation, and value for money. The term *rejuvenation* clearly implied an appeal to younger smokers.

In most countries, visual cues, colors, logos, texts, and other positive information about the product continue to share space on the pack with graphic warnings, details of toxic ingredients, and advice about quitting. This juxtaposition of contradictory messages is symbolic of the continuing *modus vivendi* between control and toleration of the "last refuge" for visible and tangible brand promotion.

The crucial importance of packaging explains the lengths to which tobacco corporations, including BAT, have gone in opposing plain packaging policies. If preventing the promotion of tobacco products is a principal aim of public policy on tobacco control, then the next logical step for all nations is plain packaging along the lines of the Australian policy. Policy makers in the Asia-Pacific region will increasingly be called upon to embrace plain packaging as part of comprehensive tobacco control, particularly given rising rates of tobacco use among adolescents in many countries in this region.<sup>28</sup> Evidence is accumulating that plain packaging is likely to be effective in this context.<sup>29</sup> Such a move renders instantly obsolete all of the pack-related promotional devices described

in our study; plain packaging is also a powerful symbolic negation of the long-standing preservation of the pack as a legitimate vehicle for promoting tobacco products.

Where governments are apprehensive about taking on the tobacco industry, are not yet ready to embrace plain packaging or favor an incremental approach to packaging regulation, they might follow Malaysia's example as an interim measure. Malaysia's 2013 revised control regulations<sup>30</sup> prohibit

any term, word, description, claim, representation or graphic that states the grading, quality or supremacy of the product or is fanciful or that is not relevant to the physical characteristics of the tobacco product or any other words that is (sic) meant for the purpose of promoting directly or indirectly the sale or disposal of the tobacco product. (Section 12:2:b)

Our study also found that the physical design of the cigarette pack was frequently used to communicate innovation, modernity, and quality. It is therefore essential that control regulations in all countries put an end to innovative devices such as the wallet and metallic pack, pullout information tabs, as well as various innovative opening systems.

The study was limited in that it only analysed publicly available annual reports and not internal tobacco industry documents; however, such documents have been examined in other studies.<sup>4,5</sup>

## Conclusion

The findings of this study illuminate the way in which tobacco corporations have sought to communicate the significance of the tobacco pack to their shareholders, particularly its commercial significance. The analysis of annual reports from BAT and its 4 publicly listed subsidiaries showed that packaging redesign was a continual process which was portrayed as instrumental in increasing sales and providing a competitive edge. The tactile qualities, shape, and color of packs was seen as an important part of brand communication. Packaging redesign was used to convey a variety of messages important to brand identity, such as modernization, rejuvenation, internationalism, heritage, innovation, and value for money.

Tobacco industry documents provide important information about industry marketing strategies and there is an increasing body of literature analyzing various sources of documentary evidence to inform public health.<sup>4,5</sup> The findings of this study indicate that even publicly available documents, such as annual reports, can provide evidence of the significance of packaging for marketing purposes. This type of study, established in the tobacco control field, can also be usefully employed to study the activities of other industries that market health-damaging products, such as the alcohol and ultra-processed food industries.

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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**From:** James Middleton [REDACTED]  
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**Subject:** CTAcommentsonSCMPart

Meanwhile tobacco control measures are failing with increased yearly duty paid sticks sold in Hong Kong , instead of decreasing

	2013	2014	2015	2016
<b>(i) Quantity of Duty-paid Cigarettes (Sticks)</b>	3,134,718,000	3,148,590,000	3,269,766,000	3,333,569,000
<b>(ii) Revenue Collected from Tobacco (HK\$)</b>	5,404,793,508	5,840,904,940	6,301,625,224	6,412,955,852
<b>(iii) Quantity Seized in Illicit Cigarettes from Smuggling, Storage, Distribution, Peddling and Compounding Case* (Sticks)</b>	89 million	52 million	72 million	63 million

Remarks

\*Figures include seizure of cigarettes from smuggling, storage, distribution, peddling and compounding cases.

Source: HK Customs and Excise 2017





To: Legco  
All Panel on Health Services members

6<sup>th</sup> May 2017

Dear Hon members,

In a recent SCMP article :

<http://www.scmp.com/news/hong-kong/health-environment/article/2093007/heat-rising-hong-kongs-war-tobacco>

Legislators Lee Kok-Long and Shiu Ka-Fai were quoted as follows:

**Quotes by Liberal Party Shiu Ka-Fai**

Lawmaker Shiu Ka-fai, who represents the wholesale and retail sector, is one of those who **oppose bigger and stronger cigarette packet warnings.**

**“The government has not given me any evidence or data to convince me that increasing the size of warning labels will push down the rate of smoking,”** he said.

He acknowledged the active lobbying of Legco by the tobacco trade and said he was doing the same to persuade other lawmakers not to endorse the amendment.

**Shiu argued that the warning label should cover 75 per cent of the front of a cigarette packet and 100 per cent of the back.**

**“Many” legislators supported this option,** he said, adding that **economic interests, rather than just health concerns, should be taken into consideration.**

Australia’s smoking rate has been dropping every year, but Shiu pointed out that the **country had since raised tobacco tax twice.**

**Quotes by Panel Chairman Lee kok-long**

There are questions as to whether the size increase to 85 per cent is a suitable way to fight smoking

Joseph Lee Kok-long, Legco health panel chairman

Joseph Lee Kok-long, chairman of Legco’s health panel, was also **sceptical about the benefits of enhanced warning labels.**

**“I agree that smoking is damaging to health and I support moves to fight smoking in principle. But there are questions as to whether the size increase to 85 per cent is a suitable way to fight smoking, especially when there are practical difficulties facing the cigarette trade,”** Lee said.

To assist these legislators we point them to peer reviewed studies shown at the below links which will answer all their queries:

This updated peer reviewed URUGUAY report was added to the following link:

<https://www.dropbox.com/sh/ywgtexz9l8uvh82/AAAMr6fNRVjiAtLaMOBjKnraa?dl=0>

Graphic warnings data

Dropbox > GraphWarn >

Name	Date modified	Type	Size
WHO-Letters	01-May-17 16:17	File folder	
.dropbox	13-Jan-17 22:33	DROPBOX File	1 KB
ASH Scotland to Legco PHS re GW	13-Jan-17 21:05	PDF Document	766 KB
Benowitz Neal to Legco PHS	13-Jan-17 22:52	PDF Document	35 KB
CUHK MPH students for GW	13-Jan-17 20:59	PDF Document	2,238 KB
Graphic-warnings-world	06-May-17 10:18	PDF Document	6,742 KB
GraphWarnCombLegcoPanelHS	13-Jan-17 21:32	PDF Document	19,769 KB
<b>GraphWarnUruguayBMJ</b>	<b>06-May-17 10:32</b>	<b>PDF Document</b>	<b>3,059 KB</b>
HRH Jordan to Legco PHS on GW	13-Jan-17 21:07	PDF Document	296 KB
ITC Fong to Legco PHS on GW	13-Jan-17 21:03	PDF Document	7,033 KB
John Hopkins BSPH to Legco PHS	13-Jan-17 21:00	PDF Document	71 KB
Malaysia FCTC to Legco PHS re GW	13-Jan-17 21:07	PDF Document	544 KB
PMI-vs-URUGUAY	06-May-17 10:29	PDF Document	3,507 KB
Prof Beaglehole to KWM Legco PHS on ...	13-Jan-17 21:04	PDF Document	447 KB
Prof Betson Goldstein to Legco PHS on G...	13-Jan-17 21:09	PDF Document	173 KB
Prof Ken Warner Economist U Mich USA t...	13-Jan-17 21:01	PDF Document	169 KB
Prof Prakrit to Legco PHS on GW	13-Jan-17 21:11	PDF Document	125 KB
RCPE to Legco PHS	13-Jan-17 22:49	PDF Document	161 KB
SEATCA to Legco PHS on GW	13-Jan-17 21:01	PDF Document	1,478 KB
Sir Richard Peto Oxford to PHS	13-Jan-17 21:10	PDF Document	393 KB
Sir Richard Peto to Legco PHS Attachment	13-Jan-17 21:02	PDF Document	921 KB
Stanford Uni History of Science Prof Proc...	13-Jan-17 21:14	PDF Document	306 KB
Stanford Univ Dept Med to Legco 2	13-Jan-17 21:10	PDF Document	469 KB
Stanford Univ Sch Medicine to Legco PH...	13-Jan-17 21:12	PDF Document	730 KB
SUTL-Wong-Tse	13-Jan-17 22:06	PDF Document	700 KB
Tobacco-Free Kids to Legco PHS on GW	13-Jan-17 21:12	PDF Document	344 KB
Uni Calif Office President Pg 1 (2)	13-Jan-17 21:00	PDF Document	665 KB
Union to Legco PHS re GW	13-Jan-17 21:13	PDF Document	145 KB
Warning Labels - TobaccoFreeKids.org In...	06-May-17 10:17	PDF Document	946 KB
WHO-Letter-ScotParliament	13-Jan-17 21:19	PDF Document	500 KB
WHO-NoteVerbales-comb	13-Jan-17 21:21	PDF Document	763 KB
WHO-packs-warning-support-HKGovt20...	13-Jan-17 21:34	PDF Document	1,576 KB
WHO-report	13-Jan-17 21:35	PDF Document	8,222 KB

See the results of Big Tobacco's civil lawsuits

[https://www.dropbox.com/sh/zpq8v43cqa72a1a/AACOos8-LlOjaFKx\\_G\\_Nobe9a?dl=0](https://www.dropbox.com/sh/zpq8v43cqa72a1a/AACOos8-LlOjaFKx_G_Nobe9a?dl=0)

Big Tobacco Court cases –LOSSES

<http://tobacco.cleartheair.org.hk/?cat=46>

Graphic warnings

Clear the Air has the following comments on the quotes of the two legislators in the attached SCMP article:

#### Shiu Ka Fai

He wants the warnings to cover 175% of the front and back of the packs. The Government proposed a total of 170% of the front and back. He stated 'many' legislators supported this option. As regards lack of evidence from the Government we provide herewith self-explanatory links on this matter which we suggest the Government or his colleagues pass on to him: all he has to do then is to bother to read the peer reviewed data; QED

<https://www.dropbox.com/sh/ywgtexz9l8uvh82/AAAMr6fNRVjiAtLaMOBjKnraa?dl=0>

Graphic warning data



[https://www.dropbox.com/sh/zpq8v43cqa72a1a/AACOos8-LIOjaFKx\\_G\\_Nobe9a?dl=0](https://www.dropbox.com/sh/zpq8v43cqa72a1a/AACOos8-LIOjaFKx_G_Nobe9a?dl=0)

Big Tobacco Court cases – all LOSSES

<http://tobacco.cleartheair.org.hk/?cat=46> Graphic warnings

We suggest the Government should agree his 175% (total) coverage proposal first then query why he is opposing the imposition of the Govt proposed smaller (total 170%) graphic health warnings.

As for putting economic interest of the tobacco industry before '**just health concerns**' he should reconsider his ethical position as a lawmaker who is supposed to serve the people of Hong Kong and his duty of care to society and to the SAR Government that pays him, before the perceived economic interests of a killer industry.

It appears he agrees that increasing tobacco tax twice recently has worked in Australia, alongside the basket of measures they combine there already with such tools as plain standardised packaging, point of sale display ban, onus on liquor licensees to enforce the law, graphic warnings, outdoor non-smoking patio and mall areas, mandatory yearly excise tax increases with an expected 2020 cost per pack of HK\$ 240, leading to a Tobacco ENDGAME policy.

#### **Lee Kok Long**

CTA is at a loss to understand why this gentleman, whose stated profession is nursing, can be sceptical about freely available peer reviewed expert data and reports.

We likewise suggest Government provides him with the above data links if he cannot activate them from this document. If he cannot interpret and understand the expert peer reviewed data therein, which is abundantly clear, we suggest he reconsider his position as Chair of the Health Panel and members elect someone who can understand the expert reports.

We seriously query why he should be worrying about an industry of USA RICO convicted racketeers, which kills people with its consumer products for profit, and why they would have 'practical difficulties' in reprinting compliant cartons, something they are being forced to do worldwide already without any such problems. In fact the only contact by Government with Big Tobacco as stipulated in the FCTC Treaty 5.3 is to be as a means of regulating them, not helping them with their supposed 'practical difficulties' or compliance problems.

Yours sincerely,

*James Middleton*

Chairman

<http://cleartheair.org.hk>



## Heat rising in Hong Kong's war on tobacco

PUBLISHED : Friday, 05 May, 2017, 8:33am  
UPDATED : Friday, 05 May, 2017, 9:14am

News > Hong Kong > Health & Environment > CITY FOCUS

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**Smoking kills and costs taxpayers billions to treat. But a legal move to increase the size of health warnings on cigarette packets has met fierce resistance**

Tobacco control is a sensitive subject, with the battle lines firmly drawn between those who advocate government intervention to protect public health, smokers who resent any intrusion in what they see as a matter of personal choice, and the vested interests that rely on addiction to make money.

It is in this context that Hong Kong now finds itself caught up in a new debate over expanding health warnings on cigarette packets. And while it may sound like a simple issue in itself, the tobacco industry, the anti-smoking lobby and the government are locked in a high-stakes battle that is being fought in the city's legislature.

[Hong Kong vendors warn of protests if larger warnings are printed on cigarette packs \[1\]](#)

About 10 per cent of Hongkongers are smokers, reflecting a gradual decline from 23 per cent in 1982. The government wants to push that statistic further down.

To discourage smoking, the Food and Health Bureau has tabled an amendment in the Legislative Council to the existing tobacco-control law aimed at increasing the size of health warning labels on cigarette packets to 85 per cent from the current 50 per cent, and the number of warnings from six to 12.

Will it make a worthwhile difference?



"Hong Kong has roughly 700,000 smokers. Even if the measure helps just 1 per cent of them to quit smoking a year, then it would have helped 7,000 people quit smoking," said Professor Lam Tai-hing, head of community medicine at the University of Hong Kong.

"Considering that half of all smokers die from smoking, that would have saved 3,500 lives."

The amendment was gazetted on April 21, although it is subject to negative vetting by lawmakers. Those who oppose the move question the effectiveness of bigger and tougher warning labels, but experts point out that the evidence is right there.

"The Hong Kong government is doing the right thing by making the warning labels more appropriate, stronger and evidence-based," said Dr Geoffrey Fong, a tobacco-control specialist from the University of Waterloo in Canada, who was recently in Hong Kong to help drum up support for the packaging legislation.

"This is the most harmful consumer product ever created. If you have a product that's dangerous, the government has an absolute responsibility to make the warning as strong as possible. It has been shown in the scientific literature that increasing the size of a warning helps."

Research by HKU and the Hong Kong Council on Smoking and Health found that 72.5 per cent of the population supported enlarging pictorial warnings to cover 85 per cent of every cigarette pack.

The UK, France, and Australia are among the countries that have gone a step further by enforcing plain packaging along with strong pictorial health warnings. The entire European Union will go plain packaging in 2019.

[What will it take to get China's 350 million smokers to quit? Public bans, tax hikes on the cards \[2\]](#)

Hong Kong is lagging far behind. The city introduced health warnings covering 50 per cent of packs in 2007 along with 11 countries; a decade later, all of them have increased the size of warning labels except Hong Kong.

Whether the amended law will be passed by Legco is another matter altogether. Veteran international tobacco control advocate Professor Judith Mackay, a Hong Kong-based senior policy adviser to the World Health Organisation, told the *Post* recently that the legislative process had become "toxic".

"I've never, in the last three decades, seen such opposition, lobbying or filibustering of a tobacco bill in Legco," she said. "An army of tobacco executives, lawyers and their allies have descended on Hong Kong to try to obstruct, delay and prevent the legislation going through."

"One veteran legislator confided to me that he, too, had never witnessed such intense lobbying on any topic. He said that he himself felt the pressure and that this was having a 'chilling effect' on even those who were supportive of the bill."

Lawmaker Kwok Ka-ki said he and most members of the pan-democratic camp supported the amendment. "There should not be any politics in this issue. This is a public health matter."



tobacco trade to water down the amendment.

"The tobacco trade is big business and I don't know what sort of benefits it may give to people. Hong Kong still does not have a law requiring political parties to disclose who their donors are," Kwok said.

He noted that opponents of the amendment were more emotionally invested in the issue than supporters because they, being part of the tobacco trade or smokers themselves, were directly affected.

Kwok warned that the whole of society was paying the price for smoking, and the health costs were staggering.

"Ten years ago HKU estimated the medical cost was HK\$6 billion a year for Hong Kong as a result of smoking; now it should be close to HK\$10 billion. The entire city is paying for this, whether you smoke or not."

Fong put the economic cost to the United States at US\$1 trillion a year.

[Tobacco merchants of death are killing a bid to save lives in Hong Kong \[3\]](#)

Lawmaker Shiu Ka-fai, who represents the wholesale and retail sector, is one of those who oppose bigger and stronger cigarette packet warnings.

"The government has not given me any evidence or data to convince me that increasing the size of warning labels will push down the rate of smoking," he said.

He acknowledged the active lobbying of Legco by the tobacco trade and said he was doing the same to persuade other lawmakers not to endorse the amendment.

Shiu warned of the impact on retailers, citing the plight of those who run newspaper stands in particular.

"Nowadays the sale of newspapers is way down; they count on the sale of cigarettes a lot as it is a regular income. If you can't sell cigarettes today, you can sell them tomorrow. But you can't sell today's newspaper tomorrow."

Shiu argued that the warning label should cover 75 per cent of the front of a cigarette packet and 100 per cent of the back. "Many" legislators supported this option, he said, adding that economic interests, rather than just health concerns, should be taken into consideration.

Joseph Lee Kok-long, chairman of Legco's health panel, was also sceptical about the benefits of enhanced warning labels.

"I agree that smoking is damaging to health and I support moves to fight smoking in principle. But there are questions as to whether the size increase to 85 per cent is a suitable way to fight smoking, especially when there are practical difficulties facing the cigarette trade," Lee said.

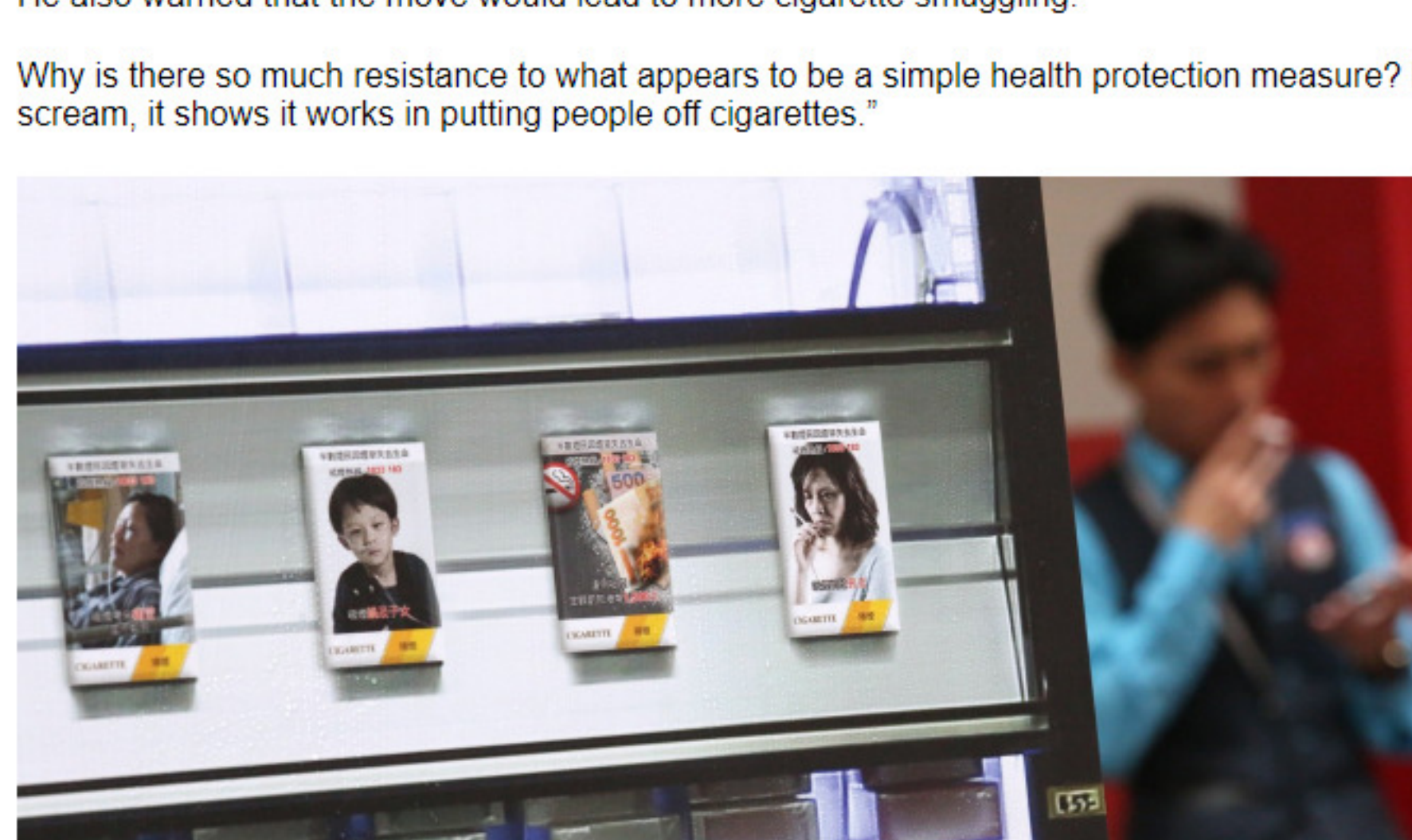
In a reply to inquiries from the *Post*, the Food and Health Bureau said: "The government will continue to take a multi-pronged approach in implementing its tobacco control policies comprising publicity, education, legislation, law enforcement, taxation and promotion of smoking cessation."

Bacon Liu, chairman of the Coalition of Hong Kong Newspaper and Magazine Merchants, warned that business would be hit hard if the 85 per cent labelling requirement was enforced.

"Cigarettes account for about a third of the income of newspapers stalls, with each packet earning about HK\$3. It is something crucial for our livelihood," he said. "If we do not sell cigarettes, many will have to shut down."

He also warned that the move would lead to more cigarette smuggling.

Why is there so much resistance to what appears to be a simple health protection measure? For Mackay, the reason is simple enough: "Because it works. This is a scream test. If they scream, it shows it works in putting people off cigarettes."



ways to reduce smoking.

"Even though cigarette advertising is banned, the brand design on the packs is a form of point-of-sales advertising," she said.

Australia's example sheds some light on the issue. Since 2012 the country has enforced compulsory and graphic health warning signs covering most of the surface area of each cigarette pack, along with plain packaging that reduces branding to drab olive-coloured packets.

That means all brands look the same, and research shows the move is working in reducing smoking.

According to research published in 2016, the move drastically reduced the brand appeal of cigarettes, resulting in "lower smoking behaviours and increased intentions to quit".

Australia's smoking rate has been dropping every year, but Shiu pointed out that the country had since raised tobacco tax twice.

The HKU survey found that less than half of current smokers supported increasing the size of warning labels to 85 per cent, but also that 79 per cent of the general population was already in favour of plain packaging for cigarettes.

"The next step we need to do to fight smoking is to go plain packaging," Kwok said.

That is likely to be a far harder sell.

**●●**  
If you have a product that's dangerous, the government has an absolute responsibility to make the warning as strong as possible

Dr Geoffrey Fong, University of Waterloo

**●●**  
An army of tobacco executives, lawyers and their allies have descended on Hong Kong

Professor Judith Mackay, WHO senior adviser

**●●**  
There are questions as to whether the size increase to 85 per cent is a suitable way to fight smoking

Joseph Lee Kok-long, Legco health panel chairman



# The impact of the 2009/2010 enhancement of cigarette health warning labels in Uruguay: longitudinal findings from the International Tobacco Control (ITC) Uruguay Survey

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► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/tobaccocontrol-2014-051742>).

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Received 21 April 2014

Accepted 25 November 2014

Published Online First

15 December 2014

## ABSTRACT

**Background** Framework Convention on Tobacco Control (FCTC) Article 11 Guidelines recommend that health warning labels (HWLs) should occupy at least 50% of the package, but the tobacco industry claims that increasing the size would not lead to further benefits. This article reports the first population study to examine the impact of increasing HWL size above 50%. We tested the hypothesis that the 2009/2010 enhancement of the HWLs in Uruguay would be associated with higher levels of effectiveness.

**Methods** Data were drawn from a cohort of adult smokers ( $\geq 18$  years) participating in the International Tobacco Control (ITC) Uruguay Survey. The probability sample cohort was representative of adult smokers in five cities. The surveys included key indicators of HWL effectiveness. Data were collected in 2008/09 (prepolicy: wave 2) and 2010/11 (postpolicy: wave 3).

**Results** Overall, 1746 smokers participated in the study at wave 2 (n=1379) and wave 3 (n=1411). Following the 2009/2010 HWL changes in Uruguay (from 50% to 80% in size), all indicators of HWL effectiveness increased significantly (noticing HWLs: OR=1.44, p=0.015; reading HWLs: OR=1.42, p=0.002; impact of HWLs on thinking about risks of smoking: OR=1.66, p<0.001; HWLs increasing thinking about quitting: OR=1.76, p<0.001; avoiding looking at the HWLs: OR=2.35, p<0.001; and reports that HWLs stopped smokers from having a cigarette 'many times': OR=3.42, p<0.001).

**Conclusions** The 2009/2010 changes to HWLs in Uruguay, including a substantial increment in size, led to increases of key HWL indicators, thus supporting the conclusion that enhancing HWLs beyond minimum guideline recommendations can lead to even higher levels of effectiveness.

## BACKGROUND

Health warning labels (HWLs) play a key role among policies of the WHO Framework Convention on Tobacco Control (FCTC) because of their demonstrated effectiveness in informing consumers about the harms of tobacco products. Although HWLs are an important source of information about the harms of smoking, the extent to which people read, think about and act on the HWLs depends on the size, position, content and design of these messages.<sup>1 2</sup>

Indeed, conceptual work and empirical studies have both identified key indicators of HWL effectiveness, which have been employed in a wide range of studies across different countries.<sup>1-4</sup> These studies have demonstrated the predictive validity of these key indicators. For example, in comparison with smaller, text-only HWLs, larger HWLs with pictures are more effective because they are more likely to: be noticed, provoke thoughts of quitting smoking, increase knowledge of the health risks associated with smoking, decrease the demand for cigarettes, motivate smokers to forego cigarettes, reduce smoking, prevent relapse among adults<sup>1 2 4-6</sup> and help to prevent smoking initiation among youth.<sup>2 7 8</sup> Moreover, replacing tobacco branding on packaging with larger pictorial HWLs diminishes the attractiveness of the product, particularly among vulnerable adolescents.<sup>9</sup>

Although the majority of the studies that have demonstrated the positive effects of larger picture HWLs have been conducted in high income countries (HICs), similar results have also been found for non-Western and/or low and middle income countries (LMICs),<sup>1 10-13</sup> demonstrating that the benefits of large pictorial HWLs are not limited to HICs.

## Smoking and tobacco control in Uruguay

Smoking rates are high in many regions of Latin America, including Uruguay.<sup>14</sup> In 2009, the smoking rate in Uruguay among those aged 15+ years was 25% (30.7% of men and 19.8% of women).<sup>14</sup> In order to address these high smoking rates, Uruguay became a Party to the WHO FCTC on 9 September 2004, and since then has implemented several strong tobacco control policies in several of the FCTC domains. Specifically, Uruguay addressed Article 11 Guidelines of the FCTC, which states that each Party shall adopt and implement effective packaging and labelling measures.<sup>15</sup> In brief, the Article 11 Implementation Guidelines, which were adopted in November 2008, are explicit about their recommendation about the size of HWLs: "Parties should consider using HWLs and messages that cover more than 50% of the principal display areas, and aim to cover as much of the principal display areas as possible."<sup>15</sup> The tobacco industry has claimed that 50% represents the point at which maximal impact is achieved and that larger HWLs would not lead to an increased



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**To cite:** Gravely S, Fong GT, Driezen P, et al. *Tob Control* 2016;**25**:89-95.

benefit.<sup>16 17</sup> The question of whether increasing the size of HWLs above the FCTC minimum recommendation of 50% leads to an increase in effectiveness has not yet, to our knowledge, been explicitly addressed in population studies. The evolution of pictorial HWLs in Uruguay provided an opportunity for such a study.

### Pictorial health warning labels in Uruguay

Uruguay was the eighth country in the world to require pictorial HWLs, beginning in April 2006. These first set of labels consisted of eight HWLs that occupied 50% of the front and back of the pack (Round 1). In February 2008, three new HWLs were introduced (Round 2). The Round 1 and Round 2 HWLs used symbolic images (eg, cigarettes as prison bars, tombstones) to depict death and diseases caused by cigarettes. In February 2009, eight new 50% HWLs were introduced (Round 3), which used more graphic, emotionally evocative imagery (eg, a child with a mask to depict the hazard of secondhand smoke). In December 2009, a law was enacted that increased the HWLs to 80% of the front and back of the pack and six new graphic HWLs of this size were introduced in February 2010 (Round 4). The HWLs on the front of the pack were, as of April 2014, the largest in the world.

The current study addresses the impact of increasing pictorial HWL size using data from two waves of the International Tobacco Control (ITC) Uruguay Survey. Specifically, we examined whether the change in the Uruguay HWLs in 2009/2010, including the increase in size from the recommended 50% of the FCTC Article 11 Guidelines to 80%, led to increases in key HWL effectiveness indicators: (1) salience (noticeability, reading) of HWLs; (2) frequency of thoughts about smoking-related harms and about quitting because of HWLs and (3) foregoing cigarettes because of HWLs. We also examined the possibility that quitters would be more likely to mention the HWLs as a reason for quitting at the postpolicy wave compared with the prepolicy wave.

## METHODS

### Sample design and procedure

The ITC Uruguay Survey is a prospective longitudinal cohort study of adult smokers. The wave 1 Survey was conducted in the Uruguayan capital of Montevideo during November–December 2006. The wave 2 Survey, conducted between October 2008 and February 2009, added the inland cities of Durazno, Maldonado, Rivera and Salto.

In each city, a stratified multistage sampling design was used, with the primary strata corresponding to census tracts. In Montevideo, the study sample at wave 2 consisted of two groups: cohort respondents from wave 1 and new respondents, randomly selected from the same sampling frame, to replace those wave 1 respondents who had been lost to attrition.

At wave 2, respondents from the four inland cities were all new respondents. The study sample at wave 3, conducted between October 2010 and January 2011, included a combination of cohort and replenishment respondents from all five cities. Further details on the sampling methodology are available on the ITC Project website (wave 1: [http://www.itcproject.org/files/Report\\_Publications/Technical\\_Report/itcuruguayw1techrepfinalmar08.pdf](http://www.itcproject.org/files/Report_Publications/Technical_Report/itcuruguayw1techrepfinalmar08.pdf); Waves 2 and 3: [http://www.itcproject.org/files/ITC\\_UY\\_2-3\\_Technical\\_Report\\_final\\_\(14-Jan-13\).pdf](http://www.itcproject.org/files/ITC_UY_2-3_Technical_Report_final_(14-Jan-13).pdf)).

### Study sample

At initial recruitment, respondents were adult smokers ( $\geq 18$  years old) who reported having smoked at least 100 cigarettes and who had smoked at least 1 cigarette in the past week. All participants

were surveyed using face-to-face interviews. The survey fieldwork was conducted in Spanish by 60 trained interviewers from the Tobacco Epidemic Research Center, based in Montevideo. Interviews were conducted individually with up to two participants in each household, one male and one female smoker. The length of the survey interview was 50–55 min for smokers and 30–35 min for those who had quit at Waves 2 and 3.

Response rates at each wave can be found in the ITC Uruguay technical reports (details provided above). In brief, the wave 2 Survey sample consisted of 1379 respondents: 585 cohort (respondents from wave 1) and 392 replenishment ( $n=977$ ) in Montevideo (retention rate of 66.0%), and 402 newly recruited respondents from inland cities, using a quota of 100 in each city. The wave 3 sample consisted of 1411 respondents: 971 cohort and 440 replenishment (retention rate of 70.4%). The wave 2 and wave 3 individual response rates for newly recruited (including replenishment) individuals were 78.2% and 72.4%, respectively. Overall, 1746 unique smoking individuals participated at Waves 2 and 3. [Table 1](#) displays the respondent demographic characteristics and smoking behaviours at Waves 2 and 3 as well as the total sample of individual cases.

## Measures

### Demographics and smoking-relevant variables

Sociodemographic characteristics were assessed with standard questions on sex, age, marital status, highest educational attainment and monthly household family income (in Uruguayan Pesos; 1 Peso=US\$0.046). A 3-category variable was created for educational attainment (low=< high school, moderate=high school or technical school, and high=university or equivalent) and a four-category variable was created for income levels (low= $\leq$ \$7000, moderate=\$7001–30 000, high= $>$ \$30 001, missing values=not reported).

Smoking-relevant variables consisted of: smoking frequency (daily, non-daily or quitter), previous quit attempts (ever tried to quit in the past, even if just once, vs never having tried to make an attempt to quit smoking), and number of cigarettes smoked per day (categorised as 1–10, 11–20, 21–30 and  $\geq 31$ ). To be considered ‘quit smoking’, the respondent indicated that they had stopped smoking.

### Health warning effectiveness measures

Health warning *salience* (noticing and reading the warnings closely) was assessed with two questions: “In the last month, how often have you noticed the health warnings on cigarette packages?” and “In the last month, how often have you read or looked closely at the health warnings on cigarette packages?” The response options for both were ‘Never’, ‘Once in a while’, ‘Often’ and ‘Very often’.

*Cognitive* reactions to the warnings (thoughts about the harms of smoking and thoughts about quitting) were assessed using the following two questions: “To what extent do the health warnings make you think about the dangers of smoking?” (thoughts about harms of smoking attributed to the warnings) and “To what extent do the health warnings on cigarette packs make you think about quitting smoking?” (thoughts about quitting attributed to the warnings) with response options ‘Not at all’, ‘A little’, ‘Somewhat’ and ‘A lot’.

*Behavioural* reactions to the warnings (foregoing of cigarettes and avoidance) were assessed by asking: “In the last month, have the health warnings stopped you from having a cigarette when you were about to smoke one?” (foregoing of cigarette attributed to the warnings; response options: ‘Never’, ‘Once’, ‘A few times’ and ‘Many times’) and “In the last month, have



**Table 1** Respondent demographic characteristics and smoking behaviours

Characteristic	Wave 2 n=1379		p Value	Wave 3 n=1411		p Value	Total sample N=1746
	Montevideo n=977	Inland Cities n=402		Montevideo n=1007	Inland Cities n=404		
Wave							
2	–	–	–	–	–	–	1294 (74.1)
3	–	–	–	–	–	–	452 (25.9)
Sex, n (%)							
Male	454 (46.5)	221 (55.7)	0.002	474 (47.1)	218 (54.0)	0.010	849 (48.6)
Female	523 (53.5)	181 (44.3)		533 (52.9)	186 (46.0)		897 (51.4)
Age group, n (%)							
18–24	191 (19.6)	73 (18.2)	0.800	166 (16.5)	68 (16.8)	0.910	311 (17.8)
25–39	309 (31.6)	139 (34.6)		340 (33.8)	130 (32.2)		578 (33.1)
40–54	294 (30.1)	117 (29.1)		305 (30.3)	130 (32.2)		528 (30.2)
55+	183 (18.7)	73 (18.2)		196 (19.5)	76 (18.8)		329 (18.9)
Education, n (%)							
Low	549 (56.3)	287 (71.4)	<0.0001	534 (53.0)	243 (60.2)	0.002	1039 (59.6)
Moderate	236 (24.2)	73 (18.2)		250 (24.8)	114 (28.2)		391 (22.4)
High	190 (19.5)	42 (10.4)		223 (22.2)	47 (11.6)		314 (18.0)
Marital status, n (%)							
Married	370 (37.9)	162 (40.3)	0.476	371 (36.8)	157 (38.9)	0.542	626 (35.9)
Other	607 (62.1)	240 (59.7)		636 (63.2)	247 (61.4)		1120 (64.1)
Income, n (%)							
Low	313 (32.7)	198 (50.1)	<0.0001	174 (17.3)	120 (29.7)	<0.0001	555 (32.5)
Moderate	467 (48.8)	166 (42.0)		536 (53.2)	192 (47.5)		822 (48.2)
High	104 (9.0)	14 (2.5)		195 (19.4)	39 (9.7)		156 (9.2)
NS	92 (9.6)	21 (5.3)		102 (10.1)	53 (13.1)		172 (10.1)
Employment, n (%)							
FT	504 (51.8)	171 (42.5)	0.004	453 (45.0)	183 (45.3)	0.927	827 (47.5)
Other	469 (48.2)	231 (57.5)		553 (55.0)	221 (54.7)		915 (52.5)
Smoking frequency, n (%)							
Daily	811 (83.0)	368 (91.5)	<0.0001	798 (79.2)	312 (77.8)	0.700	1588 (90.9)
Non-daily	81 (8.2)	34 (8.5)		78 (7.8)	36 (9.0)		158 (9.1)
Quit	85 (8.7)	0 (0.00)		131 (13.0)	56 (13.9)		–
Previous quit attempts, n (%)							
Yes	715 (73.2)	283 (70.4)	0.349	788 (78.3)	326 (80.7)	0.304	1238 (70.9)
No attempt	262 (26.8)	119 (29.6)		219 (21.7)	78 (19.3)		508 (29.1)
Cigarettes/day, n (%)							
1–10	395 (44.3)	231 (57.6)	<0.0001	415 (47.8)	194 (55.9)	0.031	855 (49.1)
11–20	362 (40.6)	133 (33.2)		330 (38.0)	119 (34.3)		654 (37.5)
21–30	76 (8.5)	17 (4.2)		61 (7.0)	21 (6.0)		124 (7.1)
≥31	58 (6.5)	20 (5.0)		63 (7.2)	13 (3.8)		109 (6.3)

Total number of unique cases in Waves 2 and 3 that are smokers only.

p Values estimate characteristic differences between Montevideo and Inland city residents.

Some characteristics have missing values if they were not reported at time of entry into the study (percentages take into account missing data).

Results are unweighted but the survey design was accounted for in the analysis. All tests are the Rao-Scott  $\chi^2$  test unless otherwise indicated.

Previous quit attempts: ever tried to quit in the past, even if just once, versus never having tried to make an attempt to quit smoking.

FT, full-time; NS, not stated.

you made any effort to avoid looking at or thinking about the health warnings?” (Yes/No; avoidance of warnings).

Respondents were also asked: “Do you think that cigarette packages should have more health information than they do now, less, or about the same amount as they do now?” with response options: ‘Less health information’, ‘About the same’ and ‘More health information’. This variable was dichotomised into “less/about the same amount of health information” versus “more health information”.

Those who quit smoking were asked: “Did warning labels on cigarette packages lead you to quit smoking?” with response options: ‘not at all’, ‘somewhat’ or ‘very much’. These responses were dichotomised into ‘not at all’ versus ‘somewhat/very much’.

#### Time-in-sample

In longitudinal surveys, individuals’ responses may differ as a function of the number of previous waves in which they have participated. The analyses controlled for these *time-in-sample* (TIS) effects by adding to all analytic models a TIS variable of which the value was equal to the number of waves that the respondent had completed before. Methodological details are presented elsewhere.<sup>18</sup>

#### Statistical analyses

To test whether the introduction of the new pictorial HWLs increased salience of the labels (noticing and reading), and psychological and behavioural reactions to the labels (thinking

## Research paper

about the risks, thoughts of quitting, avoiding labels and foregoing a cigarette), the proportion of smokers responding in the affirmative for each measure was estimated for the prepolicy wave (wave 2) and the postpolicy wave (wave 3).

Initial unweighted descriptive statistics were used to describe demographic and smoking characteristics of respondents by wave and city (Montevideo vs Inland cities), and differences by respondent type (cohort respondents, those lost to attrition and replenishment). Rao-Scott  $\chi^2$  tests were conducted to test for differences between respondents by their city of recruitment. A description of the total sample (N=1746) is also presented.

For each outcome measure, logistic regression generalised estimated equations (GEEs) were used to test differences between the prepolicy and postpolicy surveys. All GEE models were estimated using an exchangeable working correlation structure. Unadjusted and adjusted GEE analyses were conducted among quitters to test for differences between prepolicy and postpolicy waves on whether HWLs led them to quit smoking.

The analyses were conducted using SUDAAN V10.0.1, which controlled for the multistage sampling design (clustering of survey respondents within primary sampling units) and the longitudinal design. All regression models adjusted for sex (male or female), age group (18–24, 25–39, 40–54 or 55+ years), smoking status (daily or non-daily), city (Montevideo or Inland cities), education (low, moderate or high), income (low, moderate or high) and TIS. People who no longer smoked at the time of the survey were excluded from the main analyses. Unless otherwise stated, all results were weighted, with SEs and model coefficients adjusted accordingly.

## RESULTS

### Prepolicy and postpolicy sample differences

Data from the previous wave were used for those lost to attrition. Initial unweighted analyses showed that respondents lost to attrition at the postpolicy wave were less likely to be making a moderate income or to report their income ( $p=0.011$ ), less likely to be married ( $p=0.037$ ) and more likely to avoid HWLs compared with other prepolicy respondents ( $p=0.037$ ).

The newly recruited sample at wave 3 was less likely to be in the lower income bracket (15.9%) versus cohort respondents (38.1%) and those lost to attrition (35.8%,  $p<0.001$ ). Table 2 shows the characteristics of sampled respondents by respondent type.

### Respondent characteristics

Table 1 presents the demographic and smoking behaviour characteristics of the sample. Overall, wave 2 (prepolicy) included 1379 respondents and wave 3 included 1411 respondents. At wave 2, compared with Montevideo participants, a greater proportion of inland city respondents were male, less educated, had low income and did not work full-time. Although inland respondents were more likely to be daily smokers, they also tended to smoke fewer cigarettes per day. Similar differences were observed in wave 3 (postpolicy).

There were minor differences among respondent characteristics between wave 2 and wave 3 (see online supplementary data table). At wave 3, fewer respondents were in the low income group, slightly more were employed full-time and more had tried to quit smoking on at least one occasion.

Current smokers were included in the main analyses. Smokers who indicated that they had quit were eliminated at that wave. Overall, 1746 unique smoking individuals participated in the study at Waves 2 and 3. Among these respondents, 51% were women, 60% had a low education, 50% had a moderate income, 91% were daily smokers and 49% smoked 1–10

cigarettes per day. Nearly 70% of respondents had ever tried to quit smoking.

### Smokers' responses to the enhanced HWLs

Table 3 presents the adjusted estimates and results from the GEE analysis, which examined how the indicators of HWL effectiveness changed after the introduction of the enhanced HWLs.

Controlling for the covariates, all measures of HWL effectiveness increased significantly at the postpolicy wave: noticing HWLs often or very often (64.5–72.3%; OR=1.44,  $p=0.015$ ), reading HWLs closely often or very often (40.5–49.2%; OR=1.42,  $p=0.002$ ), thinking about the risks of smoking somewhat or a lot (31.5–43.3%; OR=1.66,  $p<0.001$ ), thinking about quitting somewhat or a lot (20.6–31.3%; OR=1.76,  $p<0.001$ ), avoiding HWLs (12.1–24.4%; OR=2.35,  $p<0.001$ ) and foregoing a cigarette many times because of the HWLs (1.9–6.1%; OR=3.42,  $p<0.001$ ).

There were no differences between the percentage of smokers who thought that packs should have more information (vs less/the same) between prepolicy (28.3%) and postpolicy (28.8%,  $p=0.86$ ). Thus, the percentage of smokers wanting more information had not diminished despite the increased effectiveness of the HWLs.

### Quitters' responses to the enhanced HWLs

There were 225 unique respondents who reported having quit when surveyed at either the prepolicy or postpolicy survey (44 people had quit at both waves, 41 at wave 2 only and 140 at wave 3 only). The percentage of quitters who reported that HWLs led them to quit smoking was 23.5% at the prepolicy survey and 38.7% at the postpolicy survey. In the adjusted GEE model, the prepolicy and postpolicy assessments were not significantly different from one another ( $p=0.26$ ), which is not surprising given the low sample sizes.

## DISCUSSION

The present study, to the best of our knowledge, is the first population study to measure the impact of increasing the size of the HWLs above the minimum recommended size of 50% of the FCTC Article 11 Guidelines. The 2009/2010 introduction of larger and more graphic HWLs in Uruguay—from 50% to 80%—were associated with significant increases in all of the key indicators of HWL effectiveness. The pattern of results thus supports the recommendations of the FCTC Article 11 Guidelines for Parties to use the HWLs “to cover as much of the principal display areas as possible,”<sup>15</sup> and argues against the tobacco industry’s claims that 50% HWLs are sufficient and that larger HWLs would not lead to greater effectiveness. In fact, because the size of a HWL is positively related to its salience,<sup>2,3</sup> it makes little sense to claim that 50% would be the point at which maximal impact would be achieved. This would seem to be particularly true for tobacco HWLs, which have a dual effect on communicating health messages and also reducing the area that is used for branding.<sup>19</sup>

These population-based findings are consistent with experimental studies that have shown that larger HWLs are more effective in discouraging people from smoking, in provoking thoughts of quitting and in conveying the health risks of smoking.<sup>2,7,8,20–23</sup> Moreover, the present findings are consistent with experimental and observational studies, which have both shown that HWLs with larger graphic pictures are more effective than smaller, less graphic or text-only HWLs for key HWL indicators. Indeed, a large and growing body of evidence

**Table 2** Characteristics of sampled respondents by respondent type

	Retained cohort		Lost at Wave 3		Replenishment sample		$\chi^2$	df	p Value
	n	Per cent	n	Per cent	n	Per cent			
Sex									
Male	380	49.2	252	47.2	217	49.3	0.80	2	0.672
Female	392	50.8	282	52.8	223	50.7			
Age group									
18–24	132	17.1	115	21.5	64	14.5	9.01	6	0.173
25–39	263	34.1	168	31.5	147	33.4			
40–54	240	31.1	150	28.1	138	31.4			
55+	137	17.7	101	18.9	91	20.7			
Income									
Low	294	38.1	191	35.8	70	15.9	76.06	6	<0.001
Moderate	369	47.8	230	43.1	223	50.7			
High	53	6.9	48	9.0	70	15.9			
Not reported	56	7.3	65	12.2	77	17.5			
Education									
Low	474	61.5	325	61.0	240	54.5	8.59	4	0.072
Moderate	178	23.1	107	20.1	106	24.1			
High	119	15.4	101	18.9	94	21.4			
Marital status									
Not married	456	59.1	347	65.0	317	72.0	19.79	2	<0.001
Married	316	40.9	187	35.0	123	28.0			
Employment status									
Not working full-time	385	49.9	247	46.5	195	44.3	4.12	2	0.128
Working full-time	386	50.1	284	53.5	245	55.7			
Daily smoker									
Non-daily smoker	61	7.9	56	10.5	41	9.3	2.26	2	0.323
Daily smoker	711	92.1	478	89.5	399	90.7			
Previous quit attempt									
Never tried to quit	232	30.1	152	28.5	127	28.9	0.38	2	0.826
Tried to quit at least once	540	69.9	382	71.5	313	71.1			
Cigarettes/day									
1–10	359	46.5	276	51.9	220	50.2	6.06	6	0.416
11–20	301	39.0	197	37.0	156	35.6			
21–30	60	7.8	33	6.2	31	7.1			
31+	52	6.7	26	4.9	31	7.1			

Results are unweighted, but the survey design was accounted for in the analysis. Rao-Scott  $\chi^2$  tests were used to compare differences between respondent types.

confirms that comprehensive HWLs can promote cessation behaviour and discourage initiation, and that larger pictorial HWLs are most effective in doing so.<sup>2 3 8 20 24 25</sup> These findings in Uruguay thus add to the growing number of studies in LMICs showing the benefits of large, pictorial HWLs.

### Limitations

Although the size of the Uruguayan HWLs increased significantly from 50% to 80% between the two survey waves, the pictorial images also became more graphic. It has been shown that pictorial HWLs with graphic depictions of disease have been rated as more effective than symbolic pictorial HWLs.<sup>11 26 27</sup> Thus the substantial increases in all indicators of HWL effectiveness cannot be attributed to the increased size alone. Also, it may be the case that some of the effects of the HWL are due to novelty effects as we did not analyse whether the changes were sustained over time.

Finally, while we recognise that there were differences between the sample respondent types in our cohort design, any differences would be roughly the same over the two waves and thus would be

unlikely to explain differences in effectiveness that were found in this study. Empirical evidence has shown that income is not related strongly to HWL outcomes, and that other variables such as education and smoking intensity (thus affecting exposure to HWLs) matter most.<sup>2 6 10–12 26 28–30</sup> Perhaps the most important variables—education, intensity of smoking (cigarettes per day) and type of smoker (daily/non-daily)—were not significantly different, which is reassuring considering they would likely have had more effect on the outcomes (eg, smoking intensity would be positively related to exposure to the HWLs). Moreover, the difference in income between prepolicy and postpolicy respondents would not have biased the results as income was controlled for in HWL analyses. With regard to previous quit attempts difference, considering that there was a large proportion of smokers present in wave 3 who were present in wave 2, it would certainly be reasonable to expect that they would naturally try to quit over time.

In conclusion, these findings support the FCTC Article 11 Guidelines stating that the 50% HWL size should be considered a minimum standard; and there is no reason to believe that this general principle would be limited to HICs, given the results of

## Research paper

**Table 3** Adjusted estimates and generalised estimated equation analysis examining differences in health warning labels on salience, perceptions and behaviour between prepolicy (wave 2) and postpolicy (wave 3)

Outcome	Wave 2 (prepolicy)		Wave 3 (postpolicy)		OR	Difference between wave 3 and wave 2			
	Per cent	(95% CI)	Per cent	(95% CI)		(95% CI)	Wald $\chi^2$	df	p Value
Noticed health warnings often/very often	64.5	(59.6 to 69.5)	72.3	(68.4 to 76.3)	1.44	(1.07 to 1.93)	5.97	1	0.015
Read health warnings often/very often	40.5	(35.9 to 45.2)	49.2	(45.2 to 53.2)	1.42	(1.13 to 1.79)	9.19	1	0.002
Health warnings make you think of risks somewhat/a lot	31.5	(27.4 to 35.6)	43.3	(38.5 to 48.1)	1.66	(1.27 to 2.19)	13.50	1	<0.001
Health warnings make you think about quitting somewhat/a lot	20.6	(17.3 to 23.9)	31.3	(27.5 to 35.0)	1.76	(1.34 to 2.29)	17.18	1	<0.001
Made efforts to avoid looking at health warnings	12.1	(9.3 to 14.8)	24.4	(20.2 to 28.5)	2.35	(1.65 to 3.34)	22.46	1	<0.001
Health warnings stopped you from having a cigarette many times	1.9	(1.0 to 2.8)	6.1	(4.1 to 8.2)	3.42	(1.77 to 6.59)	13.56	1	<0.001
Should be more health information on cigarette packs	28.3	(24.3 to 32.4)	28.8	(24.6 to 33.0)	1.03	(0.77 to 1.36)	0.03	1	0.864

Results are weighted and include current smokers only.

the present study in Uruguay. Countries that increase the HWL size above 50% would increase effectiveness of their HWLs across a broad range of key outcomes. Given the extremely high exposure that smokers have to the HWLs (up to 7300 exposures every year for a pack-a-day smoker just by taking a cigarette from the pack to smoke) this conclusion points to the potential power and value of implementing large HWLs such as the 80% HWLs in Uruguay.

### What this paper adds

- ▶ The Framework Convention on Tobacco Control (FCTC) Article 11 Guidelines call for Parties to implement health warning labels (HWLs) that are pictorial and occupy at least 50% of the principal surfaces of the pack. The tobacco industry has claimed that there is no evidence that HWLs larger than 50% are more effective. Although experimental studies demonstrate that HWLs larger than 50% are indeed more effective, the present study is the first to examine this question in a population-based evaluation study.
- ▶ This study shows that the 2009/2010 changes to the HWLs in Uruguay—including a size increase from 50% to 80% and more graphic images—were associated with significant increases in all key indicators of warning effectiveness, indicators that have been shown to predict future quit attempts.
- ▶ These findings support the recommendation in the Article 11 Guidelines that the 50% HWL size should be considered a minimum standard: countries that increase HWL size beyond 50% would increase the effectiveness of their HWLs across a broad range of key outcomes.

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**Acknowledgements** The authors would like to acknowledge the following individuals for their contributions to the ITC Uruguay Project through the preparation

of the surveys and the ITC Uruguay National Report, and/or statistical analysis support: Mi Yan, Lorraine Craig, Janet Chung-Hall, Anne C K Quah and Megan Tait at the University of Waterloo.

**Contributors** All the authors reviewed this manuscript, provided feedback with regard to content and style, and approved the final version. SG is the primary author and led the writing of the article. GTF is the principal investigator of the ITC Project, and was involved in all aspects of the study design and implementation, and in the preparation of this manuscript. PD conducted the analyses and provided feedback on the manuscript. MM was involved with the study planning, project management, provided information on fieldwork and provided comments on the manuscript. MET provided guidance in the study methodology (ie, planning and implementation) and provided feedback on the manuscript. DH and RB provided feedback on the manuscript. JFT, MB and EB were involved with study design and fieldwork implementation, provided policy information and provided feedback on the manuscript.

**Funding** This work was supported by grants from the Canadian International Development Research Centre, the US National Cancer Institute (P50 CA111236, P01 CA138389) and the Canadian Institutes of Health Research (MOP 115016). GTF was supported by a Prevention Scientist Award from the Canadian Cancer Society Research Institute and a Senior Investigator Award from the Ontario Institute for Cancer Research.

**Competing interests** None.

**Ethics approval** The study was approved by the Human Research Ethics Committee at the University of Waterloo, Canada.

**Provenance and peer review** Not commissioned; externally peer reviewed.

**Data sharing statement** Two years after the date of issuance of cleaned data sets, the non-exclusive right to provide subsets of the data to other approved researchers through the ITC Data Request Application process (<http://www.itcproject.org/datarequ>) and under the terms of the ITC External Data Usage Agreement, access may be granted (<http://www.itcproject.org/datarequ>).

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TC

## The impact of the 2009/2010 enhancement of cigarette health warning labels in Uruguay: longitudinal findings from the International Tobacco Control (ITC) Uruguay Survey

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*Tob Control* 2016 25: 89-95 originally published online December 15, 2014

doi: 10.1136/tobaccocontrol-2014-051742

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# Phillip Morris loses tough-on-tobacco lawsuit in Uruguay

By Malena Castaldi and Anthony Esposito | MONTEVIDEO

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The World Bank's International Centre for Settlement of Investment Disputes (ICSID) ruled in favor of Uruguay on Friday in a suit filed by Philip Morris International seeking compensation for economic damages caused by the nation's anti-tobacco measures.

Uruguay imposed a ban on smoking in public spaces in 2006, as it raised taxes on tobacco products and forced firms to include large warnings and graphic images including diseased lungs and rotting teeth on cigarette packages. It also banned the use of the words "light" and "mild" from cigarette packs to try to dispel smokers' misguided beliefs that the products are safer.

"The health measures we implemented for controlling tobacco usage and for protecting the health of our people have been expressly recognized as legitimate and also adopted as part of the sovereign power of our republic," Uruguayan President Tabare Vazquez said in a televised speech.

Vazquez, an oncologist, helped spearhead the measures during his first term in office from 2005 to 2010.

In a lengthy decision published on Friday, the ICSID said it had ruled to dismiss Philip Morris' demand that the regulations be withdrawn, or not applied to the company, or that it be paid \$22 million in damages instead.

It ordered the tobacco company to pay Uruguay \$7 million and to cover "all the fees and expenses of the Tribunal and ICSID's administrative fees and expenses."

Phillip Morris said it respected the tribunal's decision.

"We've never questioned Uruguay's authority to protect public health, and this case wasn't about broad issues of tobacco policy," Marc Firestone, Philip Morris International senior vice president and general counsel, said in a statement.

"The arbitration concerned an important, but unusual, set of facts that called for clarification under international law," added Firestone.

The tobacco company said that it would like to meet with Uruguay's government, to explore regulatory frameworks that would enable smokers "in the country to have informed access to reduced-risk alternatives to smoking."

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Action on Smoking and Health (ASH), the oldest anti-tobacco organization in the United States, applauded Uruguay for winning the case, but said Phillip Morris "accomplished its primary goal."

Phillip Morris "will no doubt shed some public crocodile tears, but their main goal in launching the suit has been realized, six years and millions of dollars have been spent defending a nondiscriminatory law that was intended purely to protect public health," said Laurent Huber, executive director for ASH.

"This has already resulted in regulatory chill in other countries, preventing tobacco legislation that would have saved lives," Huber said.

(Reporting by Anthony Esposito and Malena Castaldi; Writing by Anthony Esposito; Editing by Tom Brown)

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**Uruguay**

Uruguay first implemented their pictorial health warnings policy in 2005. In 2005, a set of 8 pictorial health warnings were rotated on cigarette packages. Uruguay has since updated warning labels regularly. A second set of 3 health warnings were implemented in 2008, followed by a third set of 9 warnings in January 2009; a fourth set of 6 warnings in March 2010; a fifth set of 2 warnings in 2012; a sixth set of 4 warnings in 2013; a seventh set of 4 warnings in 2014; and most recently, an eighth set of 4 warnings in 2015.

Originally, the health warnings were required to cover 50% of the front and 50% of the back of all cigarette packages. In March 2010, the health warning size was increased; the warnings are now required to cover 80% of the front and 80% of the back of all cigarette packages. Uruguay was the first country in the world to require 80% of the package to be appropriated to health warnings.

Uruguay prohibits the terms "light" and "mild" from appearing on packages, and requires one descriptive message on emissions and constituents on the side of packages. Cigarette brand families are limited to one pack presentation (one brand per brand family).

Plain packaging is under formal consideration in Uruguay.

**Legislation and Regulations**

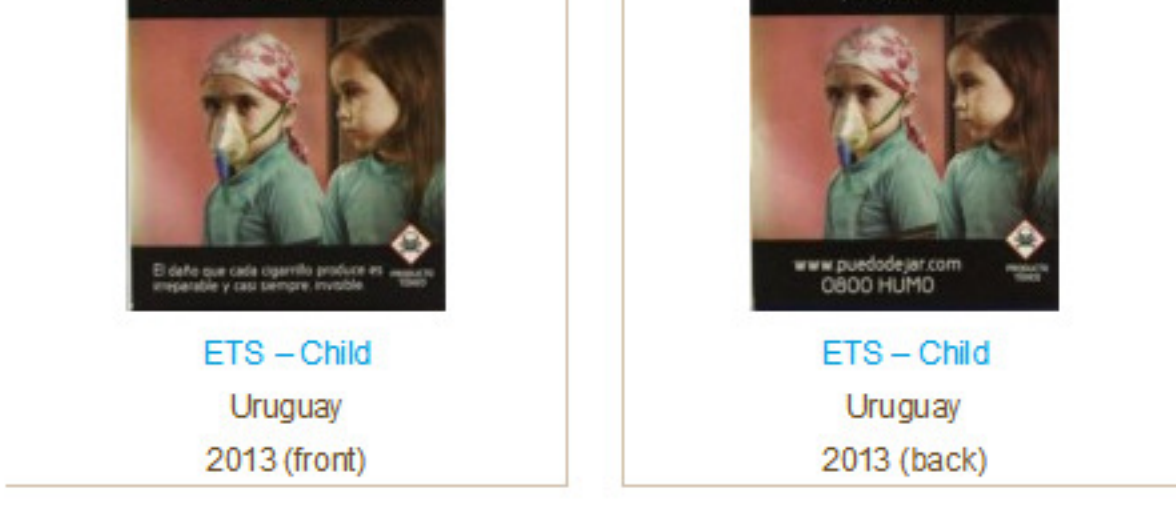
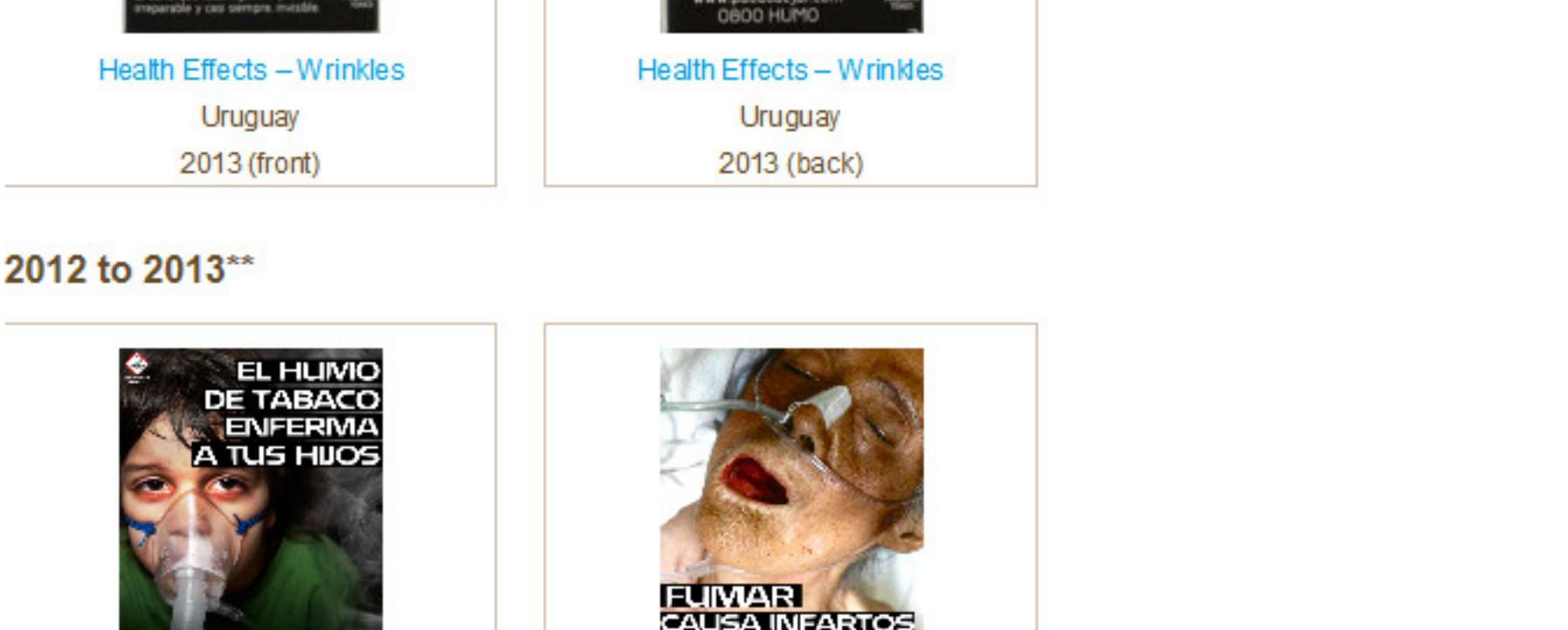
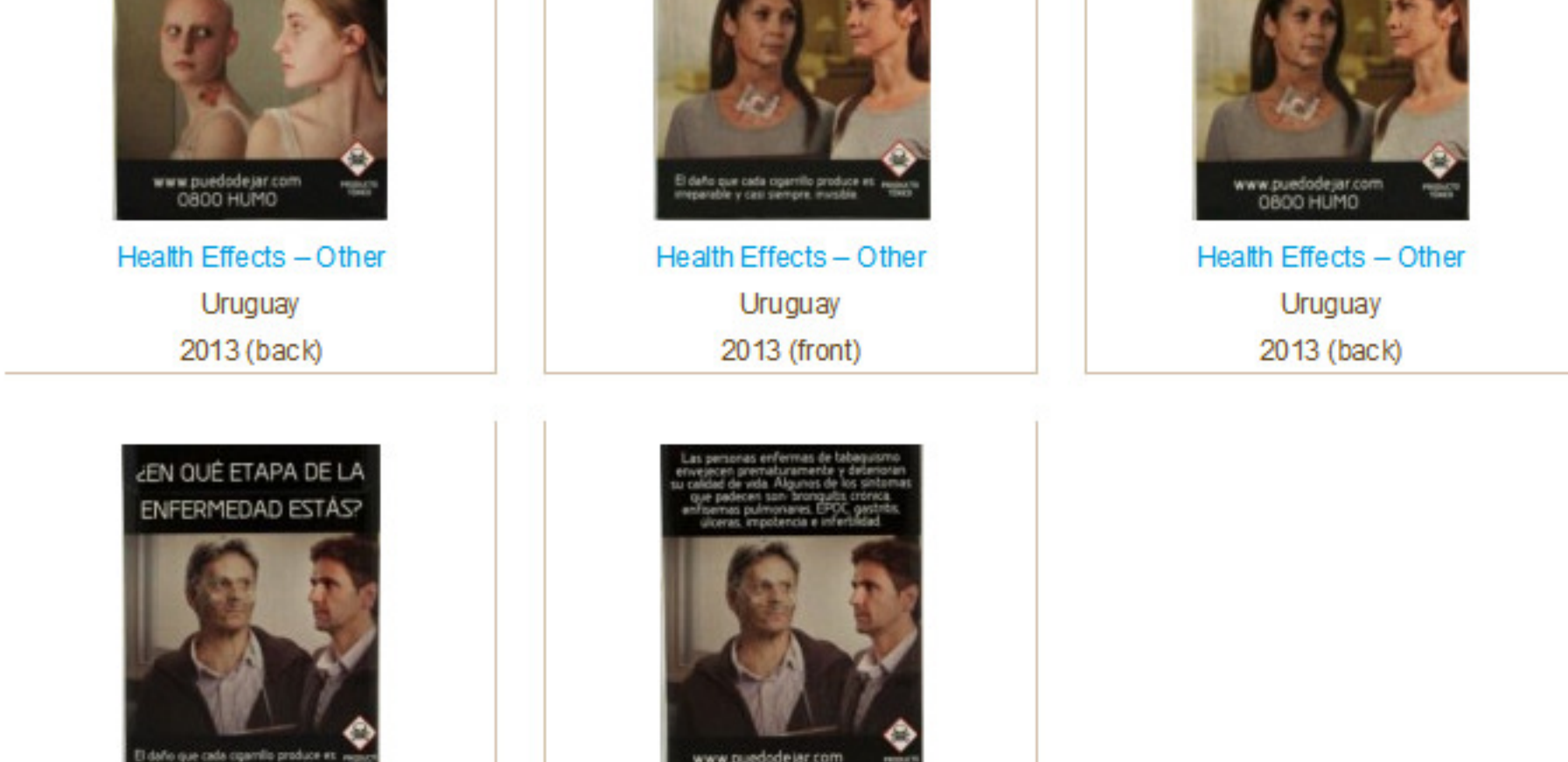
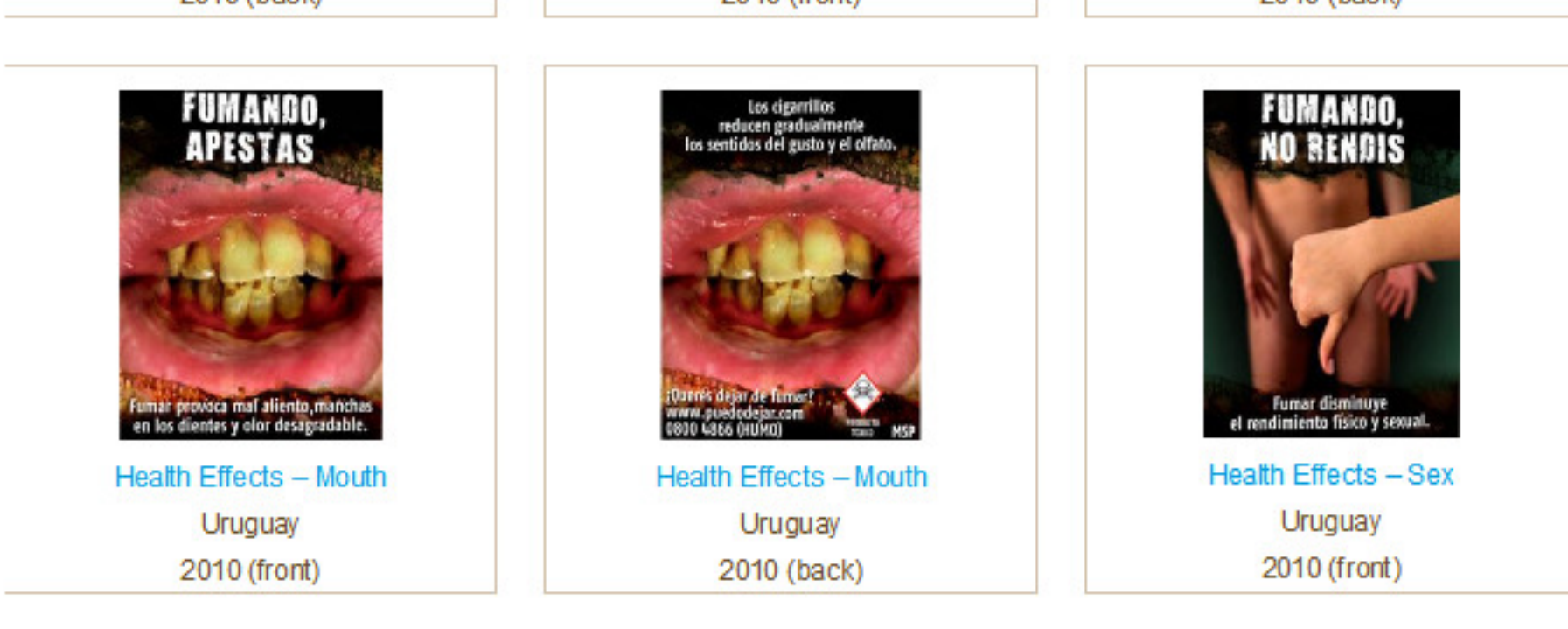
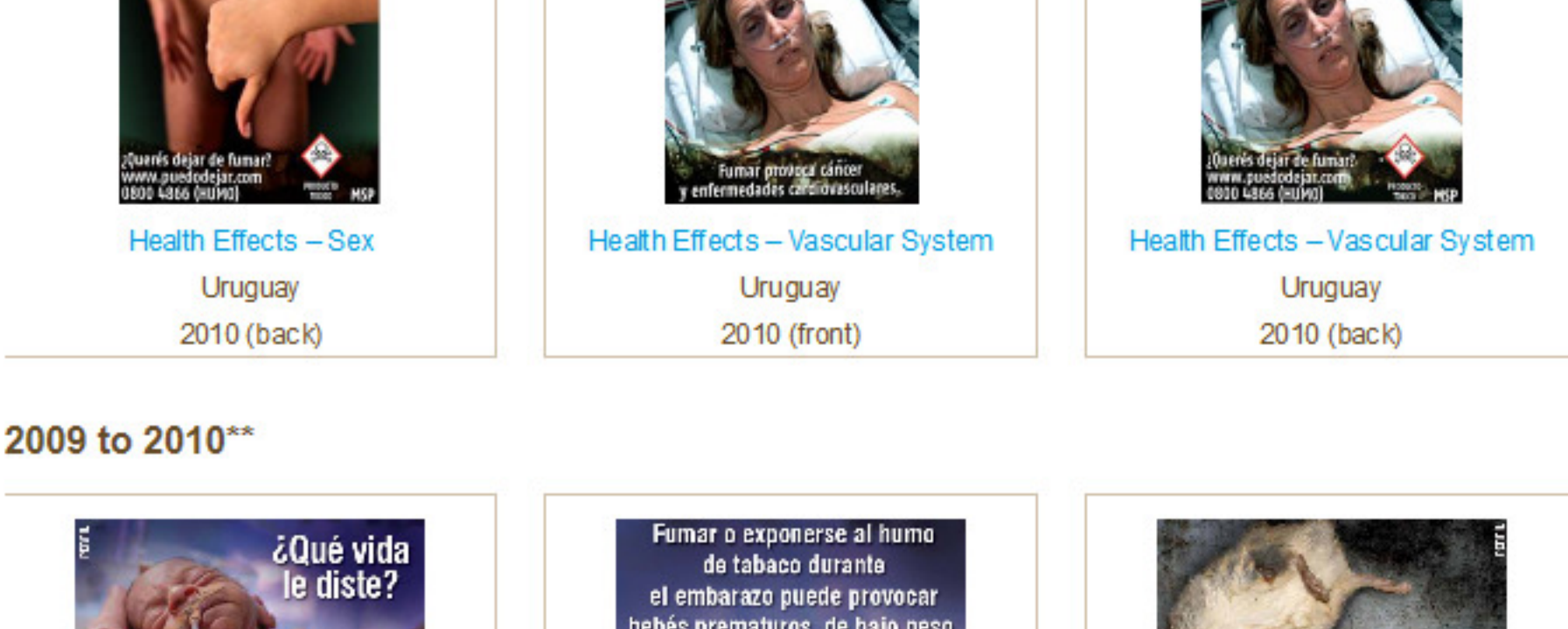
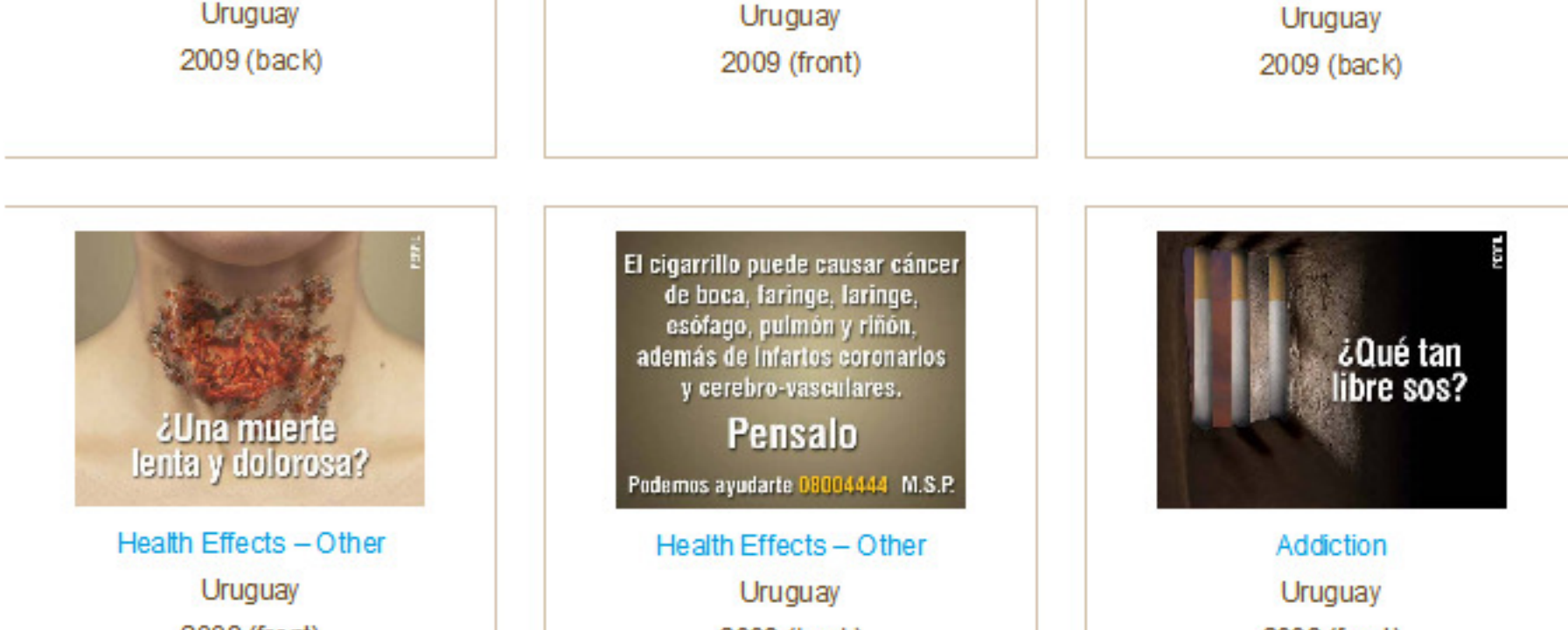
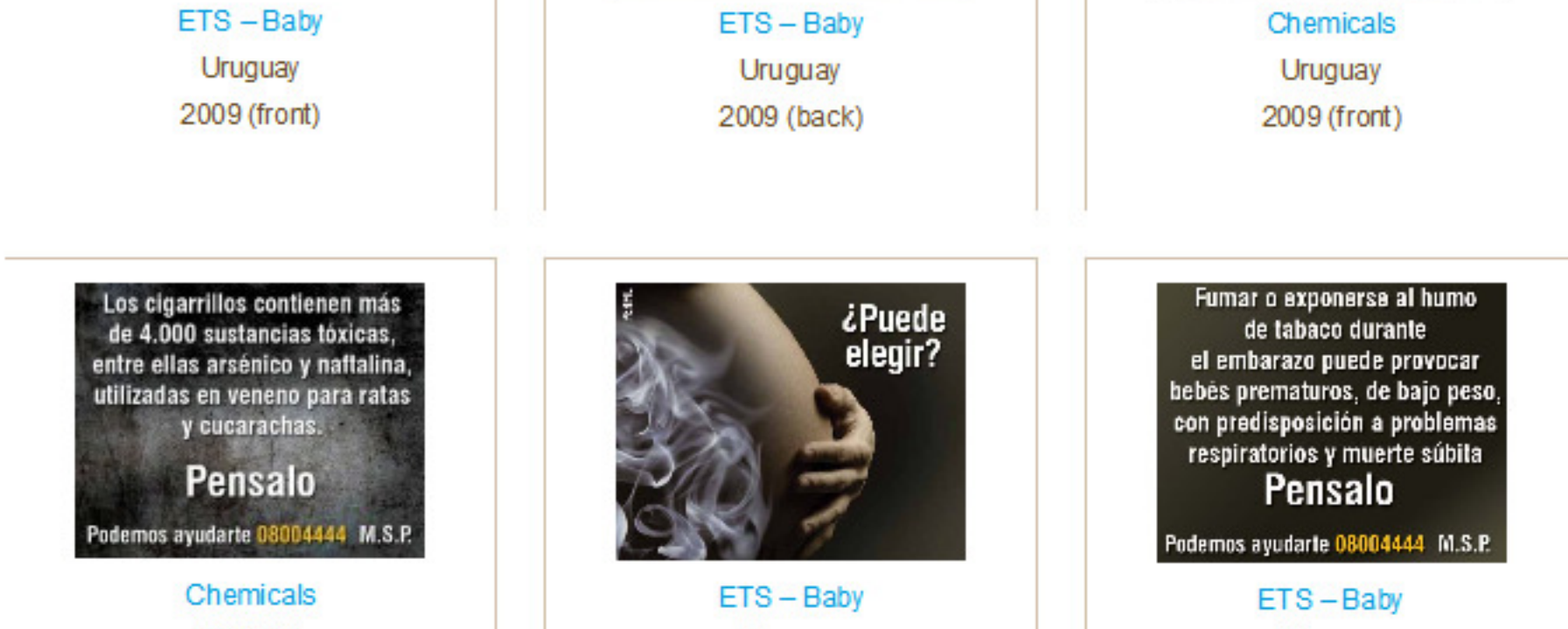
[Uruguay's Legislation Library](#)

**Health Warning Reports, Publications & Presentations**

[Uruguay's Health Warning Document Library](#)

**Tobacco Package Images**

[Uruguay's Cigarette Package Gallery](#)

**Health Warnings****2015 to Present (warnings appear on packages in colour)\*\*****2014 to 2015\*\*****2013 to 2014\*\*****2012 to 2013\*\*****2010 to 2012\*\*****2009 to 2010\*\*****2008 to 2009\*\*****2006 to 2008\*\***

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**Legco  
Panel on Health Services  
Attention all Hon members**

24<sup>th</sup> October 2015

Dear Hon Members,

As an anti air pollution and anti tobacco charity NGO based in Hong Kong we express our concern at the lack of progress in tobacco control in Hong Kong. Indeed the Chairman of this Panel and his deputy chairman, both health professionals, have been quoted making statements which show a clear lack of understanding of the mandatory requirements of the Framework Convention on Tobacco Control Treaty, a legally binding instrument covering ratified parties including Hong Kong (sub China), which is lodged at the United Nations Depository since 2003. Copies of the said Treaty in Chinese and English are at attachment for your ease of reference. (*FCTCGuidelines.pdf and FCTC-Doc-Chi-Eng.pdf*)

1)

All Legco Members and District Councillors are 'public servants' under the laws of Hong Kong. Moreover they are obliged to comply with the International Code of Conduct for Public Officials.

<http://unpan1.un.org/intradoc/groups/public/documents/un/unpan010930.pdf>

#### **International Code of Conduct for Public Officials**

##### **I. GENERAL PRINCIPLES**

1. A public office, as defined by national law, is a position of trust, implying a **duty to act in the public interest**. Therefore, **the ultimate loyalty of public officials shall be to the public interests of their country** as expressed through the democratic institutions of government.
2. Public officials shall ensure that they perform their duties and functions efficiently, effectively and **with integrity**, in accordance with laws or administrative policies. They shall at all times seek to ensure that public resources for which they are responsible are administered in the most effective and efficient manner.
3. Public officials shall be attentive, **fair and impartial** in the performance of their functions and, in particular, in their relations with the public. **They shall at no time afford any undue preferential treatment to any group or individual** or improperly discriminate against any group or individual, or otherwise abuse the power and authority vested in them.

##### **VI. POLITICAL ACTIVITY**

11. The political or other **activity of public officials outside the scope of their office shall**, in accordance with laws and administrative policies, **not be such as to impair public confidence in the impartial performance of their functions and duties**.

All Legco and District Councillors are public servants, paid by the public purse:

[http://www.csb.gov.hk/english/admin/conduct/files/CSCCode\\_e.pdf](http://www.csb.gov.hk/english/admin/conduct/files/CSCCode_e.pdf)

1.2 Article 99 of the Basic Law of the Hong Kong Special Administrative Region of the People's Republic of China (hereafter referred to as "the Basic Law") states "**... Public servants must be dedicated to their duties and be responsible to the Government of the Hong Kong Special Administrative Region**".

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[http://www.who.int/fctc/guidelines/article\\_5\\_3.pdf](http://www.who.int/fctc/guidelines/article_5_3.pdf)

At this link are the WHO Guidelines in relation to Article 5.3 of the FCTC Treaty.

This Panel on Health Services has direct influence on the setting of health policies.

Para 23) relates to the above **Code of Conduct for Public Officials**.

Recommendations:

**4.1 Parties should mandate a policy on the disclosure and management of conflicts of interest that applies to all persons involved in setting and implementing public health policies with respect to tobacco control, including government officials, employees, consultants and contractors.**

**4.2 Parties should formulate, adopt and implement a code of conduct for public officials, prescribing the standards with which they should comply in their dealings with the tobacco industry.**

**4.5 Parties should develop clear policies that require applicants for public office positions which have a role in setting and implementing public health policies with respect to tobacco control to declare any current or previous occupational activity with any tobacco industry whether gainful or not.**

**4.8 Parties should not allow any person employed by the tobacco industry or any entity working to further its interests to be a member of any government body, committee or advisory group that sets or implements tobacco control or public health policy.**

**4.11 Taking into account national law and constitutional principles, Parties should have effective measures to prohibit contributions from the tobacco industry or any entity working to further its interests to political parties, candidates or campaigns, or to require full disclosure of such contributions.**

In the light of the above, we query the presence of two current members of this Panel, Vincent Fang Kang and Wong Ting-Kwong, who are Hon Consultants to the Tobacco Control Concern Group, a tobacco industry front group staffed by and funded by tobacco companies.

立法會 CB(1)2207/10-11(01)號文件  
(只備中文本)



**關注控煙工作委員會簡介**

關注控煙工作委員會（「關注控煙會」）於 2009 年成立。該會支持合理的煙草法規，其成立的主要目的之一是要引起公眾關注大幅增加煙草稅會導致私煙活動顯著增長。

關注控煙會的成員包括 7-Eleven（香港）、OK 便利店有限公司、華潤萬家（香港）有限公司、全港報販大聯盟、英美煙草（香港）有限公司、香港煙草業聯合商會有限公司、菲利普莫里斯亞洲集團有限公司、太平洋雪茄有限公司和香煙經銷商新連（香港）有限公司。兩位擔任關注控煙會名譽顧問的立法會議員為方剛議員及黃定光議員。

Translation: Info of TCCG

TCCG was established in 2009. It supports the legitimate regulation on tobacco. It aims to raise the public concern on the smuggling which is caused by tobacco tax. Members

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include 7-11 (Hong Kong), OK Convenience Store, China Resources Vanguard Shops, Coalition of Hong Kong Newspaper and Magazine Merchants, BAT, Hong Kong Federation of Tobacco Industry Limited, Philip Morris, Pacific Cigar Company and a tobacco trader.

**Honorary consultant: LegCo members – Vincent Fang Kang and Wong Ting-kwong**

**Clear the Air states that the said members should step down or recuse themselves from discussing or voting on any tobacco related matters as this is a major conflict of interest.** It is not in the interest of Hong Kong society for Legco members to be advising a tobacco group when the cost of smoking to Hong Kong society due to tobacco related diseases and death is **in excess of HK\$ 73 billion per year** and the said Code of Conduct should apply to the betterment of the Hong Kong society, not the profits of tobacco companies, which profit from the deaths of Hong Kong people and who addict our youth. The conflict of interest applies whether the services provided by the two members are gainful or otherwise. ( It is of note that TCCG is not a society, firm, company or other legal entity registered here)

2)

We refer to article comments by Professor Joseph Lee Kok Long:

<http://www.ejinsight.com/20150713-new-tobacco-control-measures-require-further-consultation/>

**“The administration has yet to provide any conclusive evidence that increasing the size of the graphic health warning on the cigarette packet can encourage smokers to quit.”**

Commentators **Joseph Lee Kok-long** - Jul 13, 2015 11:03am

**“New tobacco control measures require further consultation”**

It appears Professor Lee has not read the contents nor Guidelines to Article 11 of the said FCTC Treaty and that he doubts the effectiveness of enlarged colorful graphic warning labels. Accordingly, since HK Government has allegedly failed to provide him with the ‘conclusive evidence’ Clear the Air has done it for them - Please see the detailed attachment ***LeeKokLong-health-warnings.pdf***

Further, the Hong Kong Government in its formulation of tobacco control policies, is not in any way obliged to engage the tobacco industry as a stakeholder – indeed the FCTC Treaty Article 5.3 clearly **directs that the tobacco companies must not be involved in nor in any way interfere in policy decision making.** If they go out of business then that’s great. They should not have been invited to present in Legco. The interests of health policies to prevent children smoking and save lives and tobacco company interests which profit in selling a consumer product which kills when used as directed by its manufacturers, are completely opposed and opposite.

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3)

We refer to comments made by Dr Leung Ka Lau.

<http://www.scmp.com/article/970722/lawmakers-approve-tobacco-tax-increase>

16 June 2011

Although he voted for the tax, medical sector lawmaker **Dr Leung Ka-lau doubted whether increasing it would be useful**, saying only a tiny fraction of tobacco taxes collected each year were spent on smoking cessation. 'Hong Kong's smoking rate is already very low,' he said. 'I suspect that with such a low rate, **taxation is no longer effective in making people quit.**'

We agree with Dr Leung that the excise taxation from tobacco should be directed to smoking prevention and increased staffing of tobacco control office to allow them to actually patrol, instead of into the General Fund for pouring more concrete white elephants and keeping the development tygoons smiling. However it seems also obvious that Dr Leung has not bothered to read nor assimilate the requirements of Article 6 of the FCTC Treaty regarding taxation. Accordingly and for the education of all Hon Members, Clear the Air has done the research for him and it is shown at the attachment **Leung-Ka-Lau-Tax-Works.pdf**

There is obviously far more available relevant information, but by reading what we provided, all Hon members can see beyond any shadow of a doubt that the WHO directives on regular tax increases above the level of inflation are **effective and necessary**.

Furthermore we provide at attachment **Worldcigaretteprices.pdf** which show why Australia has been so successful in tobacco control: political will, plain packaging, large health warnings, smokefree legislation with onus on licensees and regular stiff excise increases above inflation. Their male smoking prevalence rate is lower than Hong Kong.

[www.who.int/tobacco/publications/en\\_tfi\\_tob\\_tax\\_annex.pdf](http://www.who.int/tobacco/publications/en_tfi_tob_tax_annex.pdf)

Further to the code of conduct rules above :

***4.11 Taking into account national law and constitutional principles, Parties should have effective measures to prohibit contributions from the tobacco industry or any entity working to further its interests to political parties, candidates or campaigns, or to require full disclosure of such contributions.***

We request that the Panel members make a declaration and register it online that their political parties have not received any funding from the tobacco industry or its front groups.

This letter is addressed to all members of the Panel on Health Services but excludes Elizabeth Quat. At attachment **CTAletter-Quat.pdf** is a self explanatory letter sent to Elizabeth Quat's published contact details numerous times, in which we query her alleged qualifications and doctorate, and thereby her integrity as a lawmaker and district councillor. Ms Quat has failed to respond with any evidential proof that her 'degrees' are not from a diploma mill in Hawaii and we query why she is allowed to vote within Legco until this is resolved in the public interest. <https://webb-site.com/articles/quat.asp>

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<http://www.illegal-tobacco.co.uk/wp-content/uploads/2014/11/Guidance-for-Trading-Standards.pdf>

This excellent reference site explains clearly about the requirements of FCTC Treaty Article 5.3 guidelines covering Ratified parties to the Treaty and in what manner Ratified Party Government officials can deal with tobacco companies and their front organisations.

[http://www.tobaccotactics.org/index.php/Framework\\_Convention\\_on\\_Tobacco\\_Control](http://www.tobaccotactics.org/index.php/Framework_Convention_on_Tobacco_Control)

“Officials, representatives, and employees of any government or semi/quasi-public institution or body responsible for, or that contributes or could contribute, to developing or implementing tobacco control policies, and to any persons acting on their behalf. (Guidelines, para. 9-10)”

- **Limit interactions with the tobacco industry to only those necessary to effectively regulate the industry and its products.** When tobacco industry interactions are necessary, **they should be conducted transparently in public through hearings, notices of interactions, and disclosure of records.** (Rec. 2.1, 2.2)
- **Reject any partnerships, non-binding or non-enforceable agreements and any voluntary arrangement put forth by the tobacco industry or its allies or where such agreements are offered as a substitute for legally enforceable measures.** (Rec. 3.1, 3.3)
- **Reject any offer for assistance** or proposed tobacco control legislation or policy drafted by or in collaboration with the tobacco industry. (Rec. 3.4)
- Prohibit tobacco industry involvement in any youth, public education, or other tobacco control initiative; **prohibit involvement, in any manner, in initiatives directly or indirectly related to tobacco control.** (Rec. 3.2)
- **Avoid conflicts of interests for government officials and employees.**
- **Ban political contributions by the tobacco industry, or alternatively, require their full disclosure.** (Rec. 4.11)
- **Prohibit tobacco industry payments, contributions, gifts, and services to government institutions, officials, or employees** (except payments mandated by law).
- Bar tobacco industry representatives, **or any entity acting to further tobacco industry interests, from membership of any body, committee or advisory group that sets or implements public health policy.** (Rec. 4.8)
- Require the tobacco industry to publicly report activities and practices, and impose mandatory penalties for providing false or misleading information:

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e.g. registration of lobbyists and payments to them for production, manufacture, market share, revenues, lobbying, philanthropy, political contributions, other activities not yet banned; and other specified activities and practices (e.g. payments to scientists/ researchers, journalists; for research, conferences, etc.). (Rec. 5.2-5.5)

- **Denormalise** and regulate purported “socially responsible” activities by the tobacco industry - e.g. **no endorsement, support or formation of partnerships with the industry**, and correction of any perceptions of partnerships created by it. (Guidelines, para. 20; Rec. 6.1-6.4)

Yours faithfully,

*James Middleton*  
Chairman

世界卫生组织  
烟草控制  
框架公约



**FCTC**

世界卫生组织  
烟草控制框架公约

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框架公约



**FCTC**

世界卫生组织  
烟草控制框架公约

WHO Library Cataloguing-in-Publication Data

WHO Framework Convention on Tobacco Control.

1.Tobacco - supply and distribution 2.Tobacco industry - legislation 3.Tobacco smoke pollution - prevention and control 4.Tobacco use cessation 5.Treaties  
I.World Health Organization.

ISBN 978 92 4 559101 6

(LC/NLM classification: HD 9130.6)

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## 前言

世界卫生组织烟草控制框架公约（WHO FCTC）是在世界卫生组织主持下谈判制定的第一份条约。世界卫生组织烟草控制框架公约是一份以证据为基础的条约，它重申所有人民享有最高健康水平的权利。世界卫生组织烟草控制框架公约在制定一项处理成瘾物质的管制战略方面体现了一种观念的转变；与以往的药物控制条约不同的是，世界卫生组织烟草控制框架公约坚持减少需求战略和供应问题的重要性。

世界卫生组织烟草控制框架公约的制定是对烟草流行全球化作出的反应。烟草的流行通过各种具有跨境影响的复杂因素得以迅速扩散，这些因素包括贸易自由化和外国直接投资。诸如全球推销、跨国界烟草广告、促销和赞助以及假冒伪劣香烟的国际流动等其它因素也是造成烟草使用爆炸式增长的原因。

世界卫生组织烟草控制框架公约的序言第一段指出，“本公约缔约方决心优先考虑其保护公众健康的权力”，这使公约成为一项全球的创新公约。

世界卫生组织烟草控制框架公约中减少需求的主要规定列于第 6-14 条：

- 减少烟草需求的价格和税收措施，以及
- 减少烟草需求的非价格措施，即：
  - 防止接触烟草烟雾；
  - 烟草制品成分管制；
  - 烟草制品披露的规定；
  - 烟草制品的包装和标签；
  - 教育、交流、培训和公众意识；
  - 烟草广告、促销和赞助；以及
  - 与烟草依赖和戒烟有关的降低烟草需求的措施。

世界卫生组织烟草控制框架公约中减少供应的主要规定列于第 15-17 条：

- 烟草制品非法贸易；
- 向未成年人销售和由未成年人销售；以及
- 对经济上切实可行的替代活动提供支持。

公约的另一个新特点是列入一项处理责任问题的规定。有关科学和技术合作及信息交流的机制列于第 20-22 段。

世界卫生组织烟草控制框架公约自 2003 年 6 月 16 日至 6 月 22 日在日内瓦，其后自 2003 年 6 月 30 日至 2004 年 6 月 29 日于条约存放处纽约联合国总部开放供签字。这部现已结束签署的条约有 168 个签署者，包括欧洲共同体，使之成为联合国历史上最广泛受到热诚接受的条约之一。签署公约的会员国表明他们将真诚地努力批准、接受或核准公约并显示不破坏公约所列目标的政治承诺。截至 2004 年 6 月 29 日时未签署公约但希望成为缔约方的国家可通过加入方式这样做，这是一种相当于批准的一步法。

公约于 2005 年 2 月 27 日 -- 自 40 个国家予以加入、批准、接受或核准后第九十天起生效。从这一天开始，条约的规定对这 40 个缔约方具有法律约束力。对于在第 36 条第 1 款确定的生效条件达到之后批准、接受或核准公约或加入公约的每一国家，公约将在交存其批准、接受、核准或加入文书之日后第九十天起对之生效。对于区域经济一体化组织，公约在交存其正式确认或加入文书之日后第九十天起对之生效。

在世界卫生组织烟草控制框架公约谈判期间建立的全球网络对于在国家级为实施公约作好准备至关重要。世界卫生组织总干事李钟郁博士说：

“世界卫生组织烟草控制框架公约谈判已经发动了一个进程，导致在国家级产生显著的变化。世界卫生组织烟草控制框架公约作为公共卫生的一项手段能否取得成功将取决于未来数年我们在国家中为实施这项公约所做的努力和政治承诺。一项成功的结果将是全球所有人在公共卫生方面获益。”

为实现这项目标，必须将在公约谈判期间强烈体现出的动力和承诺扩散至国家和地方级，使世界卫生组织烟草控制框架公约在最重要的地方即国家成为一个具体的现实。

## 序言

本公约缔约方，

决心优先考虑其保护公众健康的权利，

认识到烟草的广泛流行是一个对公众健康具有严重后果的全球性问题，呼吁所有国家就有效、适宜和综合的国际应对措施开展尽可能广泛的国际合作，

虑及国际社会关于烟草消费和接触烟草烟雾对全世界健康、社会、经济和环境造成的破坏性后果的关注，

严重关注全世界，特别是发展中国家，卷烟和其他烟草制品消费和生产的增加，以及它对家庭、穷人和国家卫生系统造成的负担，

认识到科学证据明确确定了烟草消费和接触烟草烟雾会造成死亡、疾病和残疾，以及接触烟草烟雾和以其他方式使用烟草制品与发生烟草相关疾病之间有一段时间间隔，

还认识到卷烟和某些其他烟草制品经过精心加工，籍以引起和维持对烟草的依赖，它们所含的许多化合物和它们所产生的烟雾具有药理活性、毒性、致突变性和致癌性，并且在主要国际疾病分类中将烟草依赖单独分类为一种疾病，

承认存在着明确的科学证据，表明孕妇接触烟草烟雾是儿童健康和发育的不利条件，

深切关注全世界的儿童和青少年吸烟和其他形式烟草消费的增加，特别是开始吸烟的年龄愈来愈小，

震惊于全世界妇女和少女吸烟及其他形式烟草制品消费的增加；铭记妇女需充分参与各级决策和实施工作，并铭记需要有性别针对性的烟草控制战略，

深切关注土著居民吸烟和其他形式烟草消费处于高水平，

严重关注旨在鼓励使用烟草制品的各种形式的广告、促销和赞助的影响，

认识到需采取合作行动以取缔各种形式的卷烟和其他烟草制品非法贸易，包括走私、非法生产和假冒，

承认各级烟草控制，特别是在发展中国家和经济转轨国家，需要与目前和预计的烟草控制活动需求相称的充足的财政和技术资源，

认识到需建立适宜的机制以应对有效地减少烟草需求战略所带来的长期社会和经济影响，

铭记烟草控制规划可能在某些发展中国家和经济转轨国家造成的中、长期社会和经济困难，并认识到它们需要在国家制定的可持续发展战略的框架下获得技术和财政支持，

意识到许多国家正在开展的卓有成效的烟草控制工作，并赞赏世界卫生组织的领导以及联合国系统其他组织和机构与其他国际和区域政府间组织在发展烟草控制措施方面所作的努力，

强调不隶属于烟草业的非政府组织和民间社会其他成员，包括卫生专业机构，妇女、青年、环境和消费者团体，以及学术机构和卫生保健机构，对国家和国际烟草控制努力的特殊贡献，及其参与国家和国际烟草控制努力的极端重要性，

认识到需警惕烟草业阻碍或破坏烟草控制工作的任何努力，并需掌握烟草业采取的对烟草控制工作产生负面影响的活动，

忆及联合国大会 1966 年 12 月 16 日通过的《经济、社会、文化权利国际公约》第 12 条规定人人有权享有能达到的最高的身心健康的标准，

还忆及世界卫生组织《组织法》序言，它宣称享受最高而能获致之健康标准，为人人基本权利之一，不因种族、宗教、政治信仰、经济或社会情境各异，而分轩轻。

决心在考虑目前和有关的科学、技术和经济问题的基础上促进烟草控制措施，

忆及联合国大会 1979 年 12 月 18 日通过的《消除对妇女一切形式歧视公约》规定，该公约各缔约国应采取适当的措施，在卫生保健领域消除对妇女的歧视，

进一步忆及联合国大会 1989 年 11 月 20 日通过的《儿童权利公约》规定，该公约各缔约国确认儿童有权享有可达到的最高标准的健康，

兹议定如下：



## 第 I 部分：引言

### 第 1 条

#### 术语的使用

为本公约目的：

- (a) “非法贸易”系指法律禁止的，并与生产、装运、接收、持有、分发、销售或购买有关的任何行径或行为，包括意在便利此类活动的任何行径或行为；
- (b) “区域经济一体化组织”系指若干主权国家组成的组织，它已由其成员国让渡处理一系列事项，包括就这些事项做出对其成员国有约束力的决定的授权<sup>1</sup>；
- (c) “烟草广告和促销”系指任何形式的商业性宣传、推介或活动，其目的、效果或可能的效果在于直接或间接地推销烟草制品或促进烟草使用；
- (d) “烟草控制”系指通过消除或减少人群消费烟草制品和接触烟草烟雾，旨在促进其健康的一系列减少烟草供应、需求和危害的战略；
- (e) “烟草业”系指烟草生产商、烟草制品批发商和进口商；
- (f) “烟草制品”系指全部或部分由烟叶作为原材料生产的供抽吸、吸吮、咀嚼或鼻吸的制品；
- (g) “烟草赞助”系指目的、效果或可能的效果在于直接或间接地推销烟草制品或促进烟草使用的，对任何事件、活动或个人的任何形式的捐助。

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<sup>1</sup> 在相关处，“国家的”亦指区域经济一体化组织。

## **第2条**

### *本公约与其他协定和法律文书的关系*

1. 为了更好地保护人类健康，鼓励各缔约方实施本公约及其议定书要求之外的其他措施，这些文书不应阻碍缔约方实行符合其规定并符合国际法的更加严格的要求。
2. 本公约及其议定书的各项规定决不影响各缔约方就与本公约及其议定书有关的事项或本公约及其议定书之外的其他事项达成双边或多边协定，包括区域或次区域协定的权利，只要此类协定与本公约及其议定书所规定的义务相一致。有关缔约方应通过秘书处将此类协定通报缔约方会议。

## **第II部分：目标、指导原则和一般义务**

### **第3条**

#### *目标*

本公约及其议定书的目标是提供一个由各缔约方在国家、区域和全球各级实施烟草控制措施的框架，以便使烟草使用和接触烟草烟雾持续大幅度下降，从而保护当代和后代免受烟草消费和接触烟草烟雾对健康、社会、环境和经济造成的破坏性影响。

### **第4条**

#### *指导原则*

各缔约方为实现本公约及其议定书的目标和实施其各项规定，除其他外，应遵循下列指导原则：

1. 宜使人人了解烟草消费和接触烟草烟雾造成的健康后果、成瘾性和致命威胁，并宜在适当的政府级别考虑有效的立法、实施、行政或其他措施，以保护所有人免于接触烟草烟雾。

2. 在国家、区域和国际层面需要强有力的政治承诺以制定和支持多部门的综合措施和协调一致的应对行动，考虑：
  - (a) 需采取措施防止所有人接触烟草烟雾；
  - (b) 需采取措施防止初吸，促进和支持戒烟以及减少任何形式的烟草制品消费；
  - (c) 需采取措施促进土著居民和社区参与制定、实施和评价在社会和文化方面与其需求和观念相适应的烟草控制规划；以及
  - (d) 需采取措施，在制定烟草控制战略时考虑不同性别风险。
3. 结合当地文化、社会、经济、政治和法律因素开展国际合作，尤其是技术转让、知识和经济援助以及提供相关专长，以制定和实施有效烟草控制规划，是本公约的一个重要组成部分。
4. 在国家、区域和全球各级采取多部门综合措施和对策以减少所有烟草制品的消费至关重要，以便根据公共卫生原则防止由烟草消费和接触烟草烟雾引起的疾病、过早丧失功能和死亡的发生。
5. 各缔约方在其管辖范围内明确与责任相关的事项是烟草综合控制的重要组成部分。
6. 宜在国家制定的可持续发展战略框架下认识和强调技术和财政援助的重要性，以便帮助发展中国家缔约方和经济转轨国家缔约方因烟草控制规划而使其生计受到严重影响的烟草种植者和工人进行经济过渡。
7. 为了实现本公约及其议定书的目标，民间社会的参与是必要的。

## **第5条**

### *一般义务*

1. 每一缔约方应根据本公约及其作为缔约方的议定书，制定、实施、定期更新和审查国家多部门综合烟草控制战略、计划和规划。
2. 为此目的，每一缔约方应根据其能力：
  - (a) 设立或加强并资助国家烟草控制协调机构或联络点；和
  - (b) 采取和实行有效的立法、实施、行政和/或其他措施并酌情与其他缔约方合作，以制定适当的政策，防止和减少烟草消费、尼古丁成瘾和接触烟草烟雾。
3. 在制定和实施烟草控制方面的公共卫生政策时，各缔约方应根据国家法律采取行动，防止这些政策受烟草业的商业和其他既得利益的影响。
4. 各缔约方应开展合作，为实施本公约及其作为缔约方的议定书制定提议的措施、程序和准则。
5. 各缔约方应酌情同有关国际和区域政府间组织及其他机构合作，以实现本公约及其作为缔约方的议定书的目标。
6. 各缔约方应在其拥有的手段和资源范围内开展合作，通过双边和多边资助机制为本公约的有效实施筹集财政资源。

## **第 III 部分：减少烟草需求的措施**

### **第6条**

#### *减少烟草需求的价格和税收措施*

1. 各缔约方承认价格和税收措施是减少各阶层人群特别是青少年烟草消费的有效和重要手段。

2. 在不损害各缔约方决定和制定其税收政策的主权时，每一缔约方宜考虑其有关烟草控制的国家卫生目标，并酌情采取或维持可包括以下方面的措施：

(a) 对烟草制品实施税收政策并在适宜时实施价格政策，以促进旨在减少烟草消费的卫生目标；和

(b) 酌情禁止或限制向国际旅行者销售和/或由其进口免除国内税和关税的烟草制品。

3. 各缔约方应根据第 21 条在向缔约方会议提交的定期报告中提供烟草制品税率及烟草消费趋势。

### **第 7 条**

#### *减少烟草需求的非价格措施*

各缔约方承认综合的非价格措施是减少烟草消费的有效和重要手段。每一缔约方应采取和实行依照第 8 条至第 13 条履行其义务所必要的有效的立法、实施、行政或其他措施，并应酌情为其实施直接或通过有关国际机构开展相互合作。缔约方会议应提出实施这些条款规定的适宜准则。

### **第 8 条**

#### *防止接触烟草烟雾*

1. 各缔约方承认科学已明确证实接触烟草烟雾会造成死亡、疾病和功能丧失。

2. 每一缔约方应在国家法律规定的现有国家管辖范围内采取和实行，并在其他司法管辖权限内积极促进采取和实行有效的立法、实施、行政和/或其他措施，以防止在室内工作场所、公共交通工具、室内公共场所，适当时，包括其他公共场所接触烟草烟雾。

## **第9条**

### *烟草制品成分管制*

缔约方会议应与有关国际机构协商提出检测和测量烟草制品成分和燃烧释放物的指南以及对这些成分和释放物的管制指南。经有关国家当局批准，每一缔约方应对此类检测和测量以及此类管制采取和实行有效的立法、实施和行政或其他措施。

## **第10条**

### *烟草制品披露的规定*

每一缔约方应根据其国家法律采取和实行有效的立法、实施、行政或其他措施，要求烟草制品生产商和进口商向政府当局披露烟草制品成分和释放物的信息。每一缔约方应进一步采取和实行有效措施以公开披露烟草制品有毒成分和它们可能产生的释放物的信息。

## **第11条**

### *烟草制品的包装和标签*

1. 每一缔约方应在本公约对该缔约方生效后三年内，根据其国家法律采取和实行有效措施以确保：

(a) 烟草制品包装和标签不得以任何虚假、误导、欺骗或可能对其特性、健康影响、危害或释放物产生错误印象的手段推销一种烟草制品，包括直接或间接产生某一烟草制品比其他烟草制品危害小的虚假印象的任何词语、描述、商标、图形或任何其他标志。其可包括“低焦油”、“淡味”、“超淡味”或“柔和”等词语；和

(b) 在烟草制品的每盒和单位包装及这类制品的任何外部包装和标签上带有说明烟草使用有害后果的健康警句，并可包括其他适宜信息。这些警句和信息：

- (i) 应经国家主管当局批准,
- (ii) 应轮换使用,
- (iii) 应是大而明确、醒目和清晰的,
- (iv) 宜占据主要可见部分的 50%或以上, 但不应少于 30%.
- (v) 可采取或包括图片或象形图的形式。

2. 除本条第 1(b)款规定的警语外, 在烟草制品的每盒和单位包装及这类制品的任何外部包装和标签上, 还应包含国家当局所规定的有关烟草制品成分和释放物的信息。

3. 每一缔约方应规定, 本条第 1(b)款以及第 2 款规定的警语和其他文字信息, 应以其一种或多种主要语言出现在烟草制品每盒和单位包装及这类制品的任何外部包装和标签上。

4. 就本条而言, 与烟草制品有关的“外部包装和标签”一词, 适用于烟草制品零售中使用的任何包装和标签。

## **第 12 条**

### *教育、交流、培训和公众意识*

每一缔约方应酌情利用现有一切交流手段, 促进和加强公众对烟草控制问题的认识。为此目的, 每一缔约方应采取和实行有效的立法、实施、行政或其他措施以促进:

- (a) 广泛获得有关烟草消费和接触烟草烟雾对健康危害, 包括成瘾性的有效综合的教育和公众意识规划;
- (b) 有关烟草消费和接触烟草烟雾对健康的危害, 以及第 14.2 条所述的戒烟和无烟生活方式的益处的公众意识;



- (c) 公众根据国家法律获得与本公约目标有关的关于烟草业的广泛信息；
- (d) 针对诸如卫生工作者、社区工作者、社会工作者、媒体工作者、教育工作者、决策者、行政管理人员和其他有关人员的有关烟草控制的有效适宜的培训或宣传和情况介绍规划；
- (e) 与烟草业无隶属关系的公立和私立机构以及非政府组织在制定和实施部门间烟草控制规划和战略方面的意识和参与；以及
- (f) 有关烟草生产和消费对健康、经济和环境的不利后果信息的公众意识和获得。

### **第13条**

#### *烟草广告、促销和赞助*

1. 各缔约方认识到广泛禁止广告、促销和赞助将减少烟草制品的消费。
2. 每一缔约方应根据其宪法或宪法原则广泛禁止所有的烟草广告、促销和赞助。根据该缔约方现有的法律环境和技术手段，其中应包括广泛禁止源自本国领土的跨国广告、促销和赞助。就此，每一缔约方在公约对其生效后的五年内，应采取适宜的立法、实施、行政和/或其他措施，并按第 21 条的规定相应地进行报告。
3. 因其宪法或宪法原则而不能采取广泛禁止措施的缔约方，应限制所有的烟草广告、促销和赞助。根据该缔约方目前的法律环境和技术手段，应包括限制或广泛禁止源自其领土并具有跨国影响的广告、促销和赞助。就此，每一缔约方应采取适宜的立法、实施、行政和/或其他措施并按第 21 条的规定相应地进行报告。
4. 根据其宪法或宪法原则，每一缔约方至少应：

- (a) 禁止采用任何虚假、误导或欺骗或可能对其特性、健康影响、危害或释放物产生错误印象的手段，推销烟草制品的所有形式的烟草广告、促销和赞助；
  - (b) 要求所有烟草广告，并在适当时包括促销和赞助带有健康或其他适宜的警语或信息；
  - (c) 限制采用鼓励公众购买烟草制品的直接或间接奖励手段；
  - (d) 对于尚未采取广泛禁止措施的缔约方，要求烟草业向有关政府当局披露用于尚未被禁止的广告、促销和赞助的开支。根据国家法律，这些政府当局可决定向公众公开并根据第 21 条向缔约方会议提供这些数字；
  - (e) 在五年之内，在广播、电视、印刷媒介和酌情在其他媒体如因特网上广泛禁止烟草广告、促销和赞助，如某一缔约方因其宪法或宪法原则而不能采取广泛禁止的措施，则应在上述期限内和上述媒体中限制烟草广告、促销和赞助；以及
  - (f) 禁止对国际事件、活动和/或其参加者的烟草赞助；若缔约方因其宪法或宪法原则而不能采取禁止措施，则应限制对国际事件、活动和/或其参加者的烟草赞助。
5. 鼓励缔约方实施第 4 款所规定义务之外的措施。
  6. 各缔约方应合作发展和促进消除跨国界广告的必要技术和其他手段。
  7. 已实施禁止某些形式的烟草广告、促销和赞助的缔约方有权根据其国家法律禁止进入其领土的此类跨国界烟草广告、促销和赞助，并实施与源自其领土的国内广告、促销和赞助所适用的相同处罚。本款并不构成对任何特定处罚的认可或赞成。
  8. 各缔约方应考虑制定一项议定书，确定需要国际合作的广泛禁止跨国界广告、促销和赞助的适当措施。

## **第14条**

### *与烟草依赖和戒烟有关的降低烟草需求的措施*

1. 每一缔约方应考虑到国家现状和重点，制定和传播以科学证据和最佳实践为基础的适宜、综合和配套的指南，并应采取有效措施以促进戒烟和对烟草依赖的适当治疗。
2. 为此目的，每一缔约方应努力：
  - (a) 制定和实施旨在促进戒烟的有效的规划，诸如在教育机构、卫生保健设施、工作场所和体育环境等地点的规划；
  - (b) 酌情在卫生工作者、社区工作者和社会工作者的参与下，将诊断和治疗烟草依赖及对戒烟提供的咨询服务纳入国家卫生和教育规划、计划和战略；
  - (c) 在卫生保健设施和康复中心建立烟草依赖诊断、咨询、预防和治疗规划；以及
  - (d) 依照第22条的规定，与其他缔约方合作促进获得可负担得起的对烟草依赖的治疗，包括药物制品。此类制品及其成分适当时可包括药品、给药所用的产品和诊断制剂。

## **第IV部分：减少烟草供应的措施**

### **第15条**

#### *烟草制品非法贸易*

1. 各缔约方认识到消除一切形式的烟草制品非法贸易，包括走私、非法生产和假冒，以及制定和实施除次区域、区域和全球协定之外的有关国家法律，是烟草控制的基本组成部分。

2. 每一缔约方应采取和执行有效的立法、实施、行政或其他措施，以确保所有烟草制品每盒和单位包装以及此类制品的任何外包装有标志以协助各缔约方确定烟草制品的来源，并且根据国家法律和有关的双边或多边协定协助各缔约方确定转移地点并监测、记录和控制烟草制品的流通及其法律地位。此外，每一缔约方应：

(a) 要求在其国内市场用于零售和批发的烟草制品的每盒和单位包装带有一项声明：“只允许在（插入国家、地方、区域或联邦的地域名称）销售”，或含有说明最终目的地或能帮助当局确定该产品是否可在国内市场合法销售的任何其他有效标志；和

(b) 酌情考虑发展实用的跟踪和追踪制度以进一步保护销售系统并协助调查非法贸易。

3. 每一缔约方应要求以清晰的形式和/或以本国一种或多种主要语言提供本条第2款中规定的包装信息或标志。

4. 为消除烟草制品非法贸易，每一缔约方应：

(a) 监测和收集关于烟草制品跨国界贸易，包括非法贸易的数据，并根据国家法律和适用的有关双边或多边协定在海关、税务和其他有关部门之间交换信息；

(b) 制定或加强立法，通过适当的处罚和补救措施，打击包括假冒和走私卷烟在内的烟草制品非法贸易；

(c) 采取适当措施，确保在可行的情况下采用有益于环境的方法，销毁或根据国家法律处理没收的所有生产设备、假冒和走私卷烟及其他烟草制品；

(d) 采取和实施措施，以监测、记录和控制在其管辖范围内持有或运送的免除国内税或关税的烟草制品的存放和销售；以及

(e) 酌情采取措施，使之能没收烟草制品非法贸易所得。

5. 根据第 21 条的规定，各缔约方应在给缔约方会议的定期报告中酌情以汇总形式提供依照本条第 4(a)和 4(d)款收集的信息。

6. 各缔约方应酌情并根据国家法律促进国家机构以及有关区域和国际政府间组织之间在调查、起诉和诉讼程序方面的合作，以便消除烟草制品非法贸易。应特别重视区域和次区域级在打击烟草制品非法贸易方面的合作。

7. 每一缔约方应努力采取和实施进一步措施，适宜时，包括颁发许可证，以控制或管制烟草制品的生产和销售，从而防止非法贸易。

## **第 16 条**

### *向未成年人销售和由未成年人销售*

1. 每一缔约方应在适当的政府级别采取和实行有效的立法、实施、行政或其他措施禁止向低于国内法律、国家法律规定的年龄或 18 岁以下者出售烟草制品。这些措施可包括：

(a) 要求所有烟草制品销售者在其销售点内设置关于禁止向未成年人出售烟草的清晰醒目告示，并且当有怀疑时，要求每一购买烟草者提供适当证据证明已达到法定年龄；

(b) 禁止以可直接选取烟草制品的任何方式，例如售货架等出售此类产品；

(c) 禁止生产和销售对未成年人具有吸引力的烟草制品形状的糖果、点心、玩具或任何其他实物；以及

(d) 确保其管辖范围内的自动售烟机不能被未成年人所使用，且不向未成年人促销烟草制品。

2. 每一缔约方应禁止或促使禁止向公众尤其是未成年人免费分发烟草制品。

3. 每一缔约方应努力禁止分支或小包装销售卷烟，因这种销售会提高未成年人对此类制品的购买能力。
4. 各缔约方认识到，防止向未成年人销售烟草制品的措施宜酌情与本公约中所包含的其他规定一并实施，以提高其有效性。
5. 当签署、批准、接受、核准或加入本公约时，或在其后的任何时候，缔约方可通过有约束力的书面声明表明承诺在其管辖范围内禁止使用自动售烟机，或在适宜时完全禁止自动售烟机。依据本条所作的声明应由保存人周知本公约所有缔约方。
6. 每一缔约方应采取和实行有效的立法、实施、行政或其他措施，包括对销售商和批发商实行处罚，以确保遵守本条第 1-5 款中包含的义务。
7. 每一缔约方宜酌情采取和实行有效的立法、实施、行政或其他措施，禁止由低于国内法律、国家法律规定的年龄或 18 岁以下者销售烟草制品。

### **第 17 条**

#### *对经济上切实可行的替代活动提供支持*

各缔约方应相互合作并与有关国际和区域政府间组织合作，为烟草工人、种植者，以及在某些情况下对个体销售者酌情促进经济上切实可行的替代生计。

## **第 V 部分：保护环境**

### **第 18 条**

#### *保护环境和人员健康*

各缔约方同意在履行本公约之下的义务时，在本国领土内的烟草种植和生产方面对保护环境和与环境有关的人员健康给予应有的注意。

## 第 VI 部分：与责任有关的问题

### 第 19 条

#### 责 任

1. 为烟草控制的目的，必要时，各缔约方应考虑采取立法行动或促进其现有法律，以处理刑事和民事责任，适当时包括赔偿。
2. 根据第 21 条的规定，各缔约方应相互合作，通过缔约方会议交换信息，包括：
  - (a) 根据第 20.3(a)条有关烟草制品消费和接触烟草烟雾对健康影响的信息；和
  - (b) 已生效的立法、法规以及相关判例的信息。
3. 各缔约方在适当时并经相互同意，在其国家立法、政策、法律惯例和可适用的现有条约安排的限度内，就本公约涉及的民事和刑事责任的诉讼相互提供协助。
4. 本公约应不以任何方式影响或限制缔约方已有的、相互利用对方法院的任何权力。
5. 如可能，缔约方会议可在初期阶段，结合有关国际论坛正在开展的工作，审议与责任有关的事项，包括适宜的关于这些事项的国际方式和适宜的手段，以便应缔约方的要求支持其根据本条进行立法和其他活动。

## 第 VII 部分：科学和技术合作与信息通报

### 第 20 条

#### 研究、监测和信息交换

1. 各缔约方承诺开展和促进烟草控制领域的国家级的研究，并在区域和国际层面内协调研究规划。为此目的，每一缔约方应：

- (a) 直接或通过有关国际和区域政府间组织及其他机构，启动研究和科学评估并在该方面进行合作，以促进和鼓励有关烟草消费和接触烟草烟雾的影响因素和后果的研究及确定替代作物的研究；和
  - (b) 在相关国际和区域政府间组织及其他机构的支持下，促进和加强对所有从事烟草控制活动，包括从事研究、实施和评价人员的培训和支持。
2. 各缔约方应酌情制定烟草消费和接触烟草烟雾的流行规模、模式、影响因素和后果的国家、区域和全球的监测规划。为此，缔约方应将烟草监测规划纳入国家、区域和全球健康监测规划，使数据具有可比性，并在适当时在区域和国际层面进行分析。
3. 各缔约方认识到国际和区域政府间组织及其他机构提供的财政和技术援助的重要性。各缔约方应努力：
- (a) 逐步建立烟草消费和有关社会、经济及健康指标的国家级的流行病学监测体系；
  - (b) 在区域和全球烟草监测，以及关于本条第 3(a)款所规定指标的信息交换方面与相关的国际和区域政府间组织及其他机构合作，包括政府机构和非政府机构；以及
  - (c) 与世界卫生组织合作，针对烟草相关监测资料的收集、分析和传播制定一般的指导原则或工作程序。
4. 各缔约方应根据国家法律促进和便利可公开获得的与本公约有关的科学、技术、社会经济、商业和法律资料以及有关烟草业业务和烟草种植的信息交换，同时这种做法应考虑并注意到发展中国家及经济转轨国家缔约方的特殊需求。每一缔约方应努力：
- (a) 逐步建立和保持更新的烟草控制法律和法规，及适当的执法情况和相关判例数据库，并合作制定区域和全球烟草控制规划；



(b) 根据本条第 3(a)款逐步建立和保持国家监测规划的更新数据；以及

(c) 与有关国际组织合作，逐步建立并保持全球系统，定期收集和传播烟草生产、加工和对本公约或国家烟草控制活动有影响的烟草业有关活动的信息。

5. 各缔约方宜在其为成员的区域和国际政府间组织、以及金融和开发机构中进行合作，促进和鼓励向本公约秘书处提供技术和财务资源，以协助发展中国家缔约方及经济转轨国家缔约方履行其关于研究、监测和信息交换的承诺。

## **第 21 条**

### *报告和 信息交换*

1. 各缔约方应定期通过秘书处向缔约方会议提交实施本公约的情况报告，其中宜包括以下方面：

(a) 为执行本公约所采取的立法、实施、行政或其他措施的信息；

(b) 在本公约实施中遇到的任何制约或障碍以及为克服这些障碍所采取措施的适宜信息；

(c) 为烟草控制活动提供或接受的财政和技术援助的适宜信息；

(d) 第 20 条中规定的监测和研究信息；以及

(e) 第 6.3、13.2、13.3、13.4 (d)、15.5 和 19.2 条中规定的信息。

2. 各缔约方提供此类报告的频率和格式应由缔约方会议确定。各缔约方应在本公约对其生效后两年内提供第一次报告。

3. 依照第 22 和 26 条，缔约方会议应考虑作出安排，以便协助有此要求的发展中国家缔约方和经济转轨国家缔约方履行其在本条下的义务。

4. 依照本公约进行的报告和交换应遵循本国有关保密和隐私权的法律。经共同商定，各缔约方应对交换的机密信息提供保护。

## **第22条**

### *科学、技术和法律方面的合作及有关专业技术的提供*

1. 考虑到发展中国家缔约方和经济转轨国家缔约方的需求，各缔约方应直接或通过有关国际机构进行合作，以增强履行由本公约产生的各项义务的能力。经相互同意，此类合作应促进技术、科学和法律专长及工艺技术的转让，以制定和加强国家烟草控制战略、计划和规划。除其他外，其目的是：

(a) 促进与烟草控制有关的技术、知识、技能、能力和专长的开发、转让和获得；

(b) 除其他外，通过下列方式提供技术、科学、法律和其他专业技术专长，其目的是制定和加强国家烟草控制战略、计划和规划以执行本公约：

(i) 根据要求，协助建立强有力的立法基础以及技术规划，包括预防初吸、促进戒烟和防止接触烟草烟雾的规划；

(ii) 以经济上切实可行的方式酌情帮助烟草工人开发经济上和法律上切实可行的适宜的替代生计；以及

(iii) 以经济上切实可行的方式酌情帮助烟草种植者从烟草种植转向其他替代农作物；

(c) 根据第12条支持对有关人员的适宜的培训或宣传规划；

(d) 酌情为烟草控制战略、计划和规划提供必要的物资、设备、用品和后勤支持；

(e) 确定烟草控制方法，包括对尼古丁成瘾的综合治疗；以及

(f) 酌情促进对综合治疗尼古丁成瘾方法的研究，以增强对该方法的经济承受能力。

2. 缔约方会议应利用根据第 26 条获得的财政支持，促进和推动技术、科学和法律专长以及工艺的转让。

## **第 VIII 部分：机构安排和财政资源**

### **第 23 条**

#### *缔约方会议*

1. 特此设立缔约方会议。缔约方会议第一次会议应由世界卫生组织于本公约生效后一年内召开。缔约方会议将在其第一次会议上决定其后的常会地点和时间。

2. 缔约方会议可于其认为必要的其他时间，或经任何缔约方书面要求，在公约秘书处将该要求通报各缔约方后六个月内至少有三分之一缔约方表示支持的情况下，举行特别会议。

3. 缔约方会议应在其第一次会议上以协商一致的方式通过其《议事规则》。

4. 缔约方会议应以协商一致的方式通过其本身的以及指导资助任何可能设立的附属机构的财务细则以及管理秘书处运转的财务规则。它应在每次常会上通过直至下次常会的财务周期预算。

5. 缔约方会议应定期审评本公约的实施情况和做出促进公约有效实施的必要决定，并可根据第 28、29 和 33 条通过议定书、附件及对公约的修正案。为此目的，它应：

(a) 促进和推动依照第 20 和 21 条进行的信息交换；

(b) 促进和指导除第 20 条的规定外与实施本公约有关的研究和数据收集的可比方法的制订和定期改进；

- (c) 酌情促进战略、计划、规划以及政策、立法和其他措施的制定、实施和评价；
  - (d) 审议各缔约方根据第 21 条提交的报告并通过关于本公约实施情况的定期报告；
  - (e) 根据第 26 条促进和推动实施本公约的财政资源的筹集；
  - (f) 设立为实现本公约的目标所需的附属机构；
  - (g) 酌情要求联合国系统的适当和相关组织和机构、其他国际和区域政府间组织以及非政府组织和机构为加强本公约的实施提供服务、合作和信息；以及
  - (h) 依据实施本公约所取得的经验，酌情考虑采取其他行动以实现本公约的目标。
6. 缔约方会议应制订观察员参加其会议的标准。

## **第 24 条**

### *秘书处*

1. 缔约方会议应指定一个常设秘书处并为其运转作出安排。缔约方会议应努力在其第一次会议完成此项工作。
2. 在指定和成立常设秘书处之前，本公约秘书处的职能应由世界卫生组织提供。
3. 秘书处的职能应为：
  - (a) 为缔约方会议及任何附属机构的各届会议作出安排并提供所需的服务；
  - (b) 转递它收到的依照本公约提交的报告；

- (c) 在公约规定提供的信息的汇编和交换方面，向提出要求的各缔约方，特别是发展中国家缔约方和经济转轨国家缔约方提供支持；
- (d) 在缔约方会议的指导下，编写其在本公约下开展活动的报告，并提交给缔约方会议；
- (e) 在缔约方会议的指导下，确保与有关国际和区域政府间组织及其他机构的必要协调；
- (f) 在缔约方会议的指导下，为有效履行其职能，进行有关行政或契约安排；以及
- (g) 履行本公约及其任何议定书所规定的其他秘书处职能和缔约方会议可能决定的其他职能。

### **第25条**

#### *缔约方会议与政府间组织的关系*

为了提供实现本公约目标所需的技术和财政合作，缔约方会议可要求有关国际和区域政府间组织，包括金融和开发机构开展合作。

### **第26条**

#### *财政资源*

1. 各缔约方认识到财政资源在实现本公约目标方面发挥的重要作用。
2. 每一缔约方应根据其国家计划、优先事项和规划为其旨在实现本公约目标的国家活动提供财政支持。
3. 各缔约方应酌情促进利用双边、区域、次区域和其他多边渠道，为制定和加强发展中国家缔约方和经济转轨国家缔约方的多部门综合烟草控制规划提供资金。因此，应在国家制定的可持续发展战略中强调和支持经济上切实可行的烟草生产替代生计，包括作物多样化。

4. 参加有关区域和国际政府间组织以及金融和开发机构的缔约方，应鼓励这些机构为发展中国家缔约方和经济转轨国家缔约方提供财政援助，以协助其实现本公约规定的义务，并且不限制其在这些组织中的参与权利。

5. 各缔约方同意：

(a) 为协助各缔约方实现本公约规定的义务，宜筹集和利用一切可用于烟草控制活动的潜在的和现有的，无论公共的还是私人的财政、技术或其他资源，以使所有缔约方，尤其是发展中国家和经济转轨国家缔约方受益；

(b) 秘书处应根据发展中国家缔约方和经济转轨国家缔约方的要求，通报现有的可用于帮助其实现公约规定义务的资金来源；

(c) 缔约方会议应在其第一次会议上根据秘书处进行的研究和其他有关信息，审查现有和潜在的援助资源和机制，并考虑其充分性；以及

(d) 缔约方会议应根据审查结果，确定加强现有机制或建立一个自愿全球基金或其他适当财政资源的必要性，以便为发展中国家缔约方和经济转轨国家缔约方的需求提供额外财政资源，帮助其实现本公约的目标。

## **第 IX 部分：争端解决**

### **第 27 条**

#### *争端解决*

1. 如两个或两个以上缔约方之间就本公约的解释或适用发生争端时，有关缔约方应通过外交途径谈判或寻求其自行选择的任何其他和平方式解决此争端，包括斡旋、调停或和解。未能通过斡旋、调停或和解达成一致的，并不免除争端各当事方继续寻求解决该争端的责任。

2. 当批准、接受、核准、正式确认或加入本公约时，或在其后的任何时候，国家或区域经济一体化组织可书面向保存人声明，对未能根据本条第 1 款解决

的争端，其接受根据缔约方会议以协商一致方式通过的程序进行的特别仲裁作为强制性手段。

3. 除非有关议定书另有规定，本条规定应适用于各缔约方之间的任何议定书。

## **第 X 部分：公约的发展**

### **第 28 条**

#### *公约的修正*

1. 任何缔约方可提出对本公约的修正案。此类修正案将由缔约方会议进行审议。

2. 本公约的修正案应由缔约方会议通过。对本公约提出的任何修正案的案文，应由秘书处在拟议通过该修正案的会议之前至少六个月通报各缔约方。秘书处还应将提出的修正案案文通报本公约各签署方，并送交保存人以供参考。

3. 各缔约方应尽一切努力以协商一致方式，就对本公约提出的任何修正案达成协议。如为谋求协商一致已尽了一切努力，仍未达成协议，作为最后的方式，该修正案应以出席会议并参加表决的缔约方四分之三多数票通过。为本条之目的，出席会议并参加表决的缔约方系指出席会议并投赞成或反对票的缔约方。通过的任何修正案应由秘书处送交保存人，再由保存人转送所有缔约方以供其接受。

4. 对修正案的接受文书应交存于保存人。根据本条第 3 款通过的修正案，对接受该修正案的缔约方，应于保存人收到本公约至少三分之二缔约方的接受文书之日后的第九十天起生效。

5. 对于任何其他缔约方，修正案应在该缔约方向保存人交存接受该修正案的接受书之日后第九十天起对其生效。

### **第29条**

#### *公约附件的通过和修正*

1. 本公约的附件及其修正案应根据第28条中规定的程序提出、通过和生效。
2. 本公约的附件应构成本公约不可分割的组成部分，除另有明文规定外，凡提到本公约即同时提到其任何附件。
3. 附件应限于与程序、科学、技术或行政事项有关的清单、表格及任何其他描述性材料。

## **第 XI 部分：最后条款**

### **第30条**

#### *保 留*

对本公约不得作任何保留。

### **第31条**

#### *退 约*

1. 自本公约对一缔约方生效之日起两年后，该缔约方可随时向保存人发出书面通知退出本公约。
2. 任何退出，应自保存人收到退出通知之日起一年期满时生效，或在退出通知中所指明的一年之后的某日期生效。
3. 退出本公约的任何缔约方应被视为也退出其作为缔约方的任何议定书。

### **第32条**

#### *表 决 权*

1. 除本条第2款所规定外，本公约每一缔约方应有一票表决权。



2. 区域经济一体化组织在其权限内的事项上应行使票数与其作为本公约缔约方的成员国数目相同的表决权。如果一个此类组织的任一成员国行使自己的表决权，则该组织不得再行使表决权，反之亦然。

### **第33条**

#### **议定书**

1. 任何缔约方可提议议定书。此类提案将由缔约方会议进行审议。
2. 缔约方会议可通过本公约的议定书。在通过议定书时，应尽一切努力达成一致意见。如为谋求协商一致已尽了一切努力，仍未达成协议，作为最后的方式，该议定书应以出席会议并参加表决的缔约方四分之三多数票通过。为本条之目的，出席会议并参加表决的缔约方系指出席会议并投赞成或反对票的缔约方。
3. 提议的任何议定书文本，应由秘书处在拟议通过该议定书的会议至少六个月之前通报各缔约方。
4. 只有本公约的缔约方可成为议定书的缔约方。
5. 本公约的任何议定书只应对所述议定书的缔约方有约束力。只有某一议定书的缔约方可做出限于该议定书相关事项的决定。
6. 任何议定书的生效条件应由该议定书予以确定。

### **第34条**

#### **签署**

本公约应自2003年6月16日至2003年6月22日在日内瓦世界卫生组织总部，其后自2003年6月30日至2004年6月29日在纽约联合国总部，开放供世界卫生组织所有会员国、非世界卫生组织会员国但系联合国成员国的任何国家以及区域经济一体化组织签署。

### **第35条**

#### *批准、接受、核准、正式确认或加入*

1. 本公约应由各国批准、接受、核准或加入和各区域经济一体化组织正式确认或加入。公约应自签署截止日之次日起开放供加入。批准、接受、核准、正式确认或加入的文书应交存于保存人。
2. 任何成为本公约缔约方而其成员均非缔约方的区域经济一体化组织，应受本公约一切义务的约束。如那些组织的一个或多个成员国为本公约的缔约方，该组织及其成员国应决定各自在履行公约义务方面的责任。在此情况下，该组织及其成员国无权同时行使本公约规定的权利。
3. 区域经济一体化组织应在其有关正式确认的文书或加入的文书中声明其在本公约所规定事项上的权限。这些组织还应将其权限范围的任何重大变更通知保存人，再由保存人通知各缔约方。

### **第36条**

#### *生效*

1. 本公约应自第四十份批准、接受、核准、正式确认或加入的文书交存于保存人之日后第九十天起生效。
2. 对于在本条第1款中规定的生效条件达到之后批准、接受、核准或加入本公约的每个国家，本公约应自其交存、批准、接受、核准或加入的文书之日后第九十天起生效。
3. 对于在达到本条第1款规定的生效条件之后交存正式确认的文书或加入的文书的每个区域经济一体化组织，本公约应自其交存正式确认或加入的文书之日后第九十天起生效。
4. 为本条之目的，区域经济一体化组织所交存的任何文书不应被视为该组织成员国所交存文书之外的额外文书。

**第37条**

保存人

联合国秘书长应为本公约及其修正案和根据第 28、29 和 33 条通过的议定书和附件的保存人。

**第38条**

作准文本

本公约正本交存于联合国秘书长，其阿拉伯文、中文、英文、法文、俄文和西班牙文文本同为作准。

下列签署人，经正式授权，在本公约上签字，以昭信守。

二〇〇三年五月二十一日订于日内瓦。

## 附件 1: WHA56.1 世界卫生组织烟草控制框架公约

第五十六届世界卫生大会，

忆及 WHA49.17 和 WHA52.18 号决议，要求根据世界卫生组织《组织法》第 19 条制定世界卫生组织烟草控制框架公约；

决心保护当代和后代避免烟草消费和接触烟草烟雾；

深为关切地注意到全世界吸烟和其它形式烟草使用的增加；

赞赏地确认政府间谈判机构主席关于政府间谈判工作结果的报告<sup>2</sup>；

确信本公约是在推进国家、区域和国际行动及全球合作方面的开拓性步骤以保护人类健康免受烟草消费和接触烟草烟雾的破坏性影响，并铭记应特别考虑发展中国家和经济转轨国家的特殊情况；

强调有必要使公约迅速生效和有效实施，

1. **通过**本决议所附公约；
2. **注意到**，根据公约第 34 条，公约应自 2003 年 6 月 16 日至 2003 年 6 月 22 日在日内瓦世界卫生组织总部，其后自 2003 年 6 月 30 日至 2004 年 6 月 29 日在纽约联合国总部，开放供签署；
3. **吁请**有权这样做的所有国家和区域经济一体化组织一有机会就考虑签署、批准、接受、核准、正式确认或加入公约，以便使公约尽早生效；
4. **敦促**所有国家和区域经济一体化组织在公约生效前采取一切适当措施控制烟草消费和接触烟草烟雾；

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<sup>2</sup> 文件 A56/INF.DOC./7 Rev.1。

5. **敦促**所有会员国、区域经济一体化组织、观察员和其它有关方面支持本决议中提及的准备活动，并有效地鼓励公约迅速生效和实施；
6. **吁请**联合国并促请其它有关国际组织继续为加强国家和国际烟草控制规划提供支持；
7. 根据《世界卫生大会议事规则》第 42 条，**决定**建立一个不限成员名额的政府间工作小组，该小组应对公约第 34 条提及的所有国家以及区域经济一体化组织开放，以便审议和准备关于公约中所确定问题的建议供第一届缔约方会议酌情审议和通过；这些问题应包括：
  - (1) 缔约方会议议事规则（第 23.3 条），包括观察员参加缔约方会议的标准（第 23.6 条）；
  - (2) 指定常设秘书处并就其职能作出安排的方案（第 24.1 条）；
  - (3) 缔约方会议及其附属机构的财务细则以及管理秘书处运转的财务规则（第 23.4 条）；
  - (4) 第一个财务期的预算草案（第 23.4 条）；
  - (5) 审查协助各缔约方实现公约所规定义务的现有和潜在的资源机制（第 26.5 条）；
8. **进一步决定**，不限成员名额的政府间工作小组还应监督第一届缔约方会议的筹备工作并直接向其报告；
9. **决定**，政府间谈判机构就非政府组织的参与对世界卫生组织烟草控制框架公约所作出的决定应适用于不限成员名额的政府间工作小组的活动；

10. **要求**总干事:

- (1) 在指定和设立常设秘书处之前提供公约下的秘书处职能;
- (2) 采取适宜措施向会员国,特别是发展中国家和经济转轨国家提供支持,为公约的生效作好准备;
- (3) 按必要的频率,在 2003 年 6 月 16 日至第一届缔约方会议之间召开不限成员名额的政府间工作小组会议;
- (4) 继续确保世界卫生组织在向全球烟草控制工作提供技术咨询、指导和支持方面发挥主要作用;
- (5) 向卫生大会通报关于公约生效方面取得的进展和正在进行的缔约方会议第一次会议的筹备工作。

## 附件 2： 烟草控制框架公约的历史

随着 1995 年 5 月通过 WHA48.11 号决议，提出了一项国际烟草文书的思想。该决议要求总干事向第四十九届世界卫生大会报告制定一份国际文书如准则、宣言或国际烟草控制公约的可行性。

由于 WHA48.11 号决议，世界卫生组织被要求起草一项可行性研究，总干事向世界卫生组织执行委员会第九十七届会议提交了此项可行性研究（“一份烟草控制国际文书的可行性”（EB97/INF.DOC./4））。在该届会议期间，执行委员会通过了关于“国际烟草控制框架公约”的 EB97.R8 号决议。

随后，当年第四十九届世界卫生大会通过了关于“国际烟草控制框架公约”的 WHA49.17 号决议，要求总干事开始制定一项烟草控制框架公约。由于这一决议，世界卫生组织制定第一份条约的事业得以正式启动。

1998 年，新当选的世界卫生组织总干事格罗·哈莱姆·布伦特兰博士通过建立无烟草行动内阁项目将全球烟草控制作为一项重点，使国际注意力、资源和行动集中于全球烟草流行。反映行动性质的新的多部门伙伴关系得以发展。更重要的是，布伦特兰博士与会员国一起致力于获得烟草控制框架公约谈判职权和开始从事动员公众和政治舆论的任务以支持烟草控制的全球规则。

1999 年 5 月第五十二届世界卫生大会为开展关于世界卫生组织烟草控制框架公约和可能的相关议定书的多边谈判铺平了道路。WHA52.18 号决议设立了两个机构，以起草框架公约，完成谈判和提交最后文本供第五十六届世界卫生大会审议。这两个机构包括制定框架公约拟议内容草案的技术工作小组以及起草和谈判拟议框架公约和可能的相关议定书的政府间谈判机构。这两个机构均向所有会员国和其成员国已向其转让烟草控制相关事项的权限的区域经济一体化组织开放。

工作小组在日内瓦举行了两次会议（1999 年 10 月 25-29 日和 2000 年 3 月 27-29 日）。其产出为一份包含建议的框架公约内容草案临时文本的文件，连同工作小组的意见已提交给第五十三届世界卫生大会<sup>1</sup>。在 WHA53.16 号决议中，

卫生大会呼吁政府间谈判机构着手进行谈判，最初重点为框架公约草案，但不能干扰今后对可能议定书的讨论，向第五十四届世界卫生大会报告进展，以及审查扩大非政府组织作为观察员参加的问题。

在政府间谈判机构第一次会议（2000年10月16-21日于日内瓦）之前，就围绕框架公约的问题举行了一次公开听证会。总干事召开这一听证会，为公共卫生界、烟草业和种植者团体提出他们的观点提供一个论坛。向谈判机构并通过世界卫生组织网站向公众提供了会议记录。在第一次会议上，巴西 Celso Amorim 大使当选为主席，并且成立了由来自澳大利亚、印度、伊朗伊斯兰共和国、南非、土耳其和美利坚合众国的副主席组成的主席团<sup>2</sup>。由工作小组准备的建议的世界卫生组织烟草控制框架公约内容草案临时文本被认为是开始进行谈判的可靠基础。其后，Amorim 大使制定了一份主席的烟草控制框架公约文本<sup>3</sup>。这份最初草案于2001年1月印发，作为在第二次会议上进一步谈判的基础。

2001年1月，向执行委员会第107届会议提交了一份关于非政府组织参与政府间谈判机构工作的报告<sup>4</sup>。根据执行委员会 EB107(2)号决定的规定，执委会主席与非政府组织常设委员会主席联合行动，接纳了两个非政府组织即国际非政府禁烟联盟和 Infact 从2001年4月26日起与世界卫生组织建立正式关系<sup>5</sup>。

在进一步筹备谈判机构第二次会议时，在大多数区域和亚区域举行了区域闭会期间协商会。为其后政府间谈判机构的每一次会议另外举行了区域和亚区域闭会期间协商会。

在政府间谈判机构第二次会议（2001年4月30日-5月5日于日内瓦）上，在三个工作小组之间划分了审议建议的内容草案的责任。主要产出是三个联合主席的一系列工作文件，一份将在会议上提出的文本提案与原主席文本合并的目录。这些工作文件成为框架公约的滚动文本草案。

在第三次会议（2001年11月22-28日于日内瓦）上，两个工作小组发表了修订的文本，第一工作小组在早些时候草拟了一份文本。这些文件被用于在第四次次会议期间推进谈判。



在接替 Amorim 大使担任巴西在日内瓦的常驻代表之后，Seixas Correa 大使在世界卫生组织烟草控制框架公约政府间谈判机构第四次会议（2002 年 3 月 18-23 日于日内瓦）期间当选为政府间谈判机构主席。

会议商定，Seixas Correa 大使应编制一份新的主席文本，作为谈判机构第五次会议（2002 年 10 月 14-25 日）期间谈判的基础。该文本于 2002 年 7 月印发。由美利坚合众国主持在纽约联合国总部举行了一次关于烟草制品非法贸易的国际技术会议（2002 年 7 月 30 日-8 月 1 日）。

谈判机构前四次会议审议了许多文本方案。在第五次会议上协调一致的讨论压缩了这些方案，从而导致更有重点的谈判。主席新文本在全体会议上读之后，确定了六个问题并在不限成员名额非正式会议上进行讨论：广告、促销和赞助；财政资源；烟草制品非法贸易；责任与赔偿；包装和标签；以及贸易与健康。非正式小组还就法律、机构和程序问题以及术语的使用进行了讨论。在谈判中取得了重大进展，并且在若干领域达成共识。根据非正式会议的产出以及与各代表团和各组代表团举行的闭会期间协商，Seixas Correa 大使于 2003 年 1 月 15 日发表了主席修订的烟草控制框架公约文本。

政府间谈判机构第六次即最后一次会议于 2003 年 2 月 17 日至 3 月 1 日举行。谈判是紧张的、范围广泛的。在两个非正式小组上讨论了两个重要问题，即广告、促销和赞助以及财政资源。在最后一次全体会议上，谈判机构同意将文本提交第五十六届世界卫生大会审议，以便根据《组织法》第 19 条通过。会议还同意，议定书的讨论和通过应推迟至该届卫生大会，届时将有时间审议此事。在其最后一次全体会议上，谈判机构同意，谈判机构主席应起草一项决议，建议卫生大会通过世界卫生组织烟草控制框架公约<sup>6</sup>。因此，根据 WHA52.18 号决议将世界卫生组织烟草控制框架公约最后草案<sup>7</sup>提交卫生大会审议通过。

第五十六届世界卫生大会于 2003 年 5 月 21 日一致通过了世界卫生组织烟草控制框架公约<sup>8</sup>。公约自 2003 年 6 月 16 日至 2003 年 6 月 22 日在日内瓦世界卫生组织总部，其后自 2003 年 6 月 30 日至 2004 年 6 月 29 日在纽约联合国总部，开放供签署，为期一年。

世界卫生组织烟草控制框架公约对于全球公共卫生的未来是一个划时代的事件，并且对世界卫生组织的卫生目标产生重大影响。完全按照卫生大会决议结束谈判进程和一致通过世界卫生组织烟草控制框架公约是促进公众健康的一个里程碑，并为国际卫生合作提供新的法律范畴。

<sup>1</sup> 文件 A53/12。

<sup>2</sup> 文件 A/FCTC/INB2/1。

<sup>3</sup> 文件 A/FCTC/INB2/2。

<sup>4</sup> 文件 EB107/19。

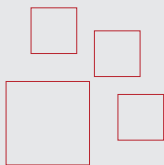
<sup>5</sup> 文件 A/FCTC/INB2/6 Add.1。

<sup>6</sup> 此项决议草案包含在文件 A56/8 Rev.1 中。

<sup>7</sup> 见文件 A56/8，附件。

<sup>8</sup> 世界卫生组织文件 WHA56.1。

制定世界卫生组织烟草控制框架公约的目的是应对目前烟草流行的全球化。具有跨国影响的多种复杂因素促进了烟草流行的扩散，其中包括贸易自由化，外国直接投资以及其它活动，如全球市场营销，跨国烟草广告、促销和赞助，以及假冒和走私卷烟的国际流动。世界卫生组织烟草控制框架公约是一项以证据为基础的条约，它重申全体人民享有最高健康水准的权利。



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WHO FRAMEWORK  
**CONVENTION** ON  
TOBACCO CONTROL



**FCTC**

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# WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL



**FCTC**

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WHO Library Cataloguing-in-Publication Data

WHO Framework Convention on Tobacco Control.

1.Tobacco - supply and distribution 2.Tobacco industry - legislation 3.Tobacco smoke pollution - prevention and control 4.Tobacco use cessation 5.Treaties  
I.World Health Organization.

ISBN 978 92 4 159101 0

(LC/NLM classification: HD 9130.6)

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Printed by the WHO Document Production Services, Geneva, Switzerland.

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## FOREWORD

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first treaty negotiated under the auspices of the World Health Organization. The WHO FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The WHO FCTC represents a paradigm shift in developing a regulatory strategy to address addictive substances; in contrast to previous drug control treaties, the WHO FCTC asserts the importance of demand reduction strategies as well as supply issues.

The WHO FCTC was developed in response to the globalization of the tobacco epidemic. The spread of the tobacco epidemic is facilitated through a variety of complex factors with cross-border effects, including trade liberalization and direct foreign investment. Other factors such as global marketing, transnational tobacco advertising, promotion and sponsorship, and the international movement of contraband and counterfeit cigarettes have also contributed to the explosive increase in tobacco use.

From the first preambular paragraph, which states that the “Parties to this Convention [are] determined to give priority to their right to protect public health”, the WHO FCTC is a global trend-setter.

The core demand reduction provisions in the WHO FCTC are contained in articles 6-14:

Price and tax measures to reduce the demand for tobacco, and

Non-price measures to reduce the demand for tobacco, namely:

- Protection from exposure to tobacco smoke;
- Regulation of the contents of tobacco products;
- Regulation of tobacco product disclosures;
- Packaging and labelling of tobacco products;
- Education, communication, training and public awareness;
- Tobacco advertising, promotion and sponsorship; and,
- Demand reduction measures concerning tobacco dependence and cessation.

The core supply reduction provisions in the WHO FCTC are contained in articles 15-17:

Illicit trade in tobacco products;

Sales to and by minors; and,

Provision of support for economically viable alternative activities.

Another novel feature of the Convention is the inclusion of a provision that addresses liability. Mechanisms for scientific and technical cooperation and exchange of information are set out in Articles 20-22.

The WHO FCTC opened for signature on 16 June to 22 June 2003 in Geneva, and thereafter at the United Nations Headquarters in New York, the Depository of the treaty, from 30 June 2003 to 29 June 2004. The treaty, which is now closed for signature, has 168 Signatories, including the European Community, which makes it one of the most widely embraced treaties in UN history. Member States that have signed the Convention indicate that they will strive in good faith to ratify, accept, or approve it, and show political commitment not to undermine the objectives set out in it. Countries wishing to become a Party, but that did not sign the Convention by 29 June 2004, may do so by means of accession, which is a one-step process equivalent to ratification.

The Convention entered into force on 27 February 2005 -- 90 days after it has been acceded to, ratified, accepted, or approved by 40 States. Beginning on that date, the forty Contracting Parties are legally bound by the treaty's provisions. For each State that ratifies, accepts or approves the Convention or accedes thereto after the conditions set out in paragraph 1 of Article 36 for entry into force have been fulfilled, the Convention shall enter into force on the ninetieth day following the date of deposit of its instrument of ratification, acceptance, approval or accession. For regional economic integration organizations, the Convention enters into force on the ninetieth day following the date of deposit of its instrument of formal confirmation or accession.

The global network developed over the period of the negotiations of the WHO FCTC will be important in preparing for the implementation of the Convention at country level. In the words of WHO's Director General, Dr Jong-wook LEE:

"The WHO FCTC negotiations have already unleashed a process that has resulted in visible differences at country level. The success of the WHO FCTC as a tool for public health will depend on the energy and political commitment that we devote to implementing it in countries in the coming years. A successful result will be global public health gains for all."

For this to materialize, the drive and commitment, which was so evident during the negotiations, will need to spread to national and local levels so that the WHO FCTC becomes a concrete reality where it counts most, in countries.

## ***Preamble***

The Parties to this Convention,

*Determined* to give priority to their right to protect public health,

*Recognizing* that the spread of the tobacco epidemic is a global problem with serious consequences for public health that calls for the widest possible international cooperation and the participation of all countries in an effective, appropriate and comprehensive international response,

*Reflecting* the concern of the international community about the devastating worldwide health, social, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke,

*Seriously concerned* about the increase in the worldwide consumption and production of cigarettes and other tobacco products, particularly in developing countries, as well as about the burden this places on families, on the poor, and on national health systems,

*Recognizing* that scientific evidence has unequivocally established that tobacco consumption and exposure to tobacco smoke cause death, disease and disability, and that there is a time lag between the exposure to smoking and the other uses of tobacco products and the onset of tobacco-related diseases,

*Recognizing also* that cigarettes and some other products containing tobacco are highly engineered so as to create and maintain dependence, and that many of the compounds they contain and the smoke they produce are pharmacologically active, toxic, mutagenic and carcinogenic, and that tobacco dependence is separately classified as a disorder in major international classifications of diseases,

*Acknowledging* that there is clear scientific evidence that prenatal exposure to tobacco smoke causes adverse health and developmental conditions for children,

*Deeply concerned* about the escalation in smoking and other forms of tobacco consumption by children and adolescents worldwide, particularly smoking at increasingly early ages,

*Alarmed* by the increase in smoking and other forms of tobacco consumption by women and young girls worldwide and keeping in mind the need for full participation of women at all levels of policy-making and implementation and the need for gender-specific tobacco control strategies,

*Deeply concerned* about the high levels of smoking and other forms of tobacco consumption by indigenous peoples,

*Seriously concerned* about the impact of all forms of advertising, promotion and sponsorship aimed at encouraging the use of tobacco products,

*Recognizing* that cooperative action is necessary to eliminate all forms of illicit trade in cigarettes and other tobacco products, including smuggling, illicit manufacturing and counterfeiting,

*Acknowledging* that tobacco control at all levels and particularly in developing countries and in countries with economies in transition requires sufficient financial and technical resources commensurate with the current and projected need for tobacco control activities,

*Recognizing* the need to develop appropriate mechanisms to address the long-term social and economic implications of successful tobacco demand reduction strategies,

*Mindful* of the social and economic difficulties that tobacco control programmes may engender in the medium and long term in some developing countries and countries with economies in transition, and recognizing their need for technical and financial assistance in the context of nationally developed strategies for sustainable development,

*Conscious* of the valuable work being conducted by many States on tobacco control and commending the leadership of the World Health Organization as well as the efforts of other organizations and bodies of the United Nations system and other international and regional intergovernmental organizations in developing measures on tobacco control,

*Emphasizing* the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts,

*Recognizing* the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts,

*Recalling* Article 12 of the International Covenant on Economic, Social and Cultural Rights, adopted by the United Nations General Assembly on 16 December 1966, which states that it is the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

*Recalling also* the preamble to the Constitution of the World Health Organization, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition,

*Determined* to promote measures of tobacco control based on current and relevant scientific, technical and economic considerations,

*Recalling* that the Convention on the Elimination of All Forms of Discrimination against Women, adopted by the United Nations General Assembly on 18 December 1979, provides that States Parties to that Convention shall take appropriate measures to eliminate discrimination against women in the field of health care,

*Recalling further* that the Convention on the Rights of the Child, adopted by the United Nations General Assembly on 20 November 1989, provides that States Parties to that Convention recognize the right of the child to the enjoyment of the highest attainable standard of health,

*Have agreed*, as follows:

## **PART I: INTRODUCTION**

### *Article 1* *Use of terms*

For the purposes of this Convention:

- (a) “illicit trade” means any practice or conduct prohibited by law and which relates to production, shipment, receipt, possession, distribution, sale or purchase including any practice or conduct intended to facilitate such activity;
- (b) “regional economic integration organization” means an organization that is composed of several sovereign states, and to which its Member States have transferred competence over a range of matters, including the authority to make decisions binding on its Member States in respect of those matters;<sup>1</sup>
- (c) “tobacco advertising and promotion” means any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly;
- (d) “tobacco control” means a range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke;
- (e) “tobacco industry” means tobacco manufacturers, wholesale distributors and importers of tobacco products;
- (f) “tobacco products” means products entirely or partly made of the leaf tobacco as raw material which are manufactured to be used for smoking, sucking, chewing or snuffing;
- (g) “tobacco sponsorship” means any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly;

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<sup>1</sup> Where appropriate, national will refer equally to regional economic integration organizations.

**Article 2**

*Relationship between this Convention and other agreements and legal instruments*

1. In order to better protect human health, Parties are encouraged to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law.
2. The provisions of the Convention and its protocols shall in no way affect the right of Parties to enter into bilateral or multilateral agreements, including regional or subregional agreements, on issues relevant or additional to the Convention and its protocols, provided that such agreements are compatible with their obligations under the Convention and its protocols. The Parties concerned shall communicate such agreements to the Conference of the Parties through the Secretariat.

**PART II: OBJECTIVE, GUIDING PRINCIPLES AND GENERAL OBLIGATIONS**

**Article 3**

*Objective*

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

**Article 4**

*Guiding principles*

To achieve the objective of this Convention and its protocols and to implement its provisions, the Parties shall be guided, *inter alia*, by the principles set out below:

1. Every person should be informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke and effective legislative, executive, administrative or other measures should be contemplated at the appropriate governmental level to protect all persons from exposure to tobacco smoke.



2. Strong political commitment is necessary to develop and support, at the national, regional and international levels, comprehensive multisectoral measures and coordinated responses, taking into consideration:
  - (a) the need to take measures to protect all persons from exposure to tobacco smoke;
  - (b) the need to take measures to prevent the initiation, to promote and support cessation, and to decrease the consumption of tobacco products in any form;
  - (c) the need to take measures to promote the participation of indigenous individuals and communities in the development, implementation and evaluation of tobacco control programmes that are socially and culturally appropriate to their needs and perspectives; and
  - (d) the need to take measures to address gender-specific risks when developing tobacco control strategies.
3. International cooperation, particularly transfer of technology, knowledge and financial assistance and provision of related expertise, to establish and implement effective tobacco control programmes, taking into consideration local culture, as well as social, economic, political and legal factors, is an important part of the Convention.
4. Comprehensive multisectoral measures and responses to reduce consumption of all tobacco products at the national, regional and international levels are essential so as to prevent, in accordance with public health principles, the incidence of diseases, premature disability and mortality due to tobacco consumption and exposure to tobacco smoke.
5. Issues relating to liability, as determined by each Party within its jurisdiction, are an important part of comprehensive tobacco control.
6. The importance of technical and financial assistance to aid the economic transition of tobacco growers and workers whose livelihoods are seriously affected as a consequence of tobacco control programmes in developing country Parties, as well as Parties with economies in transition, should be recognized and addressed in the context of nationally developed strategies for sustainable development.
7. The participation of civil society is essential in achieving the objective of the Convention and its protocols.

***Article 5***  
***General obligations***

1. Each Party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention and the protocols to which it is a Party.
2. Towards this end, each Party shall, in accordance with its capabilities:
  - (a) establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control; and
  - (b) adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.
3. In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.
4. The Parties shall cooperate in the formulation of proposed measures, procedures and guidelines for the implementation of the Convention and the protocols to which they are Parties.
5. The Parties shall cooperate, as appropriate, with competent international and regional intergovernmental organizations and other bodies to achieve the objectives of the Convention and the protocols to which they are Parties.
6. The Parties shall, within means and resources at their disposal, cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms.

**PART III: MEASURES RELATING TO THE REDUCTION  
OF DEMAND FOR TOBACCO**

***Article 6***  
***Price and tax measures to reduce the demand for tobacco***

1. The Parties recognize that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons.

2. Without prejudice to the sovereign right of the Parties to determine and establish their taxation policies, each Party should take account of its national health objectives concerning tobacco control and adopt or maintain, as appropriate, measures which may include:

(a) implementing tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption; and

(b) prohibiting or restricting, as appropriate, sales to and/or importations by international travellers of tax- and duty-free tobacco products.

3. The Parties shall provide rates of taxation for tobacco products and trends in tobacco consumption in their periodic reports to the Conference of the Parties, in accordance with Article 21.

### *Article 7*

#### *Non-price measures to reduce the demand for tobacco*

The Parties recognize that comprehensive non-price measures are an effective and important means of reducing tobacco consumption. Each Party shall adopt and implement effective legislative, executive, administrative or other measures necessary to implement its obligations pursuant to Articles 8 to 13 and shall cooperate, as appropriate, with each other directly or through competent international bodies with a view to their implementation. The Conference of the Parties shall propose appropriate guidelines for the implementation of the provisions of these Articles.

### *Article 8*

#### *Protection from exposure to tobacco smoke*

1. Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.

2. Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

***Article 9***

***Regulation of the contents of tobacco products***

The Conference of the Parties, in consultation with competent international bodies, shall propose guidelines for testing and measuring the contents and emissions of tobacco products, and for the regulation of these contents and emissions. Each Party shall, where approved by competent national authorities, adopt and implement effective legislative, executive and administrative or other measures for such testing and measuring, and for such regulation.

***Article 10***

***Regulation of tobacco product disclosures***

Each Party shall, in accordance with its national law, adopt and implement effective legislative, executive, administrative or other measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products. Each Party shall further adopt and implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce.

***Article 11***

***Packaging and labelling of tobacco products***

1. Each Party shall, within a period of three years after entry into force of this Convention for that Party, adopt and implement, in accordance with its national law, effective measures to ensure that:

(a) tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”; and

(b) each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages. These warnings and messages:

(i) shall be approved by the competent national authority,

(ii) shall be rotating,

(iii) shall be large, clear, visible and legible,

(iv) should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas,

(v) may be in the form of or include pictures or pictograms.

2. Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.

3. Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.

4. For the purposes of this Article, the term “outside packaging and labelling” in relation to tobacco products applies to any packaging and labelling used in the retail sale of the product.

### *Article 12*

#### *Education, communication, training and public awareness*

Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate. Towards this end, each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote:

- (a) broad access to effective and comprehensive educational and public awareness programmes on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke;
- (b) public awareness about the health risks of tobacco consumption and exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles as specified in Article 14.2;
- (c) public access, in accordance with national law, to a wide range of information on the tobacco industry as relevant to the objective of this Convention;

- (d) effective and appropriate training or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons;
- (e) awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control; and
- (f) public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption.

### ***Article 13***

#### ***Tobacco advertising, promotion and sponsorship***

1. Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products.
2. Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21.
3. A Party that is not in a position to undertake a comprehensive ban due to its constitution or constitutional principles shall apply restrictions on all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, restrictions or a comprehensive ban on advertising, promotion and sponsorship originating from its territory with cross-border effects. In this respect, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21.
4. As a minimum, and in accordance with its constitution or constitutional principles, each Party shall:
  - (a) prohibit all forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions;

- (b) require that health or other appropriate warnings or messages accompany all tobacco advertising and, as appropriate, promotion and sponsorship;
  - (c) restrict the use of direct or indirect incentives that encourage the purchase of tobacco products by the public;
  - (d) require, if it does not have a comprehensive ban, the disclosure to relevant governmental authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited. Those authorities may decide to make those figures available, subject to national law, to the public and to the Conference of the Parties, pursuant to Article 21;
  - (e) undertake a comprehensive ban or, in the case of a Party that is not in a position to undertake a comprehensive ban due to its constitution or constitutional principles, restrict tobacco advertising, promotion and sponsorship on radio, television, print media and, as appropriate, other media, such as the internet, within a period of five years; and
  - (f) prohibit, or in the case of a Party that is not in a position to prohibit due to its constitution or constitutional principles restrict, tobacco sponsorship of international events, activities and/or participants therein.
5. Parties are encouraged to implement measures beyond the obligations set out in paragraph 4.
6. Parties shall cooperate in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising.
7. Parties which have a ban on certain forms of tobacco advertising, promotion and sponsorship have the sovereign right to ban those forms of cross-border tobacco advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law. This paragraph does not endorse or approve of any particular penalty.
8. Parties shall consider the elaboration of a protocol setting out appropriate measures that require international collaboration for a comprehensive ban on cross-border advertising, promotion and sponsorship.



**Article 14**

*Demand reduction measures concerning tobacco dependence and cessation*

1. Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.
2. Towards this end, each Party shall endeavour to:
  - (a) design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments;
  - (b) include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate;
  - (c) establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence; and
  - (d) collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products pursuant to Article 22. Such products and their constituents may include medicines, products used to administer medicines and diagnostics when appropriate.

**PART IV: MEASURES RELATING TO THE REDUCTION  
OF THE SUPPLY OF TOBACCO**

**Article 15**

*Illicit trade in tobacco products*

1. The Parties recognize that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting, and the development and implementation of related national law, in addition to subregional, regional and global agreements, are essential components of tobacco control.
2. Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist Parties in determining the origin of

tobacco products, and in accordance with national law and relevant bilateral or multilateral agreements, assist Parties in determining the point of diversion and monitor, document and control the movement of tobacco products and their legal status. In addition, each Party shall:

- (a) require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: “*Sales only allowed in (insert name of the country, subnational, regional or federal unit)*” or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market; and
  - (b) consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.
3. Each Party shall require that the packaging information or marking specified in paragraph 2 of this Article shall be presented in legible form and/or appear in its principal language or languages.
4. With a view to eliminating illicit trade in tobacco products, each Party shall:
- (a) monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements;
  - (b) enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes;
  - (c) take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law;
  - (d) adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction; and
  - (e) adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products.

5. Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the Conference of the Parties, in accordance with Article 21.

6. The Parties shall, as appropriate and in accordance with national law, promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products.

7. Each Party shall endeavour to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.

### *Article 16*

#### *Sales to and by minors*

1. Each Party shall adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen. These measures may include:

(a) requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors and, in case of doubt, request that each tobacco purchaser provide appropriate evidence of having reached full legal age;

(b) banning the sale of tobacco products in any manner by which they are directly accessible, such as store shelves;

(c) prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors; and

(d) ensuring that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors.

2. Each Party shall prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors.

3. Each Party shall endeavour to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors.

4. The Parties recognize that in order to increase their effectiveness, measures to prevent tobacco product sales to minors should, where appropriate, be implemented in conjunction with other provisions contained in this Convention.
5. When signing, ratifying, accepting, approving or acceding to the Convention or at any time thereafter, a Party may, by means of a binding written declaration, indicate its commitment to prohibit the introduction of tobacco vending machines within its jurisdiction or, as appropriate, to a total ban on tobacco vending machines. The declaration made pursuant to this Article shall be circulated by the Depositary to all Parties to the Convention.
6. Each Party shall adopt and implement effective legislative, executive, administrative or other measures, including penalties against sellers and distributors, in order to ensure compliance with the obligations contained in paragraphs 1-5 of this Article.
7. Each Party should, as appropriate, adopt and implement effective legislative, executive, administrative or other measures to prohibit the sales of tobacco products by persons under the age set by domestic law, national law or eighteen.

#### ***Article 17***

##### *Provision of support for economically viable alternative activities*

Parties shall, in cooperation with each other and with competent international and regional intergovernmental organizations, promote, as appropriate, economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers.

### **PART V: PROTECTION OF THE ENVIRONMENT**

#### ***Article 18***

##### *Protection of the environment and the health of persons*

In carrying out their obligations under this Convention, the Parties agree 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.

## **PART VI: QUESTIONS RELATED TO LIABILITY**

### ***Article 19*** ***Liability***

1. For the purpose of tobacco control, the Parties shall consider taking legislative action or promoting their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate.
2. Parties shall cooperate with each other in exchanging information through the Conference of the Parties in accordance with Article 21 including:
  - (a) information on the health effects of the consumption of tobacco products and exposure to tobacco smoke in accordance with Article 20.3(a); and
  - (b) information on legislation and regulations in force as well as pertinent jurisprudence.
3. The Parties shall, as appropriate and mutually agreed, within the limits of national legislation, policies, legal practices and applicable existing treaty arrangements, afford one another assistance in legal proceedings relating to civil and criminal liability consistent with this Convention.
4. The Convention shall in no way affect or limit any rights of access of the Parties to each other's courts where such rights exist.
5. The Conference of the Parties may consider, if possible, at an early stage, taking account of the work being done in relevant international fora, issues related to liability including appropriate international approaches to these issues and appropriate means to support, upon request, the Parties in their legislative and other activities in accordance with this Article.

## **PART VII: SCIENTIFIC AND TECHNICAL COOPERATION AND COMMUNICATION OF INFORMATION**

### ***Article 20*** ***Research, surveillance and exchange of information***

1. The Parties undertake to develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control. Towards this end, each Party shall:

(a) initiate and cooperate in, directly or through competent international and regional intergovernmental organizations and other bodies, the conduct of research and scientific assessments, and in so doing promote and encourage research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke as well as research for identification of alternative crops; and

(b) promote and strengthen, with the support of competent international and regional intergovernmental organizations and other bodies, training and support for all those engaged in tobacco control activities, including research, implementation and evaluation.

2. The Parties shall establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.

3. Parties recognize the importance of financial and technical assistance from international and regional intergovernmental organizations and other bodies. Each Party shall endeavour to:

(a) establish progressively a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators;

(b) cooperate with competent international and regional intergovernmental organizations and other bodies, including governmental and nongovernmental agencies, in regional and global tobacco surveillance and exchange of information on the indicators specified in paragraph 3(a) of this Article; and

(c) cooperate with the World Health Organization in the development of general guidelines or procedures for defining the collection, analysis and dissemination of tobacco-related surveillance data.

4. The Parties shall, subject to national law, promote and facilitate the exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the tobacco industry and the cultivation of tobacco, which is relevant to this Convention, and in so doing shall take into account and address the special needs of developing country Parties and Parties with economies in transition. Each Party shall endeavour to:

(a) progressively establish and maintain an updated database of laws and regulations on tobacco control and, as appropriate, information about their

enforcement, as well as pertinent jurisprudence, and cooperate in the development of programmes for regional and global tobacco control;

(b) progressively establish and maintain updated data from national surveillance programmes in accordance with paragraph 3(a) of this Article; and

(c) cooperate with competent international organizations to progressively establish and maintain a global system to regularly collect and disseminate information on tobacco production, manufacture and the activities of the tobacco industry which have an impact on the Convention or national tobacco control activities.

5. Parties should cooperate in regional and international intergovernmental organizations and financial and development institutions of which they are members, to promote and encourage provision of technical and financial resources to the Secretariat to assist developing country Parties and Parties with economies in transition to meet their commitments on research, surveillance and exchange of information.

### *Article 21*

#### *Reporting and exchange of information*

1. Each Party shall submit to the Conference of the Parties, through the Secretariat, periodic reports on its implementation of this Convention, which should include the following:

(a) information on legislative, executive, administrative or other measures taken to implement the Convention;

(b) information, as appropriate, on any constraints or barriers encountered in its implementation of the Convention, and on the measures taken to overcome these barriers;

(c) information, as appropriate, on financial and technical assistance provided or received for tobacco control activities;

(d) information on surveillance and research as specified in Article 20; and

(e) information specified in Articles 6.3, 13.2, 13.3, 13.4(d), 15.5 and 19.2.

2. The frequency and format of such reports by all Parties shall be determined by the Conference of the Parties. Each Party shall make its initial report within two years of the entry into force of the Convention for that Party.

3. The Conference of the Parties, pursuant to Articles 22 and 26, shall consider arrangements to assist developing country Parties and Parties with economies in transition, at their request, in meeting their obligations under this Article.

4. The reporting and exchange of information under the Convention shall be subject to national law regarding confidentiality and privacy. The Parties shall protect, as mutually agreed, any confidential information that is exchanged.

### ***Article 22***

#### ***Cooperation in the scientific, technical, and legal fields and provision of related expertise***

1. The Parties shall cooperate directly or through competent international bodies to strengthen their capacity to fulfill the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national tobacco control strategies, plans and programmes aiming at, *inter alia*:

- (a) facilitation of the development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control;
- (b) provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes, aiming at implementation of the Convention through, *inter alia*:
  - (i) assisting, upon request, in the development of a strong legislative foundation as well as technical programmes, including those on prevention of initiation, promotion of cessation and protection from exposure to tobacco smoke;
  - (ii) assisting, as appropriate, tobacco workers in the development of appropriate economically and legally viable alternative livelihoods in an economically viable manner; and
  - (iii) assisting, as appropriate, tobacco growers in shifting agricultural production to alternative crops in an economically viable manner;
- (c) support for appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12;
- (d) provision, as appropriate, of the necessary material, equipment and supplies, as well as logistical support, for tobacco control strategies, plans and programmes;



- (e) identification of methods for tobacco control, including comprehensive treatment of nicotine addiction; and
- (f) promotion, as appropriate, of research to increase the affordability of comprehensive treatment of nicotine addiction.

2. The Conference of the Parties shall promote and facilitate transfer of technical, scientific and legal expertise and technology with the financial support secured in accordance with Article 26.

## **PART VIII: INSTITUTIONAL ARRANGEMENTS AND FINANCIAL RESOURCES**

### *Article 23*

#### *Conference of the Parties*

1. A Conference of the Parties is hereby established. The first session of the Conference shall be convened by the World Health Organization not later than one year after the entry into force of this Convention. The Conference will determine the venue and timing of subsequent regular sessions at its first session.
2. Extraordinary sessions of the Conference of the Parties shall be held at such other times as may be deemed necessary by the Conference, or at the written request of any Party, provided that, within six months of the request being communicated to them by the Secretariat of the Convention, it is supported by at least one-third of the Parties.
3. The Conference of the Parties shall adopt by consensus its Rules of Procedure at its first session.
4. The Conference of the Parties shall by consensus adopt financial rules for itself as well as governing the funding of any subsidiary bodies it may establish as well as financial provisions governing the functioning of the Secretariat. At each ordinary session, it shall adopt a budget for the financial period until the next ordinary session.
5. The Conference of the Parties shall keep under regular review the implementation of the Convention and take the decisions necessary to promote its effective implementation and may adopt protocols, annexes and amendments to the Convention, in accordance with Articles 28, 29 and 33. Towards this end, it shall:
  - (a) promote and facilitate the exchange of information pursuant to Articles 20 and 21;

- (b) promote and guide the development and periodic refinement of comparable methodologies for research and the collection of data, in addition to those provided for in Article 20, relevant to the implementation of the Convention;
- (c) promote, as appropriate, the development, implementation and evaluation of strategies, plans, and programmes, as well as policies, legislation and other measures;
- (d) consider reports submitted by the Parties in accordance with Article 21 and adopt regular reports on the implementation of the Convention;
- (e) promote and facilitate the mobilization of financial resources for the implementation of the Convention in accordance with Article 26;
- (f) establish such subsidiary bodies as are necessary to achieve the objective of the Convention;
- (g) request, where appropriate, the services and cooperation of, and information provided by, competent and relevant organizations and bodies of the United Nations system and other international and regional intergovernmental organizations and nongovernmental organizations and bodies as a means of strengthening the implementation of the Convention; and
- (h) consider other action, as appropriate, for the achievement of the objective of the Convention in the light of experience gained in its implementation.

6. The Conference of the Parties shall establish the criteria for the participation of observers at its proceedings.

### *Article 24* *Secretariat*

1. The Conference of the Parties shall designate a permanent secretariat and make arrangements for its functioning. The Conference of the Parties shall endeavour to do so at its first session.
2. Until such time as a permanent secretariat is designated and established, secretariat functions under this Convention shall be provided by the World Health Organization.
3. Secretariat functions shall be:
  - (a) to make arrangements for sessions of the Conference of the Parties and any subsidiary bodies and to provide them with services as required;

- (b) to transmit reports received by it pursuant to the Convention;
- (c) to provide support to the Parties, particularly developing country Parties and Parties with economies in transition, on request, in the compilation and communication of information required in accordance with the provisions of the Convention;
- (d) to prepare reports on its activities under the Convention under the guidance of the Conference of the Parties and submit them to the Conference of the Parties;
- (e) to ensure, under the guidance of the Conference of the Parties, the necessary coordination with the competent international and regional intergovernmental organizations and other bodies;
- (f) to enter, under the guidance of the Conference of the Parties, into such administrative or contractual arrangements as may be required for the effective discharge of its functions; and
- (g) to perform other secretariat functions specified by the Convention and by any of its protocols and such other functions as may be determined by the Conference of the Parties.

### ***Article 25***

#### ***Relations between the Conference of the Parties and intergovernmental organizations***

In order to provide technical and financial cooperation for achieving the objective of this Convention, the Conference of the Parties may request the cooperation of competent international and regional intergovernmental organizations including financial and development institutions.

### ***Article 26***

#### ***Financial resources***

1. The Parties recognize the important role that financial resources play in achieving the objective of this Convention.
2. Each Party shall provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes.
3. Parties shall promote, as appropriate, the utilization of bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of

multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition. Accordingly, economically viable alternatives to tobacco production, including crop diversification should be addressed and supported in the context of nationally developed strategies of sustainable development.

4. Parties represented in relevant regional and international intergovernmental organizations, and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention, without limiting the rights of participation within these organizations.

5. The Parties agree that:

(a) to assist Parties in meeting their obligations under the Convention, all relevant potential and existing resources, financial, technical, or otherwise, both public and private that are available for tobacco control activities, should be mobilized and utilized for the benefit of all Parties, especially developing countries and countries with economies in transition;

(b) the Secretariat shall advise developing country Parties and Parties with economies in transition, upon request, on available sources of funding to facilitate the implementation of their obligations under the Convention;

(c) the Conference of the Parties in its first session shall review existing and potential sources and mechanisms of assistance based on a study conducted by the Secretariat and other relevant information, and consider their adequacy; and

(d) the results of this review shall be taken into account by the Conference of the Parties in determining the necessity to enhance existing mechanisms or to establish a voluntary global fund or other appropriate financial mechanisms to channel additional financial resources, as needed, to developing country Parties and Parties with economies in transition to assist them in meeting the objectives of the Convention.

## **PART IX: SETTLEMENT OF DISPUTES**

### ***Article 27***

#### ***Settlement of disputes***

1. In the event of a dispute between two or more Parties concerning the interpretation or application of this Convention, the Parties concerned shall seek through diplomatic channels a settlement of the dispute through negotiation or any other peaceful means of their own choice, including good offices, mediation, or conciliation. Failure to reach agreement by good offices,

mediation or conciliation shall not absolve parties to the dispute from the responsibility of continuing to seek to resolve it.

2. When ratifying, accepting, approving, formally confirming or acceding to the Convention, or at any time thereafter, a State or regional economic integration organization may declare in writing to the Depositary that, for a dispute not resolved in accordance with paragraph 1 of this Article, it accepts, as compulsory, ad hoc arbitration in accordance with procedures to be adopted by consensus by the Conference of the Parties.

3. The provisions of this Article shall apply with respect to any protocol as between the parties to the protocol, unless otherwise provided therein.

## **PART X: DEVELOPMENT OF THE CONVENTION**

### ***Article 28***

#### *Amendments to this Convention*

1. Any Party may propose amendments to this Convention. Such amendments will be considered by the Conference of the Parties.

2. Amendments to the Convention shall be adopted by the Conference of the Parties. The text of any proposed amendment to the Convention shall be communicated to the Parties by the Secretariat at least six months before the session at which it is proposed for adoption. The Secretariat shall also communicate proposed amendments to the signatories of the Convention and, for information, to the Depositary.

3. The Parties shall make every effort to reach agreement by consensus on any proposed amendment to the Convention. If all efforts at consensus have been exhausted, and no agreement reached, the amendment shall as a last resort be adopted by a three-quarters majority vote of the Parties present and voting at the session. For purposes of this Article, Parties present and voting means Parties present and casting an affirmative or negative vote. Any adopted amendment shall be communicated by the Secretariat to the Depositary, who shall circulate it to all Parties for acceptance.

4. Instruments of acceptance in respect of an amendment shall be deposited with the Depositary. An amendment adopted in accordance with paragraph 3 of this Article shall enter into force for those Parties having accepted it on the ninetieth day after the date of receipt by the Depositary of an instrument of acceptance by at least two-thirds of the Parties to the Convention.

5. The amendment shall enter into force for any other Party on the ninetieth day after the date on which that Party deposits with the Depositary its instrument of acceptance of the said amendment.

***Article 29***

*Adoption and amendment of annexes to this Convention*

1. Annexes to this Convention and amendments thereto shall be proposed, adopted and shall enter into force in accordance with the procedure set forth in Article 28.
2. Annexes to the Convention shall form an integral part thereof and, unless otherwise expressly provided, a reference to the Convention constitutes at the same time a reference to any annexes thereto.
3. Annexes shall be restricted to lists, forms and any other descriptive material relating to procedural, scientific, technical or administrative matters.

**PART XI: FINAL PROVISIONS**

***Article 30***

*Reservations*

No reservations may be made to this Convention.

***Article 31***

*Withdrawal*

1. At any time after two years from the date on which this Convention has entered into force for a Party, that Party may withdraw from the Convention by giving written notification to the Depositary.
2. Any such withdrawal shall take effect upon expiry of one year from the date of receipt by the Depositary of the notification of withdrawal, or on such later date as may be specified in the notification of withdrawal.
3. Any Party that withdraws from the Convention shall be considered as also having withdrawn from any protocol to which it is a Party.

***Article 32***  
***Right to vote***

1. Each Party to this Convention shall have one vote, except as provided for in paragraph 2 of this Article.
2. Regional economic integration organizations, in matters within their competence, shall exercise their right to vote with a number of votes equal to the number of their Member States that are Parties to the Convention. Such an organization shall not exercise its right to vote if any of its Member States exercises its right, and vice versa.

***Article 33***  
***Protocols***

1. Any Party may propose protocols. Such proposals will be considered by the Conference of the Parties.
2. The Conference of the Parties may adopt protocols to this Convention. In adopting these protocols every effort shall be made to reach consensus. If all efforts at consensus have been exhausted, and no agreement reached, the protocol shall as a last resort be adopted by a three-quarters majority vote of the Parties present and voting at the session. For the purposes of this Article, Parties present and voting means Parties present and casting an affirmative or negative vote.
3. The text of any proposed protocol shall be communicated to the Parties by the Secretariat at least six months before the session at which it is proposed for adoption.
4. Only Parties to the Convention may be parties to a protocol.
5. Any protocol to the Convention shall be binding only on the parties to the protocol in question. Only Parties to a protocol may take decisions on matters exclusively relating to the protocol in question.
6. The requirements for entry into force of any protocol shall be established by that instrument.

***Article 34***  
***Signature***

This Convention shall be open for signature by all Members of the World Health Organization and by any States that are not Members of the World Health Organization but are members of the United Nations and by regional economic integration organizations at

the World Health Organization headquarters in Geneva from 16 June 2003 to 22 June 2003, and thereafter at United Nations Headquarters in New York, from 30 June 2003 to 29 June 2004.

### ***Article 35***

#### ***Ratification, acceptance, approval, formal confirmation or accession***

1. This Convention shall be subject to ratification, acceptance, approval or accession by States and to formal confirmation or accession by regional economic integration organizations. It shall be open for accession from the day after the date on which the Convention is closed for signature. Instruments of ratification, acceptance, approval, formal confirmation or accession shall be deposited with the Depositary.
2. Any regional economic integration organization which becomes a Party to the Convention without any of its Member States being a Party shall be bound by all the obligations under the Convention. In the case of those organizations, one or more of whose Member States is a Party to the Convention, the organization and its Member States shall decide on their respective responsibilities for the performance of their obligations under the Convention. In such cases, the organization and the Member States shall not be entitled to exercise rights under the Convention concurrently.
3. Regional economic integration organizations shall, in their instruments relating to formal confirmation or in their instruments of accession, declare the extent of their competence with respect to the matters governed by the Convention. These organizations shall also inform the Depositary, who shall in turn inform the Parties, of any substantial modification in the extent of their competence.

### ***Article 36***

#### ***Entry into force***

1. This Convention shall enter into force on the ninetieth day following the date of deposit of the fortieth instrument of ratification, acceptance, approval, formal confirmation or accession with the Depositary.
2. For each State that ratifies, accepts or approves the Convention or accedes thereto after the conditions set out in paragraph 1 of this Article for entry into force have been fulfilled, the Convention shall enter into force on the ninetieth day following the date of deposit of its instrument of ratification, acceptance, approval or accession.
3. For each regional economic integration organization depositing an instrument of formal confirmation or an instrument of accession after the conditions set out in paragraph 1 of this Article for entry into force have been fulfilled, the Convention shall enter into force on the



ninetieth day following the date of its depositing of the instrument of formal confirmation or of accession.

4. For the purposes of this Article, any instrument deposited by a regional economic integration organization shall not be counted as additional to those deposited by States Members of the organization.

***Article 37***  
***Depositary***

The Secretary-General of the United Nations shall be the Depositary of this Convention and amendments thereto and of protocols and annexes adopted in accordance with Articles 28, 29 and 33.

***Article 38***  
***Authentic texts***

The original of this Convention, of which the Arabic, Chinese, English, French, Russian and Spanish texts are equally authentic, shall be deposited with the Secretary-General of the United Nations.

IN WITNESS WHEREOF the undersigned, being duly authorized to that effect, have signed this Convention.

DONE at GENEVA this twenty-first day of May two thousand and three.

## **Annex 1: WHA 56.1 WHO Framework Convention on Tobacco Control**

The Fifty-sixth World Health Assembly,

Recalling resolutions WHA49.17 and WHA52.18 calling for the development of a WHO framework convention on tobacco control in accordance with Article 19 of the Constitution of WHO;

Determined to protect present and future generations from tobacco consumption and exposure to tobacco smoke;

Noting with profound concern the escalation in smoking and other forms of tobacco use worldwide;

Acknowledging with appreciation the report of the Chair of the Intergovernmental Negotiating Body on the outcome of the work of the Intergovernmental Negotiating Body;<sup>2</sup>

Convinced that this convention is a groundbreaking step in advancing national, regional and international action and global cooperation to protect human health against the devastating impact of tobacco consumption and exposure to tobacco smoke, and mindful that special consideration should be given to the particular situation of developing countries and countries with economies in transition;

Emphasizing the need for expeditious entry into force and effective implementation of the convention,

1. ADOPTS the Convention attached to this resolution;
2. NOTES, in accordance with Article 34 of the Convention, that the Convention shall be open for signature at WHO headquarters in Geneva, from 16 June 2003 to 22 June 2003, and thereafter at United Nations Headquarters in New York, from 30 June 2003 to 29 June 2004;
3. CALLS UPON all States and regional economic integration organizations entitled to do so, to consider signing, ratifying, accepting, approving, formally confirming or acceding to the Convention at the earliest opportunity, with a view to bringing the Convention into force as soon as possible;

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<sup>2</sup> Document A56/INF.DOC./7 Rev.1.

4. URGES all States and regional economic integration organizations, pending entry into force of the Convention, to take all appropriate measures to curb tobacco consumption and exposure to tobacco smoke;
5. URGES all Member States, regional economic integration organizations, observers and other interested parties to support the preparatory activities referred to in this resolution and effectively to encourage prompt entry into force and implementation of the Convention;
6. CALLS UPON the United Nations and invites other relevant international organizations to continue to provide support for strengthening national and international tobacco control programmes;
7. DECIDES to establish, in accordance with Rule 42 of the Rules of Procedure of the World Health Assembly, an open-ended intergovernmental working group that shall be open to all States and regional economic integration organizations referred to in Article 34 of the Convention in order to consider and prepare proposals on those issues identified in the Convention for consideration and adoption, as appropriate, by the first session of the Conference of the Parties; such issues should include:
  - (1) rules of procedure for the Conference of the Parties (Article 23.3), including criteria for participation of observers at sessions of the Conference of the Parties (Article 23.6);
  - (2) options for the designation of a permanent secretariat and arrangements for its functioning (Article 24.1);
  - (3) financial rules for the Conference of the Parties and its subsidiary bodies, and financial provisions governing the functioning of the secretariat (Article 23.4);
  - (4) a draft budget for the first financial period (Article 23.4);
  - (5) a review of existing and potential sources and mechanisms of assistance to Parties in meeting their obligations under the Convention (Article 26.5);
8. FURTHER DECIDES that the Open-ended Intergovernmental Working Group shall also oversee preparations for the first session of the Conference of the Parties and report directly to it;
9. RESOLVES that decisions that had been taken by the Intergovernmental Negotiating Body on the WHO framework convention on tobacco control concerning the participation of nongovernmental organizations shall apply to the activities of the Open-ended Intergovernmental Working Group;

10. REQUESTS the Director-General:

- (1) to provide secretariat functions under the Convention until such time as a permanent secretariat is designated and established;
- (2) to take appropriate steps to provide support to Member States, in particular developing countries and countries with economies in transition, in preparation for entry into force of the Convention;
- (3) to convene, as frequently as necessary, between 16 June 2003 and the first session of the Conference of the Parties, meetings of the Open-ended Intergovernmental Working Group;
- (4) to continue to ensure that WHO plays a key role in providing technical advice, direction and support for global tobacco control;
- (5) to keep the Health Assembly informed of progress made toward entry into force of the Convention and of preparations under way for the first session of the Conference of the Parties.

## **Annex 2: History of the WHO FCTC process**

The idea of an international instrument for tobacco was initiated with the adoption of Resolution WHA 48.11 in May 1995, requesting the Director-General to report to the Forty-ninth Session of the World Health Assembly on the feasibility of developing an international instrument such as guidelines, a declaration, or an international convention on tobacco control.

As a result of Resolution WHA48.11, WHO was requested to draft a feasibility study which was presented by the Director-General to the Ninety-seventh Session of the WHO Executive Board ("The Feasibility of an International Instrument for Tobacco Control" (EB97/INF.DOC.4)). During that same session, the Executive Board adopted Resolution EB97.R8, "International framework convention for tobacco control."

Later that year, the Forty-ninth Session of the WHA adopted Resolution WHA49.17, "International framework convention for tobacco control", requesting the Director-General to initiate the development of a Framework Convention on Tobacco Control. As a result of this resolution, WHO's first treaty-making enterprise was formally launched.

In 1998 newly-elected WHO Director-General, Dr Gro Harlem Brundtland made global tobacco control a priority through the establishment of a Cabinet Project, the Tobacco Free Initiative, to focus international attention, resources and action upon the global tobacco epidemic. New multisectoral partnerships reflecting the nature of the action were developed. More importantly, Dr Brundtland worked with Member States to secure a negotiating mandate for the Framework Convention on Tobacco Control and set about the task of mobilizing public and political opinion in favour of global rules for tobacco control.

In May 1999 the Fifty-second World Health Assembly paved the way for multilateral negotiations on the WHO Framework Convention on Tobacco Control and possible related protocols. Resolution WHA52.18 established two bodies to draft the framework convention, to complete negotiations and to submit the final text for consideration by the Fifty-sixth World Health Assembly. These two bodies included a technical working group to prepare the proposed draft elements of the Framework Convention; and an intergovernmental negotiating body to draft and negotiate the proposed Framework Convention and possible related protocols. Both bodies were open to all Member States and regional economic integration organizations to which their Member States had transferred competence over matters related to tobacco control.

The working group held two sessions in Geneva (25-29 October 1999 and 27-29 March 2000). Its output was a document with provisional texts of proposed draft elements for the Framework Convention, submitted to the Fifty-third World Health Assembly with

the comments of the working group<sup>1</sup>. In Resolution WHA53.16, the Health Assembly called upon the Intergovernmental Negotiating Body to commence negotiations with an initial focus

on the draft Framework Convention without prejudice to future discussions on possible protocols, to report progress to the Fifty-fourth World Health Assembly, and to examine the question of extended participation by nongovernmental organizations as observers.

The first session of the Intergovernmental Negotiating Body (Geneva, 16-21 October 2000) was preceded by a public hearing on issues surrounding the Framework Convention. The Director-General convened this hearing in order to provide a forum for the public health community, the tobacco industry and farmers' groups to submit their case; records of the proceedings were made available to the Negotiating Body and, through the WHO web site, to the public. At the first session, Ambassador Celso Amorim of Brazil was elected as Chair, and a bureau was established with Vice-Chairs from Australia, India, Islamic Republic of Iran, South Africa, Turkey and the United States of America. The provisional texts of the proposed draft elements for a WHO Framework Convention on Tobacco Control<sup>2</sup>, which had been prepared by the working group, were accepted as a sound basis for initiating negotiations. Subsequently, Ambassador Amorim prepared a Chair's text of the Framework Convention on Tobacco Control<sup>3</sup>; this first draft was released in January 2001 as a basis for further negotiations at the second session.

A report on participation of nongovernmental organizations in the work of the Negotiating Body was presented to the Executive Board at its 107th session in January 2001<sup>4</sup>. In accordance with the provisions of decision EB107(2) of the Executive Board, the Chairman of the Board acting jointly with the Chairman of the Standing Committee on Non-Governmental Organizations admitted two nongovernmental organizations, the International Nongovernmental Coalition Against Tobacco and Infact, into official relations with WHO as of 26 April 2001<sup>5</sup>.

In further preparation for the second session of the Negotiating Body, regional intersessional consultations were convened in most regions and subregions. Additional regional and subregional intersessional consultations took place in preparation for each of the subsequent sessions of the Negotiating Body.

At the second session of the Negotiating Body (Geneva, 30 April – 5 May 2001), responsibility for consideration of the proposed draft elements was divided between three working groups. The principal output was the set of three Co-Chairs' working papers, an inventory of textual proposals made at the session merged with the Chair's original text. These working papers became the rolling draft text of the Framework Convention.

At the third session (Geneva, 22-28 November 2001), two working groups issued revised texts and Working Group One later drafted a text. These documents were used to further negotiations during the fourth session.

Having taken over as Permanent Representative of Brazil in Geneva in replacement of Ambassador Amorim, Ambassador Seixas Corrêa was elected as Chair of the

Intergovernmental Negotiating Body on the WHO Framework Convention on Tobacco Control during its fourth session (Geneva, 18-23 March 2002).

It was agreed that Ambassador Seixas Corrêa should prepare a new Chair's text, which would form the basis of negotiations during the fifth session of the Negotiating Body (14-25 October 2002). The text was released in July 2002. An international technical conference on illicit trade in tobacco products was hosted by the United States of America at the United Nations Headquarters in New York (30 July – 1 August 2002).

The first four sessions of the Negotiating Body had considered numerous textual alternatives. Concerted deliberations at the fifth session narrowed the options, resulting in more focused negotiations. After a first reading, in plenary, of the new Chair's text, six issues were identified and discussed in open-ended informal meetings: advertising, promotion and sponsorship; financial resources; illicit trade in tobacco products; liability and compensation; packaging and labelling; and trade and health. Informal groups also held discussions on legal, institutional and procedural issues and use of terms. Substantial advances in the negotiations were made and consensus was reached in several areas. On the basis of the outputs of the informal sessions and the intersessional consultations with various delegations and groups of delegations, Ambassador Seixas Corrêa issued a revised Chair's text of a Framework Convention on Tobacco Control on 15 January 2003.

The sixth and final session of the Negotiating Body ran from 17 February - 1 March 2003. The negotiations were intense and broad ranging. Two important issues, advertising, promotion and sponsorship and financial resources, were discussed in two informal groups. At the final plenary meeting, the Negotiating Body agreed to transmit the text to the Fifty-sixth World Health Assembly for consideration for adoption in accordance with Article 19 of the Constitution. It also agreed that the discussion of protocols should be postponed until that Health Assembly, at which there would be time for consideration of the matter. At its final plenary meeting, the Negotiating Body agreed that the Chair of the Negotiating Body should draft a resolution recommending adoption of the WHO Framework Convention on Tobacco Control by the Health Assembly<sup>6</sup>. The final draft of the WHO Framework Convention on Tobacco Control<sup>7</sup> was thus submitted to the Health Assembly for consideration for adoption, pursuant to Resolution WHA52.18.

On 21 May 2003, the 56<sup>th</sup> World Health Assembly, unanimously adopted the WHO Framework Convention on Tobacco Control<sup>8</sup>. The Convention was opened for signature, for a period of one year, from 16 June 2003 to 22 June 2003 at WHO headquarters in Geneva and thereafter at United Nations Headquarters in New York, from 30 June 2003 to 29 June 2004.

The WHO Framework Convention on Tobacco Control is a landmark for the future of global public health and has major implications for WHO's health goals. The conclusion of the negotiating process and the unanimous adoption of the WHO Framework Convention on Tobacco Control, in full accordance with Health Assembly resolutions, represents a milestone

for the promotion of public health and provides new legal dimensions for international health cooperation.

1 *Document A53/12.*

2 *Document A/FCTC/INB1/2.*

3 *Document A/FCTC/INB2/2.*

4 *Document EB107/19.*

5 *Document A/FCTC/INB2/6 Add.1.*

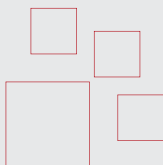
6 *This draft resolution is contained in document A56/8/REV.1.*

7 *See document A56/8, Annex.*

8 *WHO Document WHA56.1*



The WHO Framework Convention on Tobacco Control was developed in response to the globalization of the tobacco epidemic. The spread of the tobacco epidemic is facilitated by a variety of complex factors with cross-border effects, including trade liberalization, foreign direct investment, and other activities such as global marketing, transnational tobacco advertising, promotion and sponsorship, and the international movement of contraband and counterfeit cigarettes. The WHO FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.



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# Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control

## **on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry**

### **INTRODUCTION**

1. World Health Assembly resolution WHA54.18 on transparency in tobacco control process, citing the findings of the Committee of Experts on Tobacco Industry Documents, states that “the tobacco industry has operated for years with the express intention of subverting the role of governments and of WHO in implementing public health policies to combat the tobacco epidemic”.

2. The Preamble of the WHO Framework Convention on Tobacco Control recognized the Parties<sup>1</sup> “need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts”.

3. Further, Article 5.3 of the Convention requires that “in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law”.

4. The Conference of the Parties, in decision FCTC/COP2(14), established a working group to elaborate guidelines for implementation of Article 5.3 of the Convention.

5. Without prejudice to the sovereign right of the Parties to determine and establish their tobacco control policies, Parties are encouraged to implement these guidelines to the extent possible in accordance with their national law.

#### ***Purpose, scope and applicability***

6. Use of the guidelines for implementation of Article 5.3 of the Convention will have an overarching impact on countries’ tobacco control policies and on implementation of the Convention, because the guidelines recognize that tobacco industry interference, including that from the State-owned tobacco industry, cuts across a number of tobacco control policy areas, as stated in the Preamble of the Convention, articles referring to specific tobacco control policies and the Rules of Procedure of the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

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<sup>1</sup> “The term ‘Parties’ refers to States and other entities with treaty-making capacity which have expressed their consent to be bound by a treaty and where the treaty is in force for such States and entities.” (Source: United Nations Treaty Collections: <http://untreaty.un.org/English/guide.asp#signatories>).

7. The purpose of these guidelines is to ensure that efforts to protect tobacco control from commercial and other vested interests of the tobacco industry are comprehensive and effective. Parties should implement measures in all branches of government that may have an interest in, or the capacity to, affect public health policies with respect to tobacco control.

8. The aim of these guidelines is to assist Parties<sup>2</sup> in meeting their legal obligations under Article 5.3 of the Convention. The guidelines draw on the best available scientific evidence and the experience of Parties in addressing tobacco industry interference.

9. The guidelines apply to setting and implementing Parties' public health policies with respect to tobacco control. They also apply to persons, bodies or entities that contribute to, or could contribute to, the formulation, implementation, administration or enforcement of those policies.

10. The guidelines are applicable to government officials, representatives and employees of any national, state, provincial, municipal, local or other public or semi/quasi-public institution or body within the jurisdiction of a Party, and to any person acting on their behalf. Any government branch (executive, legislative and judiciary) responsible for setting and implementing tobacco control policies and for protecting those policies against tobacco industry interests should be accountable.

11. The broad array of strategies and tactics used by the tobacco industry to interfere with the setting and implementing of tobacco control measures, such as those that Parties to the Convention are required to implement, is documented by a vast body of evidence. The measures recommended in these guidelines aim at protecting against interference not only by the tobacco industry but also, as appropriate, by organizations and individuals that work to further the interests of the tobacco industry.

12. While the measures recommended in these guidelines should be applied by Parties as broadly as necessary, in order best to achieve the objectives of Article 5.3 of the Convention, Parties are strongly urged to implement measures beyond those recommended in these guidelines when adapting them to their specific circumstances.

## **GUIDING PRINCIPLES**

***Principle 1: There is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests.***

13. The tobacco industry produces and promotes a product that has been proven scientifically to be addictive, to cause disease and death and to give rise to a variety of social ills, including increased poverty. Therefore, Parties should protect the formulation and implementation of public health policies for tobacco control from the tobacco industry to the greatest extent possible.

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<sup>2</sup> Where appropriate, these guidelines also refer to regional economic integration organizations.

***Principle 2: Parties, when dealing with the tobacco industry or those working to further its interests, should be accountable and transparent.***

14. Parties should ensure that any interaction with the tobacco industry on matters related to tobacco control or public health is accountable and transparent.

***Principle 3: Parties should require the tobacco industry and those working to further its interests to operate and act in a manner that is accountable and transparent.***

15. The tobacco industry should be required to provide Parties with information for effective implementation of these guidelines.

***Principle 4: Because their products are lethal, the tobacco industry should not be granted incentives to establish or run their businesses.***

16. Any preferential treatment of the tobacco industry would be in conflict with tobacco control policy.

## **RECOMMENDATIONS**

17. The following important activities are recommended for addressing tobacco industry interference in public health policies:

- (1) Raise awareness about the addictive and harmful nature of tobacco products and about tobacco industry interference with Parties' tobacco control policies.
- (2) Establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur.
- (3) Reject partnerships and non-binding or non-enforceable agreements with the tobacco industry.
- (4) Avoid conflicts of interest for government officials and employees.
- (5) Require that information provided by the tobacco industry be transparent and accurate.
- (6) Denormalize and, to the extent possible, regulate activities described as "socially responsible" by the tobacco industry, including but not limited to activities described as "corporate social responsibility".
- (7) Do not give preferential treatment to the tobacco industry.
- (8) Treat State-owned tobacco industry in the same way as any other tobacco industry.

18. Agreed measures for protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry are listed below. Parties are encouraged to implement measures beyond those provided for by these guidelines, and nothing in these guidelines shall prevent a Party from imposing stricter requirements that are consistent with these recommendations.

**(1) *Raise awareness about the addictive and harmful nature of tobacco products and about tobacco industry interference with Parties' tobacco control policies.***

19. All branches of government and the public need knowledge and awareness about past and present interference by the tobacco industry in setting and implementing public health policies with respect to tobacco control. Such interference requires specific action for successful implementation of the whole Framework Convention.

*Recommendations*

1.1 Parties should, in consideration of Article 12 of the Convention, inform and educate all branches of government and the public about the addictive and harmful nature of tobacco products, the need to protect public health policies for tobacco control from commercial and other vested interests of the tobacco industry and the strategies and tactics used by the tobacco industry to interfere with the setting and implementation of public health policies with respect to tobacco control.

1.2 Parties should, in addition, raise awareness about the tobacco industry's practice of using individuals, front groups and affiliated organizations to act, openly or covertly, on their behalf or to take action to further the interests of the tobacco industry.

**(2) *Establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur.***

20. In setting and implementing public health policies with respect to tobacco control, any necessary interaction with the tobacco industry should be carried out by Parties in such a way as to avoid the creation of any perception of a real or potential partnership or cooperation resulting from or on account of such interaction. In the event the tobacco industry engages in any conduct that may create such a perception, Parties should act to prevent or correct this perception.

*Recommendations*

2.1 Parties should interact with the tobacco industry only when and to the extent strictly necessary to enable them to effectively regulate the tobacco industry and tobacco products.

2.2 Where interactions with the tobacco industry are necessary, Parties should ensure that such interactions are conducted transparently. Whenever possible, interactions should be conducted in public, for example through public hearings, public notice of interactions, disclosure of records of such interactions to the public.

**(3) *Reject partnerships and non-binding or non-enforceable agreements with the tobacco industry.***

21. The tobacco industry should not be a partner in any initiative linked to setting or implementing public health policies, given that its interests are in direct conflict with the goals of public health.

### *Recommendations*

3.1 Parties should not accept, support or endorse partnerships and non-binding or non-enforceable agreements as well as any voluntary arrangement with the tobacco industry or any entity or person working to further its interests.

3.2 Parties should not accept, support or endorse the tobacco industry organizing, promoting, participating in, or performing, youth, public education or any initiatives that are directly or indirectly related to tobacco control.

3.3 Parties should not accept, support or endorse any voluntary code of conduct or instrument drafted by the tobacco industry that is offered as a substitute for legally enforceable tobacco control measures.

3.4 Parties should not accept, support or endorse any offer for assistance or proposed tobacco control legislation or policy drafted by or in collaboration with the tobacco industry.

#### **(4) *Avoid conflicts of interest for government officials and employees.***

22. The involvement of organizations or individuals with commercial or vested interests in the tobacco industry in public health policies with respect to tobacco control is most likely to have a negative effect. Clear rules regarding conflicts of interest for government officials and employees working in tobacco control are important means for protecting such policies from interference by the tobacco industry.

23. Payments, gifts and services, monetary or in-kind, and research funding offered by the tobacco industry to government institutions, officials or employees can create conflicts of interest. Conflicting interests are created even if a promise of favourable consideration is not given in exchange, as the potential exists for personal interest to influence official responsibilities as recognized in the International Code of Conduct for Public Officials adopted by the United Nations General Assembly and by several governmental and regional economic integration organizations.

### *Recommendations*

4.1 Parties should mandate a policy on the disclosure and management of conflicts of interest that applies to all persons involved in setting and implementing public health policies with respect to tobacco control, including government officials, employees, consultants and contractors.

4.2 Parties should formulate, adopt and implement a code of conduct for public officials, prescribing the standards with which they should comply in their dealings with the tobacco industry.

4.3 Parties should not award contracts for carrying out any work related to setting and implementing public health policies with respect to tobacco control to candidates or tenderers who have conflicts of interest with established tobacco control policies.

4.4 Parties should develop clear policies that require public office holders who have or have had a role in setting and implementing public health policies with respect to tobacco control to inform their institutions about any intention to engage in an

occupational activity within the tobacco industry, whether gainful or not, within a specified period of time after leaving service.

4.5 Parties should develop clear policies that require applicants for public office positions which have a role in setting and implementing public health policies with respect to tobacco control to declare any current or previous occupational activity with any tobacco industry whether gainful or not.

4.6 Parties should require government officials to declare and divest themselves of direct interests in the tobacco industry.

4.7 Government institutions and their bodies should not have any financial interest in the tobacco industry, unless they are responsible for managing a Party's ownership interest in a State-owned tobacco industry.

4.8 Parties should not allow any person employed by the tobacco industry or any entity working to further its interests to be a member of any government body, committee or advisory group that sets or implements tobacco control or public health policy.

4.9 Parties should not nominate any person employed by the tobacco industry or any entity working to further its interests to serve on delegations to meetings of the Conference of the Parties, its subsidiary bodies or any other bodies established pursuant to decisions of the Conference of the Parties.

4.10 Parties should not allow any official or employee of government or of any semi/quasi-governmental body to accept payments, gifts or services, monetary or in-kind, from the tobacco industry.

4.11 Taking into account national law and constitutional principles, Parties should have effective measures to prohibit contributions from the tobacco industry or any entity working to further its interests to political parties, candidates or campaigns, or to require full disclosure of such contributions.

**(5) *Require that information provided by the tobacco industry be transparent and accurate.***

24. To take effective measures preventing interference of the tobacco industry with public health policies, Parties need information about its activities and practices, thus ensuring that the industry operates in a transparent manner. Article 12 of the Convention requires Parties to promote public access to such information in accordance with national law.

25. Article 20.4 of the Convention requires, inter alia, Parties to promote and facilitate exchanges of information about tobacco industry practices and the cultivation of tobacco. In accordance with Article 20.4(c) of the Convention, each Party should endeavour to cooperate with competent international organizations to establish progressively and maintain a global system to regularly collect and disseminate information on tobacco production and manufacture and activities of the tobacco industry which have an impact on the Convention or national tobacco control activities.

### ***Recommendations***

5.1 Parties should introduce and apply measures to ensure that all operations and activities of the tobacco industry are transparent.<sup>3</sup>

5.2 Parties should require the tobacco industry and those working to further its interests to periodically submit information on tobacco production, manufacture, market share, marketing expenditures, revenues and any other activity, including lobbying, philanthropy, political contributions and all other activities not prohibited or not yet prohibited under Article 13 of the Convention.<sup>1</sup>

5.3 Parties should require rules for the disclosure or registration of the tobacco industry entities, affiliated organizations and individuals acting on their behalf, including lobbyists.

5.4 Parties should impose mandatory penalties on the tobacco industry in case of the provision of false or misleading information in accordance with national law.

5.5 Parties should adopt and implement effective legislative, executive, administrative and other measures to ensure public access, in accordance with Article 12(c) of the Convention, to a wide range of information on tobacco industry activities as relevant to the objectives of the Convention, such as in a public repository.

**(6) *Denormalize and, to the extent possible, regulate activities described as “socially responsible” by the tobacco industry, including but not limited to activities described as “corporate social responsibility”.***

26. The tobacco industry conducts activities described as socially responsible to distance its image from the lethal nature of the product it produces and sells or to interfere with the setting and implementation of public health policies. Activities that are described as “socially responsible” by the tobacco industry, aiming at the promotion of tobacco consumption, is a marketing as well as a public relations strategy that falls within the Convention’s definition of advertising, promotion and sponsorship.

27. The corporate social responsibility of the tobacco industry is, according to WHO,<sup>4</sup> an inherent contradiction, as industry’s core functions are in conflict with the goals of public health policies with respect to tobacco control.

### ***Recommendations***

6.1 Parties should ensure that all branches of government and the public are informed and made aware of the true purpose and scope of activities described as socially responsible performed by the tobacco industry.

6.2 Parties should not endorse, support, form partnerships with or participate in activities of the tobacco industry described as socially responsible.

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<sup>3</sup> Without prejudice to trade secrets or confidential information protected by law.

<sup>4</sup> WHO. *Tobacco industry and corporate social responsibility – an inherent contradiction*. Geneva, World Health Organization, 2004.



6.3 Parties should not allow public disclosure by the tobacco industry or any other person acting on its behalf of activities described as socially responsible or of the expenditures made for these activities, except when legally required to report on such expenditures, such as in an annual report.<sup>5</sup>

6.4 Parties should not allow acceptance by any branch of government or the public sector of political, social, financial, educational, community or other contributions from the tobacco industry or from those working to further its interests, except for compensations due to legal settlements or mandated by law or legally binding and enforceable agreements.

**(7) *Do not give preferential treatment to the tobacco industry.***

28. Some governments encourage investments by the tobacco industry, even to the extent of subsidizing them with financial incentives, such as providing partial or complete exemption from taxes otherwise mandated by law.

29. Without prejudice to their sovereign right to determine and establish their economic, financial and taxation policies, Parties should respect their commitments for tobacco control.

***Recommendations***

7.1 Parties should not grant incentives, privileges or benefits to the tobacco industry to establish or run their businesses.

7.2 Parties that do not have a State-owned tobacco industry should not invest in the tobacco industry and related ventures. Parties with a State-owned tobacco industry should ensure that any investment in the tobacco industry does not prevent them from fully implementing the WHO Framework Convention on Tobacco Control.

7.3 Parties should not provide any preferential tax exemption to the tobacco industry.

**(8) *Treat State-owned tobacco industry in the same way as any other tobacco industry.***

30. Tobacco industry can be government-owned, non-government-owned or a combination thereof. These guidelines apply to all tobacco industry, regardless of its ownership.

***Recommendations***

8.1 Parties should ensure that State-owned tobacco industry is treated in the same way as any other member of the tobacco industry in respect of setting and implementing tobacco control policy.

8.2 Parties should ensure that the setting and implementing of tobacco control policy are separated from overseeing or managing tobacco industry.

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<sup>5</sup> The guidelines for implementation of Article 13 of the WHO Framework Convention on Tobacco Control address this subject from the perspective of tobacco advertising, promotion and sponsorship.

8.3 Parties should ensure that representatives of State-owned tobacco industry does not form part of delegations to any meetings of the Conference of the Parties, its subsidiary bodies or any other bodies established pursuant to decisions of the Conference of the Parties.

## **Enforcement and monitoring**

### ***Enforcement***

31. Parties should put in place enforcement mechanisms or, to the extent possible, use existing enforcement mechanisms to meet their obligations under Article 5.3 of the Convention and these guidelines.

### ***Monitoring implementation of Article 5.3 of the Convention and of these guidelines***

32. Monitoring implementation of Article 5.3 of the Convention and of these guidelines is essential for ensuring the introduction and implementation of efficient tobacco control policies. This should also involve monitoring the tobacco industry, for which existing models and resources should be used, such as the database on tobacco industry monitoring of the WHO Tobacco Free Initiative.

33. Nongovernmental organizations and other members of civil society not affiliated with the tobacco industry could play an essential role in monitoring the activities of the tobacco industry.

34. Codes of conduct or staff regulations for all branches of governments should include a “whistleblower function”, with adequate protection of whistleblowers. In addition, Parties should be encouraged to use and enforce mechanisms to ensure compliance with these guidelines, such as the possibility of bringing an action to court, and to use complaint procedures such as an ombudsman system.

## **INTERNATIONAL COLLABORATION AND UPDATING AND REVISION OF THE GUIDELINES**

35. International cooperation is essential for making progress in preventing interference by the tobacco industry with the formulation of public health policies on tobacco control. Article 20.4 of the Convention provides the basis for collecting and exchanging knowledge and experience with respect to tobacco industry practices, taking into account and addressing the special needs of developing country Parties and Parties with economies in transition.

36. Efforts have already been made to coordinate the collection and dissemination of national and international experience with regard to the strategies and tactics used by the tobacco industry and to the monitoring of tobacco industry activities. Parties would benefit from sharing legal and strategic expertise for countering tobacco industry strategies. Article 21.4 of the Convention provides that information exchange should be subject to national laws regarding confidentiality and privacy.

### **Recommendations**

37. As the strategies and tactics used by the tobacco industry evolve constantly, these guidelines should be reviewed and revised periodically to ensure that they continue to provide

effective guidance to Parties on protecting their public health policies on tobacco control from tobacco industry interference.

38. Parties reporting via the existing reporting instrument of the Framework Convention should provide information on tobacco production and manufacture and the activities of the tobacco industry that affect the Convention or national tobacco control activities. To facilitate this exchange, the Convention Secretariat should ensure that the principal provisions of these guidelines are reflected in the next phases of the reporting instrument, which the Conference of the Parties will gradually adopt for use by Parties.

39. In view of the paramount importance of preventing tobacco industry interference in any public health policy with respect to tobacco control, the Conference of the Parties may, in the light of experience with implementing these guidelines, consider whether there is a need to elaborate a protocol in relation to Article 5.3 of the Convention.

## USEFUL SOURCES OF INFORMATION

### *Relevant literature*

Brandt AM. *The cigarette century. The rise, fall, and deadly persistence of the product that defined America*. New York, Basic Books, 2007.

Chapman S. *Making smoking history. Public health advocacy and tobacco control*. Oxford, Blackwell Publishing, 2007.

Callard C, Thompson D, Collishaw N. *Curing the addiction to profits: a supply-side approach to phasing out tobacco*. Ottawa, Canadian Centre for Policy Alternatives and Physicians for a Smoke-free Canada, 2005.

Feldman EA, Bayer R (Editors). *Unfiltered: conflicts over tobacco policy and public health*. Boston, Harvard University Press, 2004.

Gilmore A et al. Continuing influence of tobacco industry in Germany. *Lancet*, 2002, 360:1255.

Hastings G, Angus K. *The influence of the tobacco industry on European tobacco control policy*. In: *Tobacco or health in the European Union. Past, present and future*. Luxembourg, Office for Official Publications of the European Commission, 2004:195–225.

Lavack A. *Tobacco industry denormalization campaigns: a review and evaluation*. Ottawa, Health Canada, 2001.

Mahood G. *Tobacco industry denormalization. Telling the truth about the tobacco industry's role in the tobacco epidemic*. Toronto, Campaign for Tobacco Industry Denormalization, 2004.

Pan American Health Organization. *Profits over people. Tobacco industry activities to market cigarettes and undermine public health in Latin America and the Caribbean*. Washington DC, Pan American Health Organization, 2002.

Simpson D. Germany: still sleeping with the enemy. *Tobacco Control*, 2003, 12:343–344.

Hammond R, Rowell A. *Trust us. We're the tobacco industry*. Baltimore, Johns Hopkins University Press, 2001.

World Health Organization. *Tobacco company strategies to undermine tobacco control activities at the World Health Organization*. Geneva, World Health Organization, 2000.

World Health Organization. *Tobacco industry and corporate social responsibility – an inherent contradiction*. Geneva, World Health Organization, 2004.

Yach D, Bialous S. Junking science to promote tobacco. *American Journal of Public Health*, 2001, 91:1745–1748.

## **Web resources**

### *WHO sites:*

Tobacco Free Initiative: <http://www.who.int/tobacco/en/>

WHO publications on tobacco: <http://www.who.int/tobacco/resources/publications/en/>

WHO European Regional Office:

<http://www.euro.who.int/healthtopics/HT2ndLvlPage?HTCode=smoking>

Tobacco control in the Americas (in English and Spanish):

<http://www.paho.org/english/ad/sde/ra/Tobabout.htm>

### *Sites with general, regional or national information and topics related to tobacco control:*

Action on Smoking and Health, UK (and special page for the tobacco industry):

[http://www.newash.org.uk/ash\\_r3iitasl.htm](http://www.newash.org.uk/ash_r3iitasl.htm)

Corporate Accountability International and the Network for Accountability of Tobacco Transnationals: [www.stopcorporateabuse.org](http://www.stopcorporateabuse.org)

Economics of tobacco control: <http://www1.worldbank.org/tobacco/>

European Commission:

[http://ec.europa.eu/health/ph\\_determinants/life\\_style/Tobacco/tobacco\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/tobacco_en.htm)

European Network for Smoking Prevention: <http://www.ensp.org/>

Framework Convention Alliance for Tobacco Control: <http://www.fctc.org/>

International Union for Health Promotion and Education:

<http://www.iuhpe.org/?page=18&lang=en>

Model Legislation for Tobacco Control manual:

[http://www.iuhpe.org/?lang=en&page=publications\\_report2](http://www.iuhpe.org/?lang=en&page=publications_report2)

Tobacco industry: [http://tobacco.health.usyd.edu.au/site/supersite/links/docs/tobacco\\_ind.htm](http://tobacco.health.usyd.edu.au/site/supersite/links/docs/tobacco_ind.htm)

Smokefree Partnership: <http://www.smokefreepartnership.eu/>

Thailand Health Promotion Institute: <http://www.thpinhf.org/>

Tobaccopedia: the online tobacco encyclopaedia: <http://www.tobaccopedia.org/>

### *More links to tobacco sites:*

Various international and national tobacco control web sites:

<http://www.tobacco.org/resources/general/tobsites.html>

National tobacco control web sites:

<http://www.smokefreepartnership.eu/National-Tobacco-Control-websites>

Centre de ressources anti-tabac: <http://www.tabac-info.net/>

Comité National Contre le Tabagisme (France): <http://www.cnct.org>

Office Français de Prévention du Tabagisme: <http://www.oft-asso.fr/>

Latest news on smoking and tobacco control: <http://www.globalink.org/news/fr>

Ministère de la santé, de la jeunesse et des sports: <http://www.sante.gouv.fr/>

Latest news on smoking and tobacco control: <http://www.globalink.org/news/es>

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# **Guidelines for implementation of Article 11 of the WHO Framework Convention on Tobacco Control (Packaging and labelling of tobacco products)**

## **Purpose, principles and use of terms**

### *Purpose*

1. Consistent with other provisions of the WHO Framework Convention on Tobacco Control and the intentions of the Conference of the Parties to the Convention, these guidelines are intended to assist Parties in meeting their obligations under Article 11 of the Convention, and to propose measures that Parties can use to increase the effectiveness of their packaging and labelling measures. Article 11 stipulates that each Party shall adopt and implement effective packaging and labelling measures within a period of three years after entry into force of the Convention for that Party.

### *Principles*

2. In order to achieve the objectives of the Convention and its protocols and to ensure successful implementation of its provisions, Article 4 of the Convention states that Parties shall be guided, *inter alia*, by the principle that every person should be informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke.

3. Globally, many people are not fully aware of, misunderstand or underestimate the risks for morbidity and premature mortality due to tobacco use and exposure to tobacco smoke. Well-designed health warnings and messages on tobacco product packages have been shown to be a cost-effective means to increase public awareness of the health effects of tobacco use and to be effective in reducing tobacco consumption. Effective health warnings and messages and other tobacco product packaging and labelling measures are key components of a comprehensive, integrated approach to tobacco control.

4. Parties should consider the evidence and the experience of others when determining new packaging and labelling measures and aim to implement the most effective measures they can achieve.

5. As provided for in Articles 20 and 22 of the Convention, international collaboration and mutual support are fundamental principles for strengthening the capacity of Parties to implement fully and improve the effectiveness of Article 11 of the Convention.

### *Use of terms*

6. For the purposes of these guidelines:

- “legal measures” means any legal instrument that contains or establishes obligations, requirements or prohibitions, according to the law of the relevant jurisdiction. Examples of such instruments include, but are not limited to acts, laws, regulations and administrative or executive orders;

- “insert” means any communication inside an individual package and/or carton purchased at retail by consumers, such as a miniature leaflet or brochure.
- “onsert” means any communication affixed to the outside of an individual package and/or carton purchased at retail by consumers, such as a miniature brochure beneath the outer cellophane wrapping or glued to the outside of the cigarette package.

## **DEVELOPING EFFECTIVE PACKAGING AND LABELLING REQUIREMENTS**

7. Well-designed health warnings and messages are part of a range of effective measures to communicate health risks and to reduce tobacco use. Evidence demonstrates that the effectiveness of health warnings and messages increases with their prominence. In comparison with small, text-only health warnings, larger warnings with pictures are more likely to be noticed, better communicate health risks, provoke a greater emotional response and increase the motivation of tobacco users to quit and to decrease their tobacco consumption. Larger picture warnings are also more likely to retain their effectiveness over time and are particularly effective in communicating health effects to low-literacy populations, children and young people. Other elements that enhance effectiveness include locating health warnings and messages on principal display areas, and at the top of these principal display areas; the use of colour rather than just black and white; requiring that multiple health warnings and messages appear concurrently; and periodic revision of health warnings and messages.

### ***Design elements***

#### ***Location***

8. Article 11.1(b)(iii) of the Convention specifies that each Party shall adopt and implement effective measures to ensure that health warnings and messages are large, clear, visible and legible. The location and layout of health warnings and messages on a package should ensure maximum visibility. Research indicates that health warnings and messages are more visible at the top rather than the bottom of the front and back of packages. Parties should require that health warnings and messages be positioned:

- on both the front and back (or on all main faces if there are more than two) of each unit packet and package, rather than just one side, to ensure that health warnings and messages are highly visible, recognizing that the frontal display area is the one most visible to the user for most package types;
- on principal display areas and, in particular, at the top of the principal display areas rather than at the bottom to increase visibility; and
- in such a way that normal opening of the package does not permanently damage or conceal the text or image of the health warning.

9. Parties should consider requiring, in addition to the health warnings and messages referred to in paragraph 8, further health warnings and messages on all sides of a package, as well as on package inserts and onserts.

10. Parties should ensure that health warnings and messages are not obstructed by other required packaging and labelling markings or by commercial inserts and onserts. Parties should also ensure, when establishing the size and position of other markings, such as tax stamps and markings as per



the requirements of Article 15 of the Convention, that such markings do not obstruct any part of the health warnings and messages.

11. Parties should consider introducing other innovative measures regarding location, including, but not limited to, requiring health warnings and messages to be printed on the filter overwrap portion of cigarettes and/or on other related materials such as packages of cigarette tubes, filters and papers as well as other instruments, such as those used for water pipe smoking.

#### *Size*

12. Article 11.1(b)(iv) of the Convention specifies that health warnings and messages on tobacco product packaging and labelling should be 50% or more, but no less than 30%, of the principal display areas. Given the evidence that the effectiveness of health warnings and messages increases with their size, Parties should consider using health warnings and messages that cover more than 50% of the principal display areas and aim to cover as much of the principal display areas as possible. The text of health warnings and messages should be in bold print in an easily legible font size and in a specified style and colour(s) that enhance overall visibility and legibility.

13. If a border is required, Parties should consider excluding the space dedicated to framing health warnings and messages from the size of the health warning or message itself when calculating the percentage of display area occupied by them, that is to say the space dedicated to the frame should be added to the total percentage of space occupied by the health warnings and messages and not included within it.

#### *Use of pictorials*

14. Article 11.1(b)(v) of the Convention specifies that health warnings and messages on tobacco product packaging and labelling may be in the form of or include pictures or pictograms. Evidence shows that health warnings and messages that contain both pictures and text are far more effective than those that are text-only. They also have the added benefit of potentially reaching people with low levels of literacy and those who cannot read the language(s) in which the text of the health warning or message is written. Parties should mandate culturally appropriate pictures or pictograms, in full colour, in their packaging and labelling requirements. Parties should consider the use of pictorial health warnings on both principal display areas (or on all main faces if there are more than two) of the tobacco products packaging.

15. Evidence shows that, when compared with text-only health warnings and messages, those with pictures:

- are more likely to be noticed;
- are rated more effective by tobacco users;
- are more likely to remain salient over time;
- better communicate the health risks of tobacco use;
- provoke more thought about the health risks of tobacco use and about cessation;
- increase motivation and intention to quit; and
- are associated with more attempts to quit.

16. Pictorial health warnings and messages may also disrupt the impact of brand imagery on packaging and decrease the overall attractiveness of the package.

17. When creating pictures for use on tobacco product packaging, Parties should obtain, where possible, ownership or full copyright of images, instead of allowing graphic designers or other sources to retain copyright. This provides maximum flexibility to use the images for other tobacco control interventions, including mass media campaigns and on the Internet. It may also enable Parties to grant licences to other jurisdictions to use the images.

### ***Colour***

18. The use of colour, as opposed to black and white, affects the overall noticeability of pictorial elements of health warnings and messages. Therefore, Parties should require full colour (four-colour printing), rather than black and white, for pictorial elements of health warnings and messages. Parties should select contrasting colours for the background of the text in order to enhance noticeability and maximize the legibility of text-based elements of health warnings and messages.

### ***Rotation***

19. Article 11.1(b)(ii) of the Convention specifies that health warnings and messages shall be rotating. Rotation can be implemented by having multiple health warnings and messages appearing concurrently or by setting a date after which the health warning and message content will change. Parties should consider using both types of rotation.

20. The novelty effect of new health warnings and messages is important, as evidence suggests that the impact of health warnings and messages that are repeated tends to decrease over time, whereas changes in health warnings and messages are associated with increased effectiveness. Rotation of health warnings and messages and changes in their layout and design are important to maintain saliency and enhance impact.

21. Parties should specify the number of health warnings and messages that are to appear concurrently. Parties should also require that health warnings and messages in a specified series be printed so that each appears on an equal number of retail packages, not just for each brand family but also for each brand within the brand family for each package size and type.

22. Parties should consider establishing two or more sets of health warnings and messages, specified from the outset, to alternate after a specified period, such as every 12–36 months. During transition periods, when an old set of health warnings and messages is being replaced by a new set, Parties should provide for a phase-in period for rotation between sets of health warnings and messages, during which time both sets may be used concurrently.

### ***Message content***

23. Using a range of health warnings and messages increases the likelihood of impact, as different health warnings and messages resonate with different people. Health warnings and messages should address different issues related to tobacco use, in addition to harmful health effects and the impact of exposure to tobacco smoke, such as:

- advice on cessation;
- the addictive nature of tobacco;

- adverse economic and social outcomes (for example, annual cost of purchasing tobacco products); and
- the impact of tobacco use on significant others (premature illness of one’s father due to smoking, for example, or death of a loved one due to exposure to tobacco smoke).

24. Parties should also consider innovative content for other messages, such as adverse environmental outcomes and tobacco industry practices.

25. It is important to convey health warnings and messages in an effective manner; the tone should be authoritative and informative but non-judgemental. Health warnings and messages should also be presented in simple, clear and concise language that is culturally appropriate. Health warnings and messages can be presented in various formats, such as testimonials and positive and supportive information.

26. Evidence suggests that health warnings and messages are likely to be more effective if they elicit unfavourable emotional associations with tobacco use and when the information is personalized to make the health warnings and messages more believable and personally relevant. Health warnings and messages that generate negative emotions such as fear can be effective, particularly when combined with information designed to increase motivation and confidence in tobacco users in their ability to quit.

27. The provision of advice on cessation and specific sources for cessation help on tobacco packaging, such as a web site address or a toll-free telephone “quit line” number, can be important in helping tobacco users to change their behaviour. Parties should be aware that an increased demand for cessation-related services might require additional resources.

### ***Language***

28. Article 11.3 of the Convention specifies that each Party shall require that the warnings and other textual information specified in Article 11.1(b) and Article 11.2 appear on each unit packet and package of tobacco products, as well as on any outside packaging and labelling of such products, in the Party’s principal language or languages.

29. In jurisdictions where there is more than one principal language, health warnings and messages can be displayed on each principal display area in more than one language, or, alternatively, a different language can be used for different principal display areas. Where appropriate, different languages or language combinations could also be used in different regions of a jurisdiction.

### ***Source attribution***

30. An attribution statement gives an identified source for the health warnings and messages on tobacco product packaging. There are, however, mixed views about whether they should form part of health warnings and messages. Some jurisdictions have provided a source attribution statement in order to increase the credibility of the health warnings and messages, while others have decided not to include a source attribution out of concern that it might detract from the impact of the warning. Where a source attribution statement is required, it is often located at the end of the health warning, in a smaller font size than the rest of the warning. Ultimately, Party-specific circumstances, such as beliefs and attitudes among target population subgroups, will determine whether the use of source attribution is likely to increase credibility or reduce impact.

31. If required, a source attribution statement should specify a credible expert source, such as the national health authority. The statement should be small enough not to detract from the overall noticeability and impact of the message, while being large enough to be legible.

### ***Information on constituents and emissions***

32. Article 11.2 of the Convention specifies that each unit packet and package of tobacco products, and any outside packaging and labelling of such products, shall, in addition to the warnings specified in Article 11.1(b), contain information on relevant constituents and emissions of tobacco products as defined by national authorities.

33. In implementing this obligation, Parties should require that relevant qualitative statements be displayed on each unit packet or package about the emissions of the tobacco product. Examples of such statements include “smoke from these cigarettes contains benzene, a known cancer-causing substance” and “smoking exposes you to more than 60 cancer-causing chemicals”. Parties should also require that this information be shown on parts of the principal display areas or on an alternative display area (such as the side of packaging) not occupied by health warnings and messages.

34. Parties should not require quantitative or qualitative statements on tobacco product packaging and labelling about tobacco constituents and emissions that might imply that one brand is less harmful than another, such as the tar, nicotine and carbon monoxide figures or statements such as “these cigarettes contain reduced levels of nitrosamines”.

35. The above three paragraphs should be read in conjunction with paragraphs 43–45.

## **PROCESS FOR DEVELOPING EFFECTIVE PACKAGING AND LABELLING REQUIREMENTS**

### ***Product category considerations***

36. Article 11.1(b) of the Convention requires each Party to adopt and implement effective measures to ensure that each unit packet or package of tobacco products and any outside packaging and labelling of such products carry health warnings and messages. There should be no exemptions for small-volume companies or brands or for different types of tobacco products. Parties should consider requiring different health warnings and messages for different tobacco products such as cigarettes, cigars, smokeless tobacco, pipe tobacco, bidis and water pipe tobacco, in order to better focus on the specific health effects related to each product.

### ***Different types of packaging***

37. Parties should have a comprehensive understanding of the many different types of tobacco product packaging found within their jurisdiction, and should indicate how the proposed health warnings and messages will apply to each type and shape of packaging such as tins, boxes, pouches, flip-tops, slide and shell packages, cartons, transparent wrappers, clear packaging or packages containing one product unit.

### ***Targeting population subgroups***

38. Parties should consider designing warnings that target subgroups, such as youth, and adapting the number of health warnings and their rotation accordingly.

### ***Pre-marketing testing***

39. Depending on the available resources and time, Parties should consider pre-marketing testing to assess the effectiveness of the health warnings and messages on the intended target population. Pre-marketing testing can permit identification of unintended effects, such as inadvertently increasing the craving to smoke, and assessment of their cultural appropriateness. Consideration should be given to inviting civil society organizations not affiliated with the tobacco industry to contribute to this process. Ultimately, pre-marketing testing can be less costly than changes to legal measures at a later stage.

40. Parties should note that pre-marketing testing need not be long, complex or expensive. Valuable information can be obtained from simple focus groups of the target population, and Internet-based consultation is a quick and inexpensive alternative. Pre-marketing testing can be undertaken in parallel with the drafting of legal measures to avoid undue delay in implementation.

### ***Public information and involvement***

41. Parties should inform the public of proposals to introduce new health warnings and messages. Public support will assist Parties in introducing the new health warnings and messages. Parties should ensure, however, that public information and involvement do not unduly delay implementation of the Convention.

### ***Supporting communication activity***

42. The introduction of new health warnings and messages is more effective when it is coordinated with a broader, sustained public information and education campaign. Timely information should be provided to the media, as media coverage can increase the educational impact of new health warnings and messages.

## **DEVELOPING EFFECTIVE PACKAGING AND LABELLING RESTRICTIONS**

### ***Preventing packaging and labelling that is misleading or deceptive***

43. Article 11.1(a) of the Convention specifies that Parties shall adopt and implement, in accordance with their national law, effective measures to ensure that tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about the product's characteristics, health effects, hazards or emissions, including any term, descriptor, trademark or figurative or other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than others. These may include terms such as "low tar", "light", "ultra-light" or "mild", this list being indicative but not exhaustive. In implementing the obligations pursuant to Article 11.1(a), Parties are not limited to prohibiting the terms specified but should also prohibit terms such as "extra", "ultra" and similar terms in any language that might mislead consumers.

44. Parties should prohibit the display of figures for emission yields (such as tar, nicotine and carbon monoxide) on packaging and labelling, including when used as part of a brand name or trademark. Tar, nicotine and other smoke emission yields derived from smoking-machine testing do not provide valid estimates of human exposure. In addition, there is no conclusive epidemiological or scientific evidence that cigarettes with lower machine-generated smoke yields are less harmful than cigarettes with higher smoke emission yields. The marketing of cigarettes

with stated tar and nicotine yields has resulted in the mistaken belief that those cigarettes are less harmful.

45. Parties should prevent the display of expiry dates on tobacco packaging and labelling where this misleads or deceives consumers into concluding that tobacco products are safe to be consumed at any time.

### ***Plain packaging***

46. Parties should consider adopting measures to restrict or prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font style (plain packaging). This may increase the noticeability and effectiveness of health warnings and messages, prevent the package from detracting attention from them, and address industry package design techniques that may suggest that some products are less harmful than others.

## **LEGAL MEASURES**

### ***Drafting***

47. In drafting legal measures with respect to tobacco product packaging and labelling, Parties should consider issues such as who will be responsible for their administration, the available approaches for ensuring compliance and enforcement, and the level or levels of government involved.

### ***Administration***

48. Parties should identify the authority or authorities responsible for overseeing implementation of tobacco product packaging and labelling measures. Parties should consider ensuring that the relevant authority responsible for tobacco control matters is the same as that which administers the legal measures. In the event that the administration is made the responsibility of another area of government, the relevant health authority should provide input into label specifications.

### ***Scope***

49. Parties should ensure that the packaging and labelling provisions related to Article 11 of the Convention apply equally to all tobacco products sold within the jurisdiction, and that no distinction is made between products that are manufactured domestically or imported or intended for duty-free sale within a Party's jurisdiction. Parties should consider circumstances in which measures would apply to exported products.

### ***Costs***

50. Parties should ensure that the cost of placing health warnings and messages, as well as information on constituents and emissions, on tobacco product packaging is borne by the tobacco industry.

### ***Liability***

51. Consistent with Article 19 of the Convention, Parties should consider including provisions to make it clear that the requirement to carry health warnings and messages or to convey any other information about a tobacco product does not remove or diminish any obligation of the tobacco industry, including, but not limited to, obligations to warn consumers about the health hazards arising from tobacco use and exposure to tobacco smoke.

### ***Specific provisions***

52. Parties should ensure that clear, detailed specifications are provided for in their legal measures in order to limit the opportunity for tobacco manufacturers and importers to deviate in the implementation of health warnings and messages, as well as to prevent inconsistencies among tobacco products. In drafting such measures, Parties should review, inter alia, the following list:

- packaging and products (please refer to paragraph 37);
- language(s) to be used in mandated text of health warnings and messages and in information on constituents and emissions on packaging, including how languages should appear if there is more than one language;
- rotation practice and time frames, including the number of health warnings and messages to appear concurrently as well as specifications of transition periods and deadlines within which the new health warnings and messages must appear;
- distribution practices, in order to obtain equal display of health warnings and messages on retail packages, not just for each brand family but also for each brand within the brand family for each package size and type;
- how text, pictures and pictograms of health warnings and messages should actually appear on packaging (including specification of location, wording, size, colour, font, layout, print quality), including package inserts, onserts and interior messages;
- different health warnings and messages for different types of tobacco product, where appropriate;
- source attribution, if appropriate, including placement, text and font (similar detailed specifications as for the health warnings and messages themselves); and
- prohibition of promotion by means that are false, misleading, deceptive or likely to create an erroneous impression, in accordance with Article 11.1(a) of the Convention.

### ***Source document***

53. Parties should consider providing a “source document”, which contains high-quality visual samples of how all health warnings and messages and other information are to appear on packaging. A source document is particularly useful in the event that the language used in the legal measures is not sufficiently clear.

### ***Adhesive labels and covers***

54. Parties should ensure that adhesive labels, stickers, cases, covers, sleeves, wrapping and tobacco manufacturers’ promotional inserts and onserts do not obscure, obliterate or undermine

health warnings and messages. For example, adhesive labels might be allowed only if they cannot be removed and are used only on metal or wood containers that hold products other than cigarettes.

### ***Legal responsibility for compliance***

55. Parties should specify that tobacco product manufacturers, importers, wholesalers and retail establishments that sell tobacco products bear legal responsibility for compliance with packaging and labelling measures.

### ***Penalties***

56. In order to deter non-compliance with the law, Parties should specify a range of fines or other penalties commensurate with the severity of the violation and whether it is a repeat violation.

57. Parties should consider introducing any other penalty consistent with a Party's legal system and culture that may include the creation and enforcement of offences and the suspension, limitation or cancellation of business and import licences.

### ***Enforcement powers***

58. Parties should consider granting enforcement authorities the power to order violators to recall non-compliant tobacco products, and to recover all expenses stemming from the recall, as well as the power to impose whatever sanctions are deemed appropriate, including seizure and destruction of non-compliant products. Further, Parties should consider making public the names of violators and the nature of their offence.

### ***Supply deadline***

59. In order to ensure the timely introduction of health warnings and messages, legal measures should specify a single deadline by which manufacturers, importers, wholesalers and retailers must only supply tobacco products that comply with the new requirements. The time allocated need only be enough to allow manufacturers and importers to organize the printing of new packages. It has been considered that a period of up to 12 months from the enactment of the legal measures should suffice in most circumstances.

### ***Review***

60. Parties should recognize that the drafting of legal measures for packaging and labelling of tobacco products is not a one-time exercise. Legal measures should be reviewed periodically and updated as new evidence emerges and as specific health warnings and messages wear out. When undertaking periodic reviews or updates, Parties should take into account their experience in using their packaging and labelling measures, the experiences of other jurisdictions, as well as industry practices in this area. Such reviews or updates can help identify weaknesses and loopholes and highlight areas in which the language used in the measures should be clarified.

## **ENFORCEMENT**

### ***Infrastructure and budget***

61. Parties should consider ensuring that the infrastructure necessary for compliance and enforcement activities exists. Parties should also consider providing a budget for such activities.



### ***Strategies***

62. To enhance compliance, Parties should inform stakeholders of the requirements of the law before it comes into force. Different strategies might be required for different stakeholders, such as tobacco manufacturers, importers and retailers.

63. Parties should consider using inspectors or enforcement agents to conduct regular spot checks of tobacco products at manufacturing and importing facilities, as well as at points of sale, to ensure that packaging and labelling comply with the law. It may not be necessary to create a new inspection system if mechanisms are already in place that could be extended to inspect business premises as required. Where applicable, stakeholders should be informed that tobacco products will undergo regular spot checks at points of sale.

### ***Response to non-compliance***

64. Parties should ensure that their enforcement authorities are prepared to respond quickly and decisively to instances of non-compliance. Strong, timely responses to early cases will make it clear that compliance is expected and will facilitate future enforcement. Parties should consider making the results of enforcement action public in order to send a strong message that non-compliance will be investigated and action will be taken.

### ***Complaints***

65. Parties should consider encouraging the public to report violations in order to further promote compliance with the law. It might be helpful to establish an enforcement contact point for reporting alleged cases of non-compliance. Parties should ensure that complaints are investigated and dealt with in a timely and thorough manner.

## **MONITORING AND EVALUATING PACKAGING AND LABELLING MEASURES**

66. Parties should consider monitoring and evaluating their packaging and labelling measures to assess their impact as well as to identify where improvements are needed. Monitoring and evaluation also contribute to the body of evidence that can assist the efforts of other Parties in implementing their packaging and labelling measures.

67. Monitoring of the tobacco industry's compliance should be initiated immediately after legal measures have come into force and should be conducted continuously thereafter.

### ***Impact on populations***

68. It is important to assess the impact of packaging and labelling measures on the target populations. Parties should consider measuring aspects such as noticeability, comprehension, credibility, informativeness, recall and personal relevance of health warnings and messages, health knowledge and perceptions of risks, intentions to change behaviour and actual behavioural changes.

### ***Baseline and follow-up***

69. Parties should consider adopting strategies to evaluate the impact of packaging and labelling measures both before and at regular intervals after they are implemented.

### ***Resources***

70. The extent and complexity of actions to evaluate the impact of tobacco product packaging and labelling measures will vary among Parties, depending on the objectives and the availability of resources and expertise.

### ***Dissemination***

71. Parties should consider publishing, or making available to other Parties and to the public, the results gathered from monitoring of compliance and evaluating impact.

## **INTERNATIONAL COOPERATION**

72. International cooperation is essential for progress in such an important, constantly changing area as tobacco control. Several articles of the Convention provide for exchanges of knowledge and experience to promote progress in implementation, with a particular focus on the needs of developing country Parties and Parties with economies in transition. Cooperation among Parties to promote the transfer of technical, scientific and legal expertise and technology, as required by Article 22, would strengthen the implementation of Article 11 of the Convention globally. One example of such cooperation would be the provision of licences quickly, easily and without cost from Parties to other jurisdictions seeking to use their pictorial health warnings. International cooperation would also help to ensure that consistent and accurate information relating to tobacco products is provided globally.

73. Parties should endeavour to share legal and other expertise in countering tobacco industry arguments against packaging and labelling measures.

74. Parties should consider reviewing the reports of other Parties, pursuant to Article 21 of the Convention, to enhance their knowledge of international experience with respect to packaging and labelling.

= = =

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**The administration has yet to provide any conclusive evidence that increasing the size of the graphic health warning on the cigarette packet can encourage smokers to quit.** HomeReal InsightCommentators **Joseph Lee Kok-long** - Jul 13, 2015 11:03am

**New tobacco control measures require further consultation**

<http://www.ejinsight.com/20150713-new-tobacco-control-measures-require-further-consultation/>

At a meeting of the health services committee of the Legislative Council on May 18, the administration proposed three new measures on tobacco control. These include changing the prescribed form of health warning and indication of tar and nicotine levels on the cigarette packet, designating bus interchange facilities located at the tunnel portal areas as statutory non-smoking areas, and imposing regulations on electronic cigarettes.

**Among the new measures, the proposals that the size of the graphic health warning sign that covers the cigarette packet should be increased from the current 50 percent to 85 percent of the total surface area of the packet and that the variety of the health warning signs should be increased from 6 to 12 kinds have become a cause for concern for the tobacco industry.**

It is reported that the tobacco industry will be given a grace period of six months to comply with the new packaging rules. But representatives of the sector said the **government has never consulted them** about the new measures, nor has it notified them of the details of the new regulations. In fact, the new measures would already have been gazetted in June **had it not been for the objection raised by some members of the health services panel**, who demanded greater **consultation** over the new policies **with all the stakeholders**. Then **at the request of the panel**, a special meeting was held on July 6, during which **representatives of the tobacco industry were present and gave their views**. **While it remains open to question whether increasing the size of the graphic health warning sign on the cigarette packet can really reduce the number of smokers**, at that meeting representatives of the industry said the tobacco tax hikes in recent years have given rise to smuggled and counterfeit cigarettes and created incentives for black market sales, which have already reached epidemic proportions in the community.

They also said if the size of the graphic health warning sign was increased to **85 percent of the total surface area of the cigarette packet, manufacturers would be unable to put on anti-counterfeit labels on the packet**, making it almost impossible for consumers to tell whether what they bought is the genuine product. Although various sectors of our society have already reached a consensus on smoking ban in public places, and the majority of the public are well aware of the potential health risks of smoking, **I believe the government should still follow due process and fully consult the industry**, listen to their views and find out their difficulties in complying with the new measures in order to ensure the feasibility of the new regulations.

**Moreover, the administration has yet to provide any conclusive research evidence that can convince members of the panel as well as the tobacco industry that increasing the size of the graphic health warning sign on the cigarette packet can really put off smokers and encourage them to quit smoking.**

After all, there are only three countries in the world where tobacco manufacturers are legally required to cover 85 percent of the cigarette packet with graphic health warnings. Whenever the government introduces new policy initiatives, we hope that the administration **can always consult all the stakeholders including the industry** and our citizens and listen to their views, based on which officials can then strike a balance among the different **interests and concerns of the various stakeholders** and **come up with a final proposal that is acceptable to all parties**. As a member of the health services community, I am a steadfast supporter of smoking bans. However, the fact that I am against smoking doesn't mean I will turn a blind eye to any government attempt to skip standard procedures in the course of policy formulation, because **I believe the government is always under the obligation to listen to the views of stakeholders** before any new policy is introduced.

Since the new measures proposed by the administration **are not a matter of great urgency**, nor will they affect tax revenues, I don't see any reason why the government should enforce the controversial regulations so hastily **despite serious doubts among major stakeholders**. *This article appeared in the Hong Kong Economic Journal on July 13.*

**FCTC Treaty Article 5.3** – the Government should NOT be consulting the tobacco industry on policy matters ! Increased graphic health warning implementation is a tobacco control policy measure.

[http://www.who.int/fctc/guidelines/article\\_5\\_3.pdf](http://www.who.int/fctc/guidelines/article_5_3.pdf)



7. The purpose of these guidelines is to ensure that efforts **to protect tobacco control from commercial and other vested interests of the tobacco industry are comprehensive and effective**. Parties should implement measures in all branches of government that may have an interest in, or the capacity to, affect public health policies with respect to tobacco control.

11. The broad array of strategies and tactics used by the tobacco industry to interfere with the setting and implementing of tobacco control measures, such as those that Parties to the Convention are required to implement, is documented by a vast body of evidence. The measures recommended in these guidelines aim at protecting against interference not only by the tobacco industry but also, as appropriate, by organizations and individuals that work to further the interests of the tobacco industry.

12. While the measures recommended in these guidelines should be applied by Parties as broadly as necessary, in order best to achieve the objectives of Article 5.3 of the Convention, Parties are strongly urged **to implement measures beyond those recommended in these guidelines** when adapting them to their specific circumstances.

**Principle 1: There is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests.**

13. The tobacco industry produces and promotes a product that has been proven scientifically to be addictive, to cause disease and death and to give rise to a variety of social ills, including increased poverty. Therefore, Parties should protect the formulation and implementation of public health policies for tobacco control from the tobacco industry to the greatest extent possible.

17. The following important activities are recommended for addressing tobacco industry interference in public health policies:

- (1) Raise awareness about the addictive and harmful nature of tobacco products and about tobacco industry interference with Parties' tobacco control policies.
- (2) Establish measures to **limit interactions with the tobacco industry** and ensure the transparency of those interactions that occur.
- (4) Avoid conflicts of interest for government officials and employees.
- (7) Do not give preferential treatment to the tobacco industry.

#### *Recommendations*

1.1 Parties should, in consideration of Article 12 of the Convention, inform and educate all branches of government and the public about the addictive and harmful nature of tobacco products, the need to protect public health policies for tobacco control from commercial and other vested interests of the tobacco industry and the **strategies and tactics used by the tobacco industry to interfere with the setting and implementation of public health policies with respect to tobacco control.**

1.2 Parties should, in addition, raise awareness about the tobacco industry's practice of using individuals, front groups and affiliated organizations to act, openly or covertly, on their behalf or to take action to further the interests of the tobacco industry.

#### *Recommendations*

2.1 Parties should interact with the tobacco industry **only when and to the extent strictly necessary to enable them to effectively regulate the tobacco industry and tobacco products.**

2.2 Where interactions with the tobacco industry are necessary, Parties should ensure that such interactions are conducted transparently. Whenever possible, interactions should be conducted in public, for example through public hearings, public notice of interactions, disclosure of records of such interactions to the public.

#### **(3) Reject partnerships and non-binding or non-enforceable agreements with the tobacco industry.**

21. The tobacco industry **should not be a partner in any initiative linked to setting or implementing public health policies,** given that its interests are in direct conflict with the goals of public health.

4.5 Parties should develop clear policies that require applicants for public office positions which have a role in setting and implementing public health policies with respect to tobacco control to declare **any current or previous occupational activity with any tobacco industry whether gainful or not.**

4.8 **Parties should not allow any person** employed by the tobacco industry **or any entity working to further its interests to be a member of any government body, committee or advisory group that sets or implements tobacco control or public health policy.**

4.11 Taking into account national law and constitutional principles, Parties should have effective measures to prohibit contributions from the tobacco industry or any entity working to further its interests to political parties, candidates or campaigns, or to require full disclosure of such contributions.

5.3 Parties should require rules for the disclosure or registration of the tobacco industry entities, affiliated organizations and individuals acting on their behalf, including lobbyists.

#### **Enforcement**

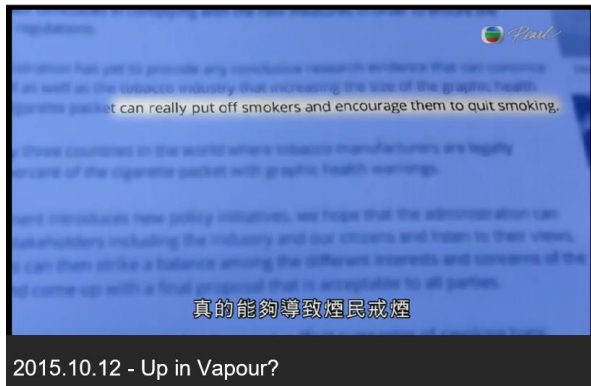
31. Parties should put in place enforcement mechanisms or, to the extent possible, use existing enforcement mechanisms to meet their obligations under Article 5.3 of the Convention and these guidelines.



**BAT HONG KONG SPOKESMAN QUOTE ON THE PEARL REPORT REGARDING INCREASED WARNING LABELS**  
**'The Government should instead use other measures such as a regular moderate tax increases'**



Legco member Joseph Lee has obviously not read the FCTC Treaty or has forgotten all its requirements. The Panel on Health Services should not be discussing tobacco control policy measures with the tobacco industry (Article 5.3). Neither should Legco members who act as Hon Consultants of a tobacco front group be involved in any tobacco control policy decisions. Moreover Article 11 of the FCTC treaty directs and mandates the Parties to act as regards tobacco health warnings and to regularly replace them – it is not an option, as Prof Lee seems to think. As a PHD holder he surely has the ability to perform research but it appears he cannot find any information which shows that large pictorial graphic warnings work; indeed his above comments show he thinks they do not work.



So Clear the Air has done the research for him; as can be seen from the VAST amount of available reports and information freely available shows that not only are health warnings mandatory to Parties under the FCTC Treaty, they are indeed highly successful and informative.

Read on .....



Bulletin World Health Organisation Aug. 2009

<http://dx.doi.org/10.1590/S0042-96862009000800026> PERSPECTIVES

## The impact of pictures on the effectiveness of tobacco warnings

<http://tinyurl.com/nm78xev>

Fig. 1. Poster used to promote World No Tobacco Day, 31 May 2009, Tobacco Free Initiative, World Health Organization



## Google Scholar search 'Effectiveness of graphic warning Labels Tobacco' reveals 13,100 scholarly results

http://scholar.google.co.uk/scholar?q=effectiveness+of+graphic+warning+labels+tobacco

effectiveness of graphic warning labels tobacco

About 13,100 results (0.07 sec)

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About 13,100 results (0.07 sec)

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**Effectiveness of cigarette warning labels in informing smokers about the risks of smoking: findings from the International Tobacco Control (ITC) Four Country Survey** [PDF] from who.int

[D Hammond](#), [GT Fong](#), [A McNeill](#), [R Borland](#)... - Tobacco ..., 2006 - tobaccocontrol.bmj.com

... The current findings indicate that large, **graphic warnings** on cigarette packages are an **effective** means of ... 41, 42 Yet, despite growing evidence of their **effectiveness**, most governments remain reluctant to mandate comprehensive health **warnings**, while the **tobacco** ...

Cited by 382 Related articles All 25 versions Cite Save

**Impact of the graphic Canadian warning labels on adult smoking behaviour** [HTML] from bmj.com

[D Hammond](#), [GT Fong](#), [PW McDonald](#)... - Tobacco ..., 2003 - tobaccocontrol.bmj.com

... Most important, the **graphic warnings** appear to serve as an **effective** cessation intervention, as cognitive processing of the **labels** predicted future ... 6. The **effectiveness** of **warning labels** has been found to erode over time as smokers become desensitised to their messages. ...

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**Text and graphic warnings on cigarette packages: findings from the international tobacco control four country study** [PDF] from who.int

[D Hammond](#), [GT Fong](#), [R Borland](#)... - American journal of ..., 2007 - Elsevier

... implemented **warnings** are most likely to be noticed and rated as **effective** by smokers ... The purpose of the current study was to evaluate the **effectiveness** of health **warnings** in ... At baseline, Canadian packages featured 16 **graphic warnings** covering half of the outside of packages ...

Cited by 274 Related articles All 32 versions Cite Save

**Adolescents perceived effectiveness of the proposed European graphic tobacco warning labels** [HTML] from oxfordjournals.org

[CI Vardavas](#), [G Connolly](#), [K Karamanolis](#)... - ... European Journal of ..., 2009 - Oxford Univ Press

Background: Graphical **tobacco** product labelling is a prominent source of health information and has an important position among **tobacco** control initiatives. However, little is known about its **effectiveness** among adolescents. With this above in mind, we aimed to research ...

Cited by 61 Related articles All 7 versions Cite Save

**The impact of pictures on the effectiveness of tobacco warnings** [HTML] from scielosp.org

[GT Fong](#), [D Hammond](#)... - Bulletin of the World ..., 2009 - SciELO Public Health

... Evidence from low- and middle-income countries also supports the **effectiveness** of large pictorial ... **warnings**, and even suggests that pictorial **warnings** may be even more **effective** in these ... 2,14 In 2006, Thailand implemented new **warning labels** that included **graphic** pictures at ...

Cited by 87 Related articles All 31 versions Cite Save More

**Reactions of young adult smokers to warning labels on cigarette packages** [PDF] from who.int

[M O'Hegarty](#), [LL Pederson](#), [DE Nelson](#)... - American journal of ..., 2006 - Elsevier

... Comparisons were then made of the perceived **effectiveness** of Canadian text-only with Canadian

## Google search “effectiveness of tobacco graphic warnings” reveals 85,100 results

The screenshot shows a Google search interface with the query 'effectiveness of tobacco graphic warnings'. The search results are displayed below the search bar, showing approximately 85,100 results in 0.41 seconds. The results include several scholarly articles and a PDF document. The first result is a list of scholarly articles for 'effectiveness of tobacco graphic warnings', with the top three articles by Hammond cited 274, 300, and 382 times respectively. The second result is a PDF titled 'tobacco warning labels: evidence of effectiveness' from tobaccofreekids.org. The third result is a news article from Harvard's HSPH titled 'Graphic warnings on cigarettes effective across ...'. The fourth result is a WHO bulletin titled 'WHO | The impact of pictures on the effectiveness of tobacco ...'. The fifth result is an article from tobaccocontrol.bmj.com titled 'Enhancing the effectiveness of tobacco package warning ...'. The sixth result is another article from tobaccocontrol.bmj.com titled 'Cigarette graphic warning labels and smoking prevalence in ...'.

<http://tobaccocontrol.bmj.com/content/20/5/327.full>

#### Abstract

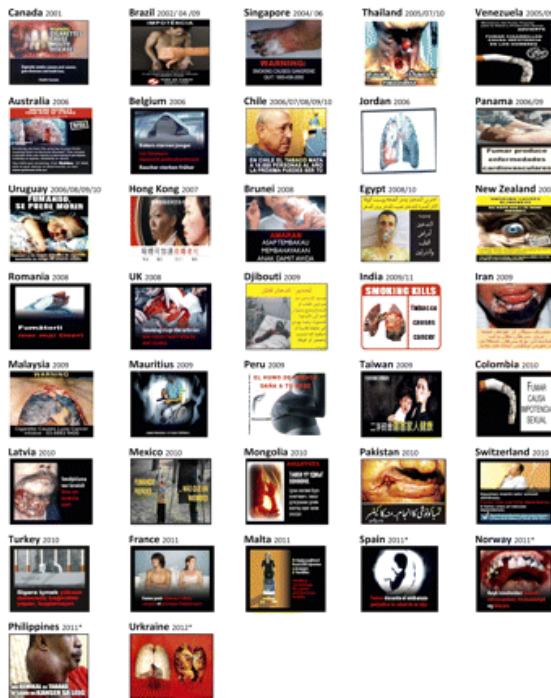
**Objective** To review evidence on the impact of health warning messages on tobacco packages.

Data sources Articles were identified through electronic databases of published articles, as well as relevant ‘grey’ literature using the following keywords: health warning, health message, health communication, label and labelling in conjunction with at least one of the following terms: smoking, tobacco, cigarette, product, package and pack. *Study selection and data extraction:* Relevant articles available prior to January 2011 were screened for six methodological criteria. A total of 94 original original articles met inclusion criteria, including 72 quantitative studies, 16 qualitative studies, 5 studies with both qualitative and qualitative components, and 1 review paper: Canada (n=35), USA (n=29) Australia (n=16), UK (n=13), The Netherlands (n=3), France (n=3), New Zealand (n=3), Mexico (n=3), Brazil (n=2), Belgium (n=1), other European countries (n=10), Norway (n=1), Malaysia (n=1) and China (n=1).

**Results** The evidence indicates that the impact of health warnings depends upon their size and design: whereas obscure text-only warnings appear to have little impact, prominent health warnings on the face of packages serve as a prominent source of health information for smokers and non-smokers, can increase health knowledge and perceptions of risk and can promote smoking cessation.

The evidence also indicates that comprehensive warnings are effective among youth and may help to prevent smoking initiation. Pictorial health warnings that elicit strong emotional reactions are significantly more effective.

**Conclusions** Health warnings on packages are among the most direct and prominent means of communicating with smokers. Larger warnings with pictures are significantly more effective than smaller, text-only messages.



\*Proposed implementation date at time of publication.



<https://www.tobaccofreekids.org/research/factsheets/pdf/0325.pdf>

## TOBACCO WARNING LABELS: EVIDENCE OF EFFECTIVENESS

The 2009 Family Smoking Prevention and Tobacco Control Act requires graphic (pictorial) warning labels to cover the top 50 percent of the front and rear panels of the cigarette package. The same warning labels are required in advertising and must comprise at least 20 percent of the advertisement's area. **The new law's requirements are based on the best available science and real world experience regarding warning labels, including the best practices from other countries and the recommendations of the World Health Organization (WHO), Institute of Medicine of the National Academy of Sciences, the U.S. President's Cancer Panel, the U.S. Surgeon General and other leading health experts.**

There are approximately 43.8 million smokers in the United States today.<sup>1</sup> About half of all continuing smokers will die prematurely as a result of their addiction.<sup>2</sup>

Despite the numerous public reports on the risks of smoking, studies show that a large number of smokers have inadequate knowledge of the health effects of smoking. While some smokers generally know that tobacco use is harmful, they underestimate the severity and magnitude of the health risks. **Knowledge of the health risks of smoking is even lower among people with low income and fewer years of education because of limited access to information about the hazards of smoking.**

Warning labels have been found to inform smokers about the health hazards of smoking, encourage smokers to quit, and prevent nonsmokers from starting to smoke. Warning labels on tobacco products are an ideal way of communicating with smokers.



Since the intervention is delivered at the time of smoking, nearly all smokers<sup>3</sup> are exposed to warning labels and pack-a-day smokers could be exposed to the warnings more than 7,000 times per year. **Given the reach and frequency of exposure, warning labels have the potential to have a significant impact on smoking behavior. Further, two-thirds of all smokers indicate that the package is an important source of health information and health knowledge is strongly associated with an intention to quit smoking.**<sup>4</sup>

In addition to conveying important health information:

- **Warning labels decrease the attractiveness and appeal of cigarettes and help to create an environment where non-smoking is the norm.**
- **Strong warning labels also counter the alluring and persuasive images the tobacco industry uses to market their products.**

Warning labels were first required on cigarette packs by the Federal Cigarette Labeling and Advertising Act of 1965. Unfortunately, since the current requirements for warning labels were established in 1984, their effect on smokers has drastically weakened, and the current labels are now virtually meaningless. Using the same parameters and the same four messages approved by Congress more than 20 years ago, today's labels are small and easily overwhelmed by the designs on cigarette packages. Moreover, smokers have become habituated to the style of labels, to the point that the labels go unnoticed altogether. According to the Institute of Medicine,

“Even though tobacco products are legally available to adults, the paramount public health aim is to reduce the number of people who use and become addicted to these products, through a focus on children and youths. The warnings must be designed to promote this objective. In the committee's view, the current warnings are inadequate even when measured against an informed choice standard, but they are woefully deficient when evaluated in terms of proper public health criteria.”<sup>5</sup>

Studies indicate that the public favors graphic warning labels on cigarette packs. A 2007 study in *Nicotine & Tobacco Research* found that a majority of smokers in the United States support strong, graphic warning labels similar to those used in Canada, and appreciate the information they provide.<sup>6</sup>

Results from the 2009 New York State Adult Tobacco Survey show that in 2009, 80 percent of nonsmokers and 58

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percent of smokers in New York support the use of graphic warning labels on cigarette packs and the percent of New Yorkers who favor graphic warning labels has increased significantly over time.<sup>7</sup>

### **The New Warning Label Requirements are Based on Sound Science and Experience**

A recent, comprehensive review of the evidence on the impact of tobacco warning labels found that warning labels with the following characteristics are noticed more, are an important source of health information, increase knowledge about tobacco use harms and perceptions of risk and promote smoking cessation. In addition, comprehensive warning labels are effective among youth and there is evidence that they prevent smoking initiation. Pictorial warning labels that elicit a strong emotional response are especially effective.<sup>8</sup>

- Large warning labels are the most effective. Warning labels must be large enough to be easily noticed and read, and should be as large as possible.<sup>9</sup> 46 countries now require health messages to comprise at least 50 percent of the overall package, and three countries (Australia, Sri Lanka, Uruguay) require warnings to cover as much as 80 percent of the package.
- Smokers report greater recall for warnings that appear on the front, compared to the side, of packages.<sup>10</sup>
- Warning labels that contain a clear, direct and accurate message about the dangers of tobacco use, including messages about specific health effects, are the most effective. Messages that are worded simply and speak directly to the reader have the greatest impact.<sup>11</sup>
- Warnings with pictures are more effective than text-only warnings. Pictures also increase the message's accessibility by people with low levels of literacy and can help smokers visualize tobacco-caused diseases. Color pictures are more effective than black and white pictures.<sup>12</sup>
- Warning labels that include graphic images that elicit an emotional response have been shown to be the most effective. Strong, emotional responses are associated with increases in the warning's effectiveness.<sup>13</sup>

- Warning labels need to be rotated regularly to avoid overexposure.<sup>14</sup>
- Warning labels include information for smokers who want to quit about where to find help have been shown to increase the number of smokers who try to quit.<sup>15</sup>

### **Tobacco Warning Labels Encourage Smokers to Quit and Discourage Nonsmokers from Starting to Smoke**

The evidence that warning labels can and do work is solid and extensive. The International Tobacco Control Policy Evaluation Project (“ITC”) is an international cohort study that consists of surveys of adult smokers in nineteen countries and focuses on tobacco control policy evaluation. According to ITC research on tobacco warning labels, adult and youth smokers report that large, comprehensive warning labels reduce smoking consumption, increase motivation to quit and increase the likelihood that they will remain abstinent following a quit attempt.<sup>16</sup>

Another ITC research project includes a four-country comparative study by Hammond, et al. which found that text-only labels (as seen in the U.S.) were associated with lower levels of awareness about the health risks of smoking than prominent, pictorial warning labels (as seen in Canada and Australia). Furthermore, the study indicated that pictorial warning labels were more effective than text-only labels in leading people to think about quitting and deterring them from having a cigarette.<sup>17</sup> Other important findings from the study include:

- “Large, graphic warnings on cigarette packages are an effective means of increasing health knowledge among smokers [and] may also help to reduce the disparities in health knowledge by providing low-income smokers with regular access to health information.”
- Smokers in countries where a warning depicts a particular health hazard of smoking were much more likely to know about that hazard and smokers who reported noticing warnings were 1.5 to 3.0 times more likely to believe in each health hazard.<sup>18</sup> This is important because smokers who perceive greater health risk from smoking are more likely to intend to quit and quit smoking successfully.<sup>19</sup>

This study provides strong evidence that perhaps the most effective way to convey health risks to smokers is with graphic, large and comprehensive warning labels. Other studies suggest that picture warnings that include graphic, fear-arousing depictions of smoking’s effect on the body are the most effective because they are associated with increases in motivation to quit smoking, thinking about health risks and engaging in cessation behavior.<sup>20</sup> A follow-up investigation of the four-country study revealed that larger, pictorial warning labels were associated with increased quit attempts.<sup>21</sup> Another study, released in 2010, found that more graphic depictions of health consequences on warning labels produced stronger effects and strengthened smokers’ intentions to quit smoking.<sup>22</sup> **A recent Canadian study found that, after controlling for price, graphic tobacco warnings significantly decreased the odds of being a smoker and significantly increased the odds of making a quit attempt.**<sup>23</sup>

### **Real-world experience also suggests that the graphic warning labels will be effective in encouraging smokers to try to quit.**

The day the U.S. Food and Drug Administration unveiled the new graphic warning labels, there were 4,803 calls to the toll-free quitline number 1-800-QUIT-NOW - more than double the number of calls received the same day a week earlier. Call volume remained elevated for the entire first week after the new labels received widespread attention in the media.

### **Research suggests that graphic warning labels are also effective among youth.**

- More than 90 percent of Canadian youth agree that picture warnings on Canadian cigarette packages have provided them with information about the health effects of smoking and make smoking seem less attractive.<sup>24</sup>
- An Australian study examined the impact of the introduction of graphic health warning labels on adolescents. The authors found that adolescent experimental and established smokers were more likely to think about quitting, and intentions to smoke were lower among those students who discussed the new warning labels.<sup>25</sup>
- A Greek study of adolescents indicates that proposed European Union pictorial warning labels were more effective at informing about the health effects of smoking and preventing initiation than the previous text-only labels. Approximately 84 percent of non-smoking adolescents reported that the proposed EU pictorial labels were more effective than the old EU text labels in preventing smoking initiation.<sup>26</sup>

Additional research regarding the effectiveness of warning labels is summarized below.

- After new, large pictorial warnings were introduced in 2000, 91 percent of Canadian smokers surveyed reported having read the warning labels and demonstrated a thorough knowledge of their content. Further, smokers who read, thought about, and discussed the warning labels in greater depth at baseline were significantly more likely to either quit, attempt to quit, or reduce their smoking at follow-up.<sup>27</sup>

- In Brazil, after the introduction of new picture warnings, 73 percent of smokers approved of them, 54 percent had changed their opinion on the health consequences of smoking, and 67 percent said the new warnings made them want to quit. The impact was particularly strong among less educated, lower income people.<sup>28</sup> Brazil introduced a second set of warning labels in 2004. In a study evaluating both sets of warning labels, researchers found the most graphic and threatening warning labels increased intentions to avoid smoking.<sup>29</sup>
- The introduction of stronger warning labels in Australia resulted in a 29 percent increase in people reporting that they always noticed the warning.<sup>30</sup>
- After Singapore introduced their pictorial warning labels in 2004, a Health Promotion Board survey found that 28 percent of the smokers surveyed reported smoking fewer cigarettes because of the warnings; 14 percent of the smokers surveyed said that they made it a point to avoid smoking in front of children; 12 percent said that they avoided smoking in front of pregnant women; and 8% said that they smoked less at home.<sup>31</sup>
- Since Thailand introduced their second set of pictorial labels in 2006, 53 percent said the pictorial warning labels made them think “a lot” about the health risks and 44 percent of smokers said the warnings made them “a lot” more likely to quit over the next month.<sup>32</sup>
- An investigation of the impact of the text-only Chinese labels compared to other text and pictorial labels from around the world found that larger pictorial labels were perceived to be more effective at informing about the dangers of smoking, convincing youth not to start and motivating smokers to quit.<sup>33</sup>

Graphic warnings in Canada, Australia, Brazil as well as other countries include concrete information on ways to quit such as quitline numbers and website addresses. Experience from these countries indicates that graphic warnings that include specific ways to get help in quitting are an effective way to encourage tobacco users to quit.

- After Australia introduced pictorial labels with quitline information in 2006, the rate of quitline callers doubled from the previous two years.<sup>34</sup> The rise in calls to the Australian quitline service was substantial and sustained and researchers concluded that this was the result of the introduction of the new graphic cigarette pack warnings that included the quitline number.
- After New Zealand introduced pictorial labels with quitline information in 2008, the average number of new monthly calls increased and more first-time callers reported obtaining the quitline number from tobacco product packaging.<sup>35</sup>
- Tobacco pack warnings that included a quitline number were reported as the second largest driver of calls to the UK National Health Service Stop Smoking Helpline, according to the United Kingdom Department of Health.<sup>36</sup>

More than 60 countries in the Americas, Eastern Mediterranean, Europe, South-East Asia and Western Pacific regions require pictures or images on cigarette packs (some of these are still being implemented).<sup>37</sup> A European Union directive gives its 27 member countries the option of adding pictures to warnings as a way to educate smokers about the risks of continuing to smoke. **These actions reflect the growing consensus that warning labels are effective at communicating health messages and discouraging tobacco use.**

Countries and jurisdictions that require pictures or images on cigarette packs	
1. Argentina	33. Malta
2. Australia	34. Mauritius
3. Bahrain	35. Mexico
4. Belgium	36. Mongolia
5. Bolivia	37. Nepal
6. Brazil	38. New Zealand
7. Brunei Darussalam	39. Niger
8. Burkina Faso	40. Norway
9. Canada	41. Oman
10. Chile	42. Pakistan
11. Colombia	43. Panama
12. Costa Rica	44. Peru
13. Denmark	45. Philippines
14. Djibouti	46. Qatar
15. Ecuador	47. Romania
16. Egypt	48. Russia
17. El Salvador	49. Saudi Arabia
18. Fiji	50. Seychelles
19. France	51. Singapore



20. Honduras	52. Spain
21. Hungary	53. Sri Lanka
22. Iceland	54. Switzerland
23. India	55. Thailand
24. Iran	56. Turkey
25. Ireland	57. Ukraine
26. Jordan	58. United Arab Emirates
27. Kazakhstan	59. United Kingdom
28. Kuwait	60. United States
29. Latvia	61. Uruguay
30. Liechtenstein	62. Venezuela
31. Madagascar	63. Vietnam
32. Malaysia	64. Yemen

**The Campaign for Tobacco-Free Kids, March 19, 2013 / Meg Riordan**

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<sup>37</sup> The list just includes countries that have passed legislation. A number of sub-national jurisdictions including Hong Kong and Taiwan have also passed legislation requiring pictorial warnings.

**Hong Kong under China is a ratified party to the FCTC Treaty and is bound to comply with all of the said requirements**  
[http://www.who.int/fctc/text\\_download/en/](http://www.who.int/fctc/text_download/en/) [http://apps.who.int/iris/bitstream/10665/42811/3/9789245591016\\_chi.pdf](http://apps.who.int/iris/bitstream/10665/42811/3/9789245591016_chi.pdf)

### WHO FCTC Health Warnings Database

Article 11 of the WHO Framework Convention on Tobacco Control (WHO FCTC) **requires Parties to the Convention to implement large, rotating health warnings on all tobacco product packaging and labelling**. Pictorial health warnings on tobacco packages are a cost-effective means to increase public awareness about the dangers of tobacco use. Guidelines for Article 11 of the WHO FCTC recommend that Parties should mandate full colour pictures or pictograms, in their packaging and labelling requirements. This website, which was developed following a decision by the Conference of the Parties to the WHO FCTC at its third session, is designed to facilitate the sharing of such pictorial health warnings and messages among countries and Parties, and will continue to be updated on a regular basis as countries and Parties provide these images.

The screenshot shows the WHO FCTC Health Warnings Database website. At the top, there is a navigation bar with the WHO logo and language options (Arabic, Chinese, English, Français, Русский, Español). Below this is a secondary navigation bar with tabs for Home, Health topics, Data, Media centre, Publications, Countries, Programmes, Governance, and About WHO. A search bar is located on the right side of this bar. The main content area is titled "Tobacco Free Initiative (TFI)" and "WHO FCTC Health Warnings Database". On the left, there is a sidebar with a list of links: Tobacco Free Initiative, Implementing tobacco control, Surveillance and monitoring, Tobacco control economics, Watching and countering the industry, Quitting tobacco, Media centre, Publications, and About. The main text area contains the title "WHO FCTC Health Warnings Database" followed by a paragraph explaining the purpose of the database. Below this, there is a list of "Key products" including "All World No Tobacco Days", "WHO report on the global tobacco epidemic", "WHO FCTC Health Warnings Database", and "Tobacco control country profiles". There is also a "Social media" section with a Facebook link and a "Contact us" section with the WHO address in Geneva. A "Quick links" section is also present, providing instructions on how to use the pictorial health warning galleries.

[http://www.who.int/fctc/treaty\\_instruments/adopted/Guidelines\\_Article\\_11\\_English.pdf](http://www.who.int/fctc/treaty_instruments/adopted/Guidelines_Article_11_English.pdf)



## GUIDELINES FOR IMPLEMENTATION OF ARTICLE 11 OF THE WHO FCTC TREATY (Packaging and Labelling of tobacco products) DEVELOPING EFFECTIVE PACKAGING AND LABELLING REQUIREMENTS

7. Well-designed health warnings and messages are part of a range of effective measures to communicate health risks and to reduce tobacco use. Evidence demonstrates that the effectiveness of health warnings and messages increases with their prominence. In comparison with small, text only health warnings, **larger warnings with pictures are more likely to be noticed, better communicate health risks, provoke a greater emotional response and increase the motivation of tobacco users to quit and to decrease their tobacco consumption. Larger picture warnings are also more likely to retain their effectiveness over time and are particularly effective in communicating health effects to low-literacy populations, children and young people.** Other elements that enhance effectiveness include locating health warnings and messages on principal display areas, and at the top of these principal display areas; **the use of colour rather than just black and white; requiring that multiple health warnings and messages appear concurrently; and periodic revision of health warnings and messages.**

9. Parties should consider requiring, in addition to the health warnings and messages referred to in paragraph 8, further health warnings and messages on all sides of a package, as well as on package inserts and onserts.

10. Parties should ensure that health warnings and messages are not obstructed by other required packaging and labelling markings or by commercial inserts and onserts. Parties should also ensure, when establishing the size and position of other markings, such as tax stamps and markings as per the requirements of Article 15 of the Convention, that such markings do not obstruct any part of the health warnings and messages.

12. Article 11.1(b)(iv) of the Convention specifies that health warnings and messages on tobacco product packaging and labelling should be 50% or more, but no less than 30%, of the principal display areas. **Given the evidence that the effectiveness of health warnings and messages increases with their size, Parties should consider using health warnings and messages that cover more than 50% of the principal display areas and aim to cover as much of the principal display areas as possible.** The text of health warnings and messages should be in bold print in an easily legible font size and in a specified style and colour(s) that enhance overall visibility and legibility.

14. Article 11.1(b)(v) of the Convention specifies that health warnings and messages on tobacco product packaging and labelling may be in the form of or include pictures or pictograms. **Evidence shows that health warnings and messages that contain both pictures and text are far more effective than those that are text-only.** They also have the added benefit of potentially reaching people with low levels of literacy and those who cannot read the language(s) in which the text of the health warning or message is written. Parties should mandate culturally appropriate **pictures or pictograms, in full colour**, in their packaging and labelling requirements. **Parties should consider the use of pictorial health warnings on both principal display areas (or on all main faces if there are more than two) of the tobacco products packaging.**

15. Evidence shows that, when compared with text-only health warnings and messages, **those with pictures:**

- **are more likely to be noticed;**
- **are rated more effective by tobacco users;**
- **are more likely to remain salient over time;**
- **better communicate the health risks of tobacco use;**
- **provoke more thought about the health risks of tobacco use and about cessation;**
- **increase motivation and intention to quit; and**
- **are associated with more attempts to quit**

19. Article 11.1(b)(ii) of the Convention specifies that health warnings and messages shall be rotating. Rotation can be implemented by having multiple health warnings and messages appearing concurrently or by setting a date after which the health warning and message content will change. Parties should consider using both types of rotation.

20. The novelty effect of new health warnings and messages is important, as evidence suggests that the impact of health warnings and messages that are repeated tends to decrease over time, whereas changes in health warnings and messages are associated with increased effectiveness. Rotation of health warnings and messages and changes in their layout and design are important to maintain saliency and enhance impact.

26. Evidence suggests that health warnings and messages are likely to be more effective if they elicit unfavourable emotional associations with tobacco use and when the information is personalized to make the health warnings and messages more believable and personally relevant. Health warnings and messages that generate negative emotions such as fear can be effective, particularly when combined with information designed to increase motivation and confidence in tobacco users in their ability to quit.

## WHO - Sources used for the development of the guidelines for implementation of Article 11 of WHO FCTC

### Reference material [http://www.who.int/fctc/treaty\\_instruments/adopted/eleven/en/](http://www.who.int/fctc/treaty_instruments/adopted/eleven/en/)

In accordance with decision FCTC/COP3(10), the Convention Secretariat makes available the studies, research and other reference material used in the development of the guidelines for implementation of Article 11 (Packaging and labelling of tobacco products) of the Convention.

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#### **Examples of legislation/regulations, examples of health warnings**

- [Health Canada](#)

#### **Resource documents to assist with developing tobacco regulation**

- [Tobacco control legislation: an introductory guide. Second edition. D. Douglas Blanke and Vera da Costa e Silva \(Editors\). Geneva, World Health Organisation, 2004.](#)
- [WHO Tobacco Free Initiative. Building blocks for tobacco control: a handbook. 2004](#)
- [Nathan R. 2004. Model legislation for tobacco control: A policy development and legislative drafting manual. International Union for Health Promotion and Education, France.](#)
- [Pan American Health Organization. Developing legislation for tobacco control: template and guidelines. Washington, DC, PAHO, 2002](#)

#### **Documents and websites that provide more information on warnings and labels**

- [Packaging and Labelling - Pan American Health Organization.](#)
- [Jategaonkar, N. \(Ed.\) Civil Society Monitoring of the Framework Convention on Tobacco Control: 2007 status report of the Framework Convention Alliance. Geneva: Framework Convention Alliance, 2007.](#)
- [Physicians for a Smoke-free Canada](#)
- [U.S Tobacco free centre \(part of Campaign for Tobacco-free kids\) Summary on tobacco warning labels.](#)



Dr Hon LEUNG Ka-lau  
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 FRCS (Edin)  
 FCSHK  
 FHKAM (Surgery)  
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[http://www.legco.gov.hk/yr10-11/english/hc/sub\\_leg/sc10/minutes/sc1020110402.pdf](http://www.legco.gov.hk/yr10-11/english/hc/sub_leg/sc10/minutes/sc1020110402.pdf)  
 2<sup>nd</sup> April 2011

020928 – 021454	Chairman Dr LEUNG Ka-lau School of Public Health, HKU Administration	Discussion on the different medications for quitting smoking.  In response to Dr LEUNG Ka-lau's enquiry, the Administration advised that all the medications for quitting smoking were provided free of charge to clients utilizing the smoking cessation services.
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<http://www.leungkl.org/portal/content.do?path=/en/mediaArchiveE/newspaperE&record=IRE0000001911>

**Tobacco tax rise poised to pass** Post on 14 June 2011 South China Morning Post

Ten lawmakers have confirmed they will oppose the increase, including traditional government ally the Liberal Party. Lawmakers said they had been lobbied by both camps. Pan-democrat Frederick Fung Kin-kee said he was approached by smokers' groups despite his clearly stated support for the government proposal. **Medical-sector lawmaker Dr Leung Ka-lau was still undecided.** He said the government had pocketed a lot of money from the tobacco tax but had not spent enough on services to help people quit. **Why doesn't the government provide free cessation services?** Leung asked.

<http://www.scmp.com/article/970722/lawmakers-approve-tobacco-tax-increase>

16 June 2011

Although he voted for the tax, medical sector lawmaker **Dr Leung Ka-lau doubted whether increasing it would be useful,** saying only a tiny fraction of tobacco taxes collected each year were spent on smoking cessation. 'Hong Kong's smoking rate is already very low,' he said. 'I suspect that with such a low rate, **taxation is no longer effective in making people quit.**'

**Clear the Air says:**

**It seems Dr Leung Ka-Lau has no time to do any research to discover that regular tobacco taxation increases with additional increases above the level of inflation are the single best way to prevent youth smoking.**

**So we did the research for him .....attached .....**

**Hopefully he can read it and then understand the correct way forward, as a health professional.**





## WHO website downloadable reports on 'tobacco taxation'

<http://tinyurl.com/osvagj9>

Search results: herewith the first 230 of a total 2,280 downloadable results available at <http://tinyurl.com/osvagj9>

### [WHO | The economic and health benefits of tobacco taxation](#)

... The economic and health benefits of **tobacco taxation**. Authors: World Health Organization and the Secretariat of the WHO ...

[www.who.int/entity/tobacco/publications/economics/post2015tobacco/en/](http://www.who.int/entity/tobacco/publications/economics/post2015tobacco/en/) - 31k

### [WHO | WHO engagement with Member States on tobacco ...](#)

... WHO engagement with Member States on **tobacco taxation**. Authors: World Health Organization. Publication details. Number ...

[www.who.int/entity/tobacco/publications/economics/9789241507301/en/](http://www.who.int/entity/tobacco/publications/economics/9789241507301/en/) - 30k

[ [More results from www.who.int/entity/tobacco/publications](#) ]

### [WHO/Europe | Fact sheet - Tobacco taxation](#)

... - **Tobacco taxation**. ... Fact sheet - **Tobacco taxation**. ...

[www.euro.who.int/en/media-centre/sections/fact-sheets/2014/05/fact-sheet-tobacco-taxation](http://www.euro.who.int/en/media-centre/sections/fact-sheets/2014/05/fact-sheet-tobacco-taxation) - 43k

### [WPRO | Pacific tobacco taxation project](#)

... Pacific **tobacco taxation** project. ... Project-related activities. Workshop on **tobacco taxation** in the Pacific 18 to 22 June 2012 Auckland, New Zealand. ...

[www.wpro.who.int/entity/tobacco/pacifictobaccotaxationproject/en/](http://www.wpro.who.int/entity/tobacco/pacifictobaccotaxationproject/en/) - 26k

### [WHO | WHO workshops and meetings on tobacco taxation](#)

... WHO workshops and meetings on **tobacco taxation**. ... WHO workshop on **tobacco taxation** in the Pacific Auckland, New Zealand, 18-22 June 2012; ...

[www.who.int/entity/tobacco/economics/meetings/en/](http://www.who.int/entity/tobacco/economics/meetings/en/) - 31k

### [WHO | Presentations on tobacco taxation](#)

... Presentations on **tobacco taxation**. Overview. The following presentations provide an overview of **tobacco taxation**. ...

[www.who.int/entity/tobacco/economics/presentationstaxation/en/](http://www.who.int/entity/tobacco/economics/presentationstaxation/en/) - 30k

[ [More results from www.who.int/entity/tobacco/economics](#) ]

### [SEARO | Tobacco taxation and innovative health-care ...](#)

... **Tobacco taxation** and innovative health-care financing. Share. E-mail ... Print. Publication details. ...

[www.searo.who.int/entity/tobacco/documents/9789290224143/en/](http://www.searo.who.int/entity/tobacco/documents/9789290224143/en/) - 20k

### [WPRO | Tobacco taxation in China](#)

... **Tobacco taxation** in China. Fact sheet 27 May 2014. World No **Tobacco** Day, 2014. ... Reforming **tobacco taxation** in China. ...

[www.wpro.who.int/entity/china/mediacentre/factsheets/tobacco\\_taxation/en/](http://www.wpro.who.int/entity/china/mediacentre/factsheets/tobacco_taxation/en/) - 29k

### [SEARO | Tobacco Taxation](#)

... **Tobacco Taxation**. Thailand ... Impact of raising **tobacco taxation** on the Government revenue and **tobacco** use prevalence. Excise ...

[www.searo.who.int/entity/thailand/areas/tobaccotax/en/](http://www.searo.who.int/entity/thailand/areas/tobaccotax/en/) - 22k

### [WPRO | Strengthening tobacco taxation in the Region](#)

... Strengthening **tobacco taxation** in the Region. ... The programme intervenes in the areas of **tobacco taxation** and pictorial health warning. ...

[www.wpro.who.int/mediacentre/releases/2014/20140522/en/](http://www.wpro.who.int/mediacentre/releases/2014/20140522/en/) - 26k

[Rwanda hosts high level meeting on tobacco taxation in the ...](#)

... workshop from 2 to 3 March 2015 to help governments improve health and increase revenues by identifying “best practices” for **tobacco taxation**. ...

[www.afro.who.int/en/rwanda/press-materials/item/7444-rwanda-hosts-high-level-meeting-on-tobacco-taxa...](http://www.afro.who.int/en/rwanda/press-materials/item/7444-rwanda-hosts-high-level-meeting-on-tobacco-taxa...) - 28k

[WHO | World Health Organization](#)

... 13 July 2015 The economic and health benefits of **tobacco taxation**. The publication "Economic and Health Benefits of **Tobacco** ...

[www.who.int/entity/tobacco/en/](http://www.who.int/entity/tobacco/en/) - 41k

[WHO | Tobacco taxation: overview, current challenges and ...](#)

... the Ministry of Finance (MoF) officials from 73 countries around the world to provide technical assistance to Member States on **tobacco taxation**. ...

[www.who.int/entity/tobacco/worldconference2015/triplenarytobaccotaxation/en/](http://www.who.int/entity/tobacco/worldconference2015/triplenarytobaccotaxation/en/) - 30k

[WHO/Europe | Taxation of tobacco products in the WHO ...](#)

... Multimedia: Contact us: **Taxation of tobacco** products in the WHO European Region: practices and challenges. Download. English (PDF, 418.1 KB). ...

[www.euro.who.int/.../taxation-of-tobacco-products-in-the-who-european-region-practices-and-challenges](http://www.euro.who.int/.../taxation-of-tobacco-products-in-the-who-european-region-practices-and-challenges) - 43k

[WHO/Europe | Fact sheet - Tobacco taxation](#)

... Fact sheet - **Tobacco taxation**. Download. Deutsch (PDF, 2.1 MB). English (PDF, 1.2 MB). Français (PDF, 2.1 MB). Русский (PDF, 1.6 MB). ...

[www.euro.who.int/.../world-no-tobacco-day/2014-raise-taxes-on-tobacco/fact-sheet-tobacco-taxation](http://www.euro.who.int/.../world-no-tobacco-day/2014-raise-taxes-on-tobacco/fact-sheet-tobacco-taxation) - 44k

[ [More results from www.euro.who.int/en/health-topics/disease-prevention](#) ]

[WHO/Europe | Press conference draws attention to low ...](#)

Low **tobacco taxation** in Kazakhstan was highlighted at a special press conference held in Astana on 31 May 2012 to mark World No **Tobacco** Day. ...

[www.euro.who.int/.../news/2012/07/press-conference-draws-attention-to-low-tobacco-taxation-in-kazakhstan](http://www.euro.who.int/.../news/2012/07/press-conference-draws-attention-to-low-tobacco-taxation-in-kazakhstan) - 42k

[WPRO | Tobacco taxation goal is not just to increase revenue](#)

... **Tobacco taxation** goal is not just to increase revenue. Media release 31 May 2013. **Tobacco** ... **Tobacco taxation** in the Pacific. Workshop ...

[www.wpro.who.int/entity/southpacific/mediacentre/releases/2013/20130531/en/](http://www.wpro.who.int/entity/southpacific/mediacentre/releases/2013/20130531/en/) - 23k

[WHO EMRO | Subregional meeting on tobacco pricing and ...](#)

... Lebanon. . Subregional meeting on **tobacco pricing and taxation**. ... **Tobacco taxation** is the most effective policy in reducing **tobacco** use. ...

[www.emro.who.int/lbn/lebanon-events/tobacco.html](http://www.emro.who.int/lbn/lebanon-events/tobacco.html) - 25k

[Tobacco taxation policy in three Baltic countries after the EU ...](#)

... **Tobacco taxation** policy in three Baltic countries after the EU accession. ...

File: **Tobacco taxation** policy in three Baltic countries.pdf. ...

[apps.who.int/.../database/groups/tobacco-taxation-policy-three-baltic-countries-after-eu-accession](http://apps.who.int/.../database/groups/tobacco-taxation-policy-three-baltic-countries-after-eu-accession) - 18k

[WHO | Taxation](#)

... WHO technical manual on **tobacco** tax administration; Papers on **taxation** Published by the International Union Against Tuberculosis and Lung ...

[www.who.int/tobacco/economics/taxation/en/](http://www.who.int/tobacco/economics/taxation/en/) - 30k

[WHO | Taxation](#)

... question. You are here: Global Health Observatory (GHO) data; **Tobacco** control; Global situation; **Taxation**. Quick Links. Sitemap. ...

[www.who.int/entity/gho/tobacco/policies/taxation/en/](http://www.who.int/entity/gho/tobacco/policies/taxation/en/) - 29k

[Impact of tobacco taxation | WHO FCTC Implementation ...](#)

... Impact of **tobacco taxation**. fctc-admin's picture Title: Impact of **tobacco taxation**.  
File: uzbekistan\_annex2\_impact\_of\_taxation.pdf. Resources. ...  
[apps.who.int/fctc/implementation/database/groups/impact-tobacco-taxation](http://apps.who.int/fctc/implementation/database/groups/impact-tobacco-taxation) - 18k

[The Deputy Director General of WHO, Dr Asamoah-Baah has ...](#)

The Deputy Director General of WHO, Dr Asamoah-Baah has called on delegates to ensure that **Tobacco Taxation** and **Tobacco Control** policies ...  
[www.afro.who.int/en/ghana/press-materials/item/7780-the-deputy-director-general-of-who-dr-asamoah-ba...](http://www.afro.who.int/en/ghana/press-materials/item/7780-the-deputy-director-general-of-who-dr-asamoah-ba...) - 31k

[WPRO | Pacific island countries push for higher tobacco ...](#)

... Pacific island countries push for higher **tobacco taxation**. News release.  
AUCKLAND, New Zealand, 15 June 2012 - A workshop ...  
[www.wpro.who.int/mediacentre/releases/2012/20120615/en/](http://www.wpro.who.int/mediacentre/releases/2012/20120615/en/) - 25k

[WHO/Europe | Poland launches report on the economics of ...](#)

A new report on The Economics of **Tobacco** and **Tobacco Taxation** in Poland was launched on 8 February 2012 in Warsaw, Poland, at a high-level ...  
[www.euro.who.int/.../2012/02/poland-launches-report-on-the-economics-of-tobacco-and-tobacco-taxation](http://www.euro.who.int/.../2012/02/poland-launches-report-on-the-economics-of-tobacco-and-tobacco-taxation) - 42k

[WHO IRIS: Tobacco taxation in the Eastern Mediterranean ...](#)

... View/Open. 302.25 kB, Adobe PDF, View/Open. Title: **Tobacco taxation** in the Eastern Mediterranean Region. Authors: World Health Organization. ...  
[apps.who.int/iris/handle/10665/116666](http://apps.who.int/iris/handle/10665/116666) - 19k

[WHO IRIS: Increasing tobacco taxation revenue in Egypt](#)

... View/Open. 156.44 kB, Adobe PDF, View/Open. Title: Increasing **tobacco taxation** revenue in Egypt. Authors: World Health Organization. ...  
[apps.who.int/iris/handle/10665/116661](http://apps.who.int/iris/handle/10665/116661) - 19k  
[ [More results from apps.who.int/iris/handle/10665](http://apps.who.int/iris/handle/10665) ]

[WHO | Tobacco taxation](#)

... **Tobacco taxation**. Healthier people - healthier budgets. What have we achieved? Increased knowledge about **tobacco taxation** globally. ...  
[www.who.int/tobacco/economics/flyer/en/index4.html](http://www.who.int/tobacco/economics/flyer/en/index4.html) - 28k

[WPRO | Tobacco taxation can save lives](#)

... **Tobacco taxation** can save lives. News release. BEIJING, 14 November 2012 - "Increasing the retail price of **tobacco** using ...  
[www.wpro.who.int/entity/china/mediacentre/releases/2012/20121114/en/](http://www.wpro.who.int/entity/china/mediacentre/releases/2012/20121114/en/) - 24k

[Tobacco Control - WHO | Regional Office for Africa](#)

... The Deputy Director General of WHO, Dr Asamoah-Baah has called on delegates to ensure that **Tobacco Taxation** and **Tobacco Control** policies ...  
[www.afro.who.int/en/clusters-a-programmes/hpr/health-risk-factors/tobacco.html](http://www.afro.who.int/en/clusters-a-programmes/hpr/health-risk-factors/tobacco.html) - 29k

[PDF] [Fact Sheet Tobacco Taxation](#)

... The effect of **taxation** Raising **tobacco** taxes has proved to be the most effective way to reduce consumption. ... Fact Sheet **Tobacco Taxation** ...  
[www.euro.who.int/\\_data/assets/pdf\\_file/0007/250738/140379\\_Fact-sheet-Tobacco-Taxation-Eng-ver2.pdf](http://www.euro.who.int/_data/assets/pdf_file/0007/250738/140379_Fact-sheet-Tobacco-Taxation-Eng-ver2.pdf) - 21k

[PDF] [Fact Sheet Tobacco Taxation: Raise Tobacco Tax - Save ...](#)

... региональное бюро ВОЗ UN City, Marmorvej 51, DK-2100 Copenhagen Ø, телефон: +45 45 33 70 00 [www.euro.who.int/tobacco](http://www.euro.who.int/tobacco) | [contact@euro...](mailto:contact@euro.who.int)  
[www.euro.who.int/.../assets/pdf\\_file/0003/250644/140379\\_Fact-sheet-Tobacco-Taxation-Rus-revised.pdf](http://www.euro.who.int/.../assets/pdf_file/0003/250644/140379_Fact-sheet-Tobacco-Taxation-Rus-revised.pdf) - 29k  
[ [More results from www.euro.who.int/\\_data/assets/pdf\\_file](http://www.euro.who.int/_data/assets/pdf_file) ]

[WHO | Tobacco taxation](#)

... **Tobacco taxation**. Healthier people - healthier budgets. ... We develop toolkits and manuals on **taxation** and the economics of **tobacco** control. ...  
[www.who.int/tobacco/economics/flyer/en/index2.html](http://www.who.int/tobacco/economics/flyer/en/index2.html) - 29k

#### [WHO | Presentations on tobacco taxation](#)

... Presentations on **tobacco taxation**. Global and regional overview of cigarette prices and **taxation**. ... Presentations on **tobacco taxation**. ...  
[www.who.int/tobacco/economics/presentationstaxation/en/index1.html](http://www.who.int/tobacco/economics/presentationstaxation/en/index1.html) - 30k

#### [WHO | Presentations on tobacco taxation](#)

... Presentations on **tobacco taxation**. Illicit trade in **tobacco**: a summary of the evidence and country responses. ... 12. Presentations on **tobacco taxation**. ...  
[www.who.int/tobacco/economics/presentationstaxation/en/index11.html](http://www.who.int/tobacco/economics/presentationstaxation/en/index11.html) - 29k  
[ [More results from www.who.int/tobacco/economics/presentationstaxation](#) ]

#### [WHO EMRO | Tobacco taxation in the Eastern Mediterranean ...](#)

... **Tobacco taxation** in the Eastern Mediterranean Region. Print PDF. ... This fact sheet examines **tobacco taxation** in the Eastern Mediterranean Region. ...  
[www.emro.who.int/tobacco/summaries/tobacco-tax-emr.html](http://www.emro.who.int/tobacco/summaries/tobacco-tax-emr.html) - 15k

#### [WHO EMRO | Increasing tobacco taxation revenue in Egypt ...](#)

... Increasing **tobacco taxation** revenue in Egypt. Print PDF. © World Health Organization 2010. This fact sheet examines: Egypt's ...  
[www.emro.who.int/tobacco/summaries/tobacco-tax-revenue-egypt.html](http://www.emro.who.int/tobacco/summaries/tobacco-tax-revenue-egypt.html) - 15k  
[ [More results from www.emro.who.int/tobacco/summaries](#) ]

#### [PDF] [Fact sheet on Tobacco taxation in the Eastern Mediterranean ...](#)

Fact sheet on **Tobacco taxation** in the Eastern Mediterranean Region ... **Tobacco taxation** facts **Tobacco** industry arguments against higher **taxation** ...  
[www.emro.who.int/images/stories/tfi/documents/loc\\_fs\\_tobacco\\_tax\\_emr.pdf](http://www.emro.who.int/images/stories/tfi/documents/loc_fs_tobacco_tax_emr.pdf) - 4k

#### [PDF] [Fact sheet on Increasing tobacco taxation revenue in Egypt](#)

Page 1. Fact sheet on Increasing **tobacco taxation** revenue in Egypt  
Contents Introduction WHO and MoF collaboration ...  
[www.emro.who.int/images/stories/tfi/documents/loc\\_fs\\_increasing\\_tax\\_revenue\\_egypt.pdf](http://www.emro.who.int/images/stories/tfi/documents/loc_fs_increasing_tax_revenue_egypt.pdf) - 3k  
[ [More results from www.emro.who.int/images/stories/tfi](#) ]

#### [WHO | WHO African Region workshop on tobacco taxation](#)

... WHO African Region workshop on **tobacco taxation**. WHO. WHO African Region workshop on **tobacco taxation**, Nairobi, Kenya, 5-8 April 2011. ...  
[www.who.int/tobacco/economics/meetings/tobacco\\_taxation\\_afro/en/](http://www.who.int/tobacco/economics/meetings/tobacco_taxation_afro/en/) - 29k

#### [WHO | WHO meeting on tobacco taxation for the Gulf ...](#)

... WHO meeting on **tobacco taxation** for the Gulf Cooperation Council (GCC) countries. WHO. WHO meeting on **tobacco taxation** ...  
[www.who.int/tobacco/economics/meetings/tobacco\\_taxation\\_gcc/en/](http://www.who.int/tobacco/economics/meetings/tobacco_taxation_gcc/en/) - 29k

#### [PDF] [Tobacco taxation in the Eastern Mediterranean Region](#)

... **Tobacco taxation** facts ... **Tobacco taxation** in the Eastern Mediterranean Region  
1 Page 2. Table 1. Comparison of various excise tax regimens ...  
[apps.who.int/iris/bitstream/10665/116666/1/emropub\\_2010\\_1247.pdf](http://apps.who.int/iris/bitstream/10665/116666/1/emropub_2010_1247.pdf) - 66k

#### [PDF] [WHO FRAMEWORK CONVENTION ON TOBACCO ...](#)

... THE ECONOMIC BENEFITS OF HIGHER **TOBACCO TAXATION** Financing universal health care ... " **Tobacco taxation** offers a 'win-win' ...  
[apps.who.int/iris/bitstream/10665/179423/1/WHO\\_NMH\\_PND\\_15.6\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/179423/1/WHO_NMH_PND_15.6_eng.pdf?ua=1) - 82k  
[ [More results from apps.who.int/iris/bitstream/10665/179423/1/WHO\\_NMH\\_PND\\_15.6\\_eng.pdf](#) ]

#### [WHO | Taxation](#)

... products around the world, supported by economic theory, provide an extensive evidence-base for identifying best practices in **tobacco taxation**. ...  
[www.who.int/tobacco/economics/taxation/en/index1.html](http://www.who.int/tobacco/economics/taxation/en/index1.html) - 30k

[WHO EMRO | Subregional intercountry meeting on tobacco ...](#)

... High-income countries, in particular, are not using the full potential of the **tobacco taxation** system. Countries in this group ...  
[www.emro.who.int/tobacco/tfi-events/subregional-intercountry-meeting-on-tobacco-control-taxes.html](http://www.emro.who.int/tobacco/tfi-events/subregional-intercountry-meeting-on-tobacco-control-taxes.html) - 25k

[WHO | Taxation \(including smuggling control\)](#)

... Report on **Tobacco Taxation** in the United Kingdom pdf, 599kb; **Tobacco Excise Taxation** in South Africa pdf, 502kb; **Taxation** ...  
[www.who.int/entity/tobacco/training/success\\_stories/taxation/en/](http://www.who.int/entity/tobacco/training/success_stories/taxation/en/) - 30k

[OMS/Europe | La taxation du tabac sauve des vies](#)

... Postes vacants; Plus d'informations sur les emplois. Centre des médias La **taxation** du tabac sauve des vies. ... La **taxation** du tabac sauve des vies. ...  
[www.euro.who.int/fr/media-centre/sections/press-releases/2014/tobacco-taxes-save-lives](http://www.euro.who.int/fr/media-centre/sections/press-releases/2014/tobacco-taxes-save-lives) - 46k

[SEARO | Tax policies on tobacco products in Thailand: the ...](#)

... and other **tobacco** products, and variables such as income of consumers, the policy needs to address the whole **tobacco taxation** system rather ...  
[www.searo.who.int/entity/tobacco/documents/9789290223887/en/](http://www.searo.who.int/entity/tobacco/documents/9789290223887/en/) - 20k

[WPRO | WHO calls on governments to raise tobacco taxes](#)

... Building Healthy Communities and Populations, Western Pacific Region, during the opening of a regional workshop on **tobacco taxation** and illicit ...  
[www.wpro.who.int/mediacentre/releases/2014/20140528/en/](http://www.wpro.who.int/mediacentre/releases/2014/20140528/en/) - 31k

[OMS | Taxation du tabac: un financement novateur des ...](#)

... **Taxation** du tabac: un financement novateur des systèmes de santé. Le financement de la santé est insuffisant dans les ...  
[www.who.int/tobacco/economics/innovative\\_financing/fr/](http://www.who.int/tobacco/economics/innovative_financing/fr/) - 27k

[OMS | Taxation du tabac: un financement novateur des ...](#)

... **Taxation** du tabac: un financement novateur des systèmes de santé. ... La **taxation** sur le tabac est une politique favorable aux pauvres. ...  
[www.who.int/tobacco/economics/innovative\\_financing/fr/index1.html](http://www.who.int/tobacco/economics/innovative_financing/fr/index1.html) - 27k

[WHO | WHO report on the global tobacco epidemic, 2015](#)

In addition, the report provides a special focus on **tobacco taxation** and in-depth analyses of **tobacco** taxes in all WHO Member States, allowing for ...  
[www.who.int/entity/tobacco/global\\_report/2015/en/](http://www.who.int/entity/tobacco/global_report/2015/en/) - 41k

[Ghana asked to take measures on illicit trade of Tobacco ...](#)

... Dr Magda Robalo, WHO Country Representative, made the appeal at the opening of a two-day high level meeting on **Tobacco Taxation** Policy in ...  
[www.afro.who.int/.../item/7779-ghana-asked-to-take-measures-on-illicit-trade-of-tobacco-products.html](http://www.afro.who.int/.../item/7779-ghana-asked-to-take-measures-on-illicit-trade-of-tobacco-products.html) - 31k

[WHO/Europe | Turkish ministries of finance and health work ...](#)

On 3 October 2011, the Turkish Ministry of Health and Ministry of Finance opened the first meeting on **tobacco taxation** jointly organized with WHO ...  
[www.euro.who.int/.../2011/10/turkish-ministries-of-finance-and-health-work-together-in-tobacco-control](http://www.euro.who.int/.../2011/10/turkish-ministries-of-finance-and-health-work-together-in-tobacco-control) - 45k

[WPRO | WHO urge PNG Government to increase taxes on ...](#)

... the WHO was committed to working with the Department of Finance and National Department of Health in support of increased **tobacco taxation**. ...  
[www.wpro.who.int/entity/papuanewguinea/mediacentre/world\\_no\\_tobacco\\_papua/en/](http://www.wpro.who.int/entity/papuanewguinea/mediacentre/world_no_tobacco_papua/en/) - 21k

[WHO | "Many Parties implemented changes in their tobacco ...](#)

... Parties with identified needs were given targeted assistance in the area of **tobacco taxation** in line with the guidelines. Cook ...  
[www.who.int/entity/fctc/mediacentre/whotobaccoreport/en/](http://www.who.int/entity/fctc/mediacentre/whotobaccoreport/en/) - 25k

#### [WHO EMRO | Réunion sous-régionale interpays sur les taxes ...](#)

... mettre au point une marche à suivre en vue de l'adoption d'un nouveau système de **taxation** dans les pays membres du CCG à l'appui des ...  
[www.emro.who.int/.../tobacco/tfi-events/subregional-intercountry-meeting-on-tobacco-control-taxes.html](http://www.emro.who.int/.../tobacco/tfi-events/subregional-intercountry-meeting-on-tobacco-control-taxes.html) - 27k

#### [WHO | Gambia - New \*\*tobacco\*\* tax policy to be introduced](#)

... conducted jointly by the Government of Gambia and the Convention Secretariat in late 2012, Gambia will introduce a new **tobacco taxation** policy in ...  
[www.who.int/entity/fctc/implementation/news/news\\_gmb/en/](http://www.who.int/entity/fctc/implementation/news/news_gmb/en/) - 21k

#### [WHO EMRO | WHO global \*\*tobacco\*\* report highlights ...](#)

... **Tobacco taxation** is an area of major focus of the report. **Tobacco taxation** is weak in countries of the Eastern Mediterranean Region. ...  
[www.emro.who.int/tobacco/tfi-news/who-gtcr-2015.html](http://www.emro.who.int/tobacco/tfi-news/who-gtcr-2015.html) - 24k

#### [WHO | We can beat the \*\*tobacco\*\* epidemic](#)

... Indeed, **tobacco taxation** is an untapped source of domestic financing that will also be important for the successful implementation of the post-2015 ...  
[www.who.int/entity/mediacentre/commentaries/fighting-tobacco-epidemic/en/](http://www.who.int/entity/mediacentre/commentaries/fighting-tobacco-epidemic/en/) - 35k

#### [WHO/Europe | \*\*Tobacco\*\* taxes save lives](#)

Increasing **tobacco** prices through **taxation** is the single most effective policy to reduce **tobacco** use and save lives. **Tobacco** ...  
[www.euro.who.int/en/media-centre/sections/press-releases/2014/tobacco-taxes-save-lives](http://www.euro.who.int/en/media-centre/sections/press-releases/2014/tobacco-taxes-save-lives) - 44k

#### [WHO EMRO | \*\*Tobacco\*\* | Programmes | Egypt](#)

... achievements towards **tobacco** control, including the provision of pictorial health images on **tobacco** products and increases in **tobacco taxation**. ...  
[www.emro.who.int/egy/programmes/tobacco-free-initiative.html](http://www.emro.who.int/egy/programmes/tobacco-free-initiative.html) - 22k

#### [SEARO | Raising \*\*tobacco\*\* taxes prevents the youth from ...](#)

... While some countries employ simple structures of **tobacco taxation**, some have very complicated structures, combining import tariff, excise (specific ...  
[www.searo.who.int/mediacentre/releases/2014/pr1575/en/](http://www.searo.who.int/mediacentre/releases/2014/pr1575/en/) - 25k

#### [WPRO | \*\*Tobacco\*\*](#)

... Events. World No **Tobacco** Day 2013 31 May 2013; Pacific **tobacco taxation** project; Fifth session of the Conference of the ...  
[www.wpro.who.int/topics/tobacco/en/](http://www.wpro.who.int/topics/tobacco/en/) - 21k

#### [WHO | WHO technical manual on \*\*tobacco\*\* tax administration](#)

... This technical manual aims to help governments improve health and increase revenues by identifying a set of “best practices” for **tobacco taxation**. ...  
[www.who.int/tobacco/publications/economics/tax\\_administration/en/](http://www.who.int/tobacco/publications/economics/tax_administration/en/) - 32k

#### [WHO | \*\*Tobacco\*\* control economics](#)

... Workshops and meetings. The purpose of those workshops is to improve knowledge and capacity of officials on **tobacco taxation**. Country profiles. ...  
[www.who.int/tobacco/economics/en/](http://www.who.int/tobacco/economics/en/) - 35k

#### [WHO Regional \*\*Tobacco\*\* Taxes training Workshop Nairobi ...](#)

... The regional training workshop on **tobacco taxation** was held in Nairobi, Kenya between 5 and 8 April 2011. The workshop ...  
[www.afro.who.int/en/kenya/press-materials/item/2858-who-regional-tobacco-taxes-training-workshop-nai...](http://www.afro.who.int/en/kenya/press-materials/item/2858-who-regional-tobacco-taxes-training-workshop-nai...) - 25k

[PDF] [13035\\_pdf for printing\\_19 Dec 2013\\_Successful \*\*Tobacco\*\* ...](#)

... a cost-benefit analysis showing that health care spending and loss of productivity outweighed the revenue gained through **tobacco taxation** (13). ...  
[www.afro.who.int/index.php?option=com\\_docman&task=doc\\_download&gid=9214&Itemid=2593](http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=9214&Itemid=2593) - 102k

[WHO EMRO | Raise taxes on tobacco: A sound policy with a ...](#)  
... economies. **Taxation** is one of the most effective ways of reducing **tobacco** use. Increasing ... **Tobacco taxation** works. **Taxation** is ...  
[www.emro.who.int/media/news/wntd-2014-taxes.html](http://www.emro.who.int/media/news/wntd-2014-taxes.html) - 27k

[WPRO | Tobacco Free Pacific 2025](#)  
... promoting **tobacco** products, not allowed sales to minors, force companies to print larger health warnings on cigarette packs, use **taxation** to reduce ...  
[www.wpro.who.int/entity/southpacific/programmes/healthy\\_communities/tobacco/page/en/](http://www.wpro.who.int/entity/southpacific/programmes/healthy_communities/tobacco/page/en/) - 25k

PDF] [TOBACCO TAX AS A PUBLIC HEALTH TOOL](#)  
... 4. Raising tax on **tobacco**. What you need to know, World Health Organization, 2014 5. van Walbeek C. **Tobacco** excise **taxation** in South Africa. ...  
[www.afro.who.int/index.php?option=com\\_docman&task=doc\\_download&gid=9543&Itemid=2593](http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=9543&Itemid=2593) - 29k

[SEARO | India's bold step: taxing tobacco to protect the health ...](#)  
... **taxation** system for cigarettes, where **taxation** differs based on the length of the cigarette. Harmonizing the system, or taxing all **tobacco** products the ...  
[www.searo.who.int/mediacentre/features/2014/taxing-tobacco-to-protect-the-health-poor/en/](http://www.searo.who.int/mediacentre/features/2014/taxing-tobacco-to-protect-the-health-poor/en/) - 25k

[WHO | A call for higher taxes on tobacco](#)  
... And there is a straightforward way to ensure that it does: **taxation**. Why, after all, should governments effectively subsidize **tobacco** companies by ...  
[www.who.int/entity/mediacentre/commentaries/tobacco-as-development-issue/en/](http://www.who.int/entity/mediacentre/commentaries/tobacco-as-development-issue/en/) - 35k

[WPRO | WHO gives full support to Australia's plain tobacco ...](#)  
... To counter rising **tobacco** use, WHO's Pacific **Tobacco Taxation** Project (PTTP) was launched recently to provide country-level support for raising ...  
[www.wpro.who.int/entity/vietnam/mediacentre/releases/2012/20120926d/en/](http://www.wpro.who.int/entity/vietnam/mediacentre/releases/2012/20120926d/en/) - 26k

[World Health Organization, National Summit on Tobacco ...](#)  
... agreements on **tobacco** control, **tobacco** industry interference in public health policies, trends in marketing **tobacco** products, using **taxation** as a ...  
[www.searo.who.int/entity/srilanka/documents/national\\_summit\\_on\\_tobacco/en/](http://www.searo.who.int/entity/srilanka/documents/national_summit_on_tobacco/en/) - 20k

[WHO | WHO report on the global tobacco epidemic](#)  
... This report has a particular focus on **tobacco taxation** and includes in-depth analyses of **tobacco** taxes and prices in all WHO Member States ...  
[www.who.int/entity/tobacco/global\\_report/en/](http://www.who.int/entity/tobacco/global_report/en/) - 32k

[WHO EMRO | Key topics in tobacco control | Publications ...](#)  
... Protecting **tobacco** control from **tobacco** industry interference. **Tobacco taxation**. Second-hand smoke. **Tobacco** product regulation. ...  
[www.emro.who.int/tobacco/publications/a-to-z.html](http://www.emro.who.int/tobacco/publications/a-to-z.html) - 32k

[WHO | World No Tobacco Day 2014: Raise taxes on tobacco](#)  
... **Taxation** on **tobacco**; Price and tax measures to reduce the demand for **tobacco** WHO Framework Convention on **Tobacco** Control; ...  
[www.who.int/entity/campaigns/no-tobacco-day/2014/en/](http://www.who.int/entity/campaigns/no-tobacco-day/2014/en/) - 38k

[WHO/Europe | Challenges and opportunities for a tobacco ...](#)  
... a two-day event and press conference to present the preliminary findings of the WHO report on "Economics of **tobacco** control and **taxation**. ...  
[www.euro.who.int/.../turkey/news/news/2010/02/challenges-and-opportunities-for-a-tobacco-free-turkey](http://www.euro.who.int/.../turkey/news/news/2010/02/challenges-and-opportunities-for-a-tobacco-free-turkey) - 42k

[World Health Organization, South-East Asia countries pledge ...](#)



... effective control measures to reduce **tobacco** consumption and counter interference of **tobacco** industry; strengthening **taxation** systems on **tobacco** ...  
[www.searo.who.int/mediacentre/releases/2015/1609/en/](http://www.searo.who.int/mediacentre/releases/2015/1609/en/) - 25k

[WHO | \*\*Tobacco\*\* taxes can be used to finance the Sustainable ...](#)

... The importance of **tobacco taxation** has been underscored by considerable research. It's estimated that a tripling of excise ...  
[www.who.int/entity/fctc/mediacentre/news/2015/sdg2015/en/](http://www.who.int/entity/fctc/mediacentre/news/2015/sdg2015/en/) - 22k

[WHO | WHO: Stepped up government tax action needed to ...](#)

... **Tobacco taxation** could also be a key source of funding for implementing the post-2015 Sustainable Development Goals. ...  
[www.who.int/entity/mediacentre/news/releases/2015/taxing-tobacco-products/en/](http://www.who.int/entity/mediacentre/news/releases/2015/taxing-tobacco-products/en/) - 36k

[WHO | WHO \*\*tobacco\*\* treaty makes significant progress despite ...](#)

... **Tobacco taxation** is a very effective tool for influencing the prices of **tobacco** – higher taxes usually lead to higher prices, which in turn lead to lower ...  
[www.who.int/entity/mediacentre/news/releases/2014/cop6-tobacco-control/en/](http://www.who.int/entity/mediacentre/news/releases/2014/cop6-tobacco-control/en/) - 34k  
[ [More results from www.who.int/entity/mediacentre/news](#) ]

[SEARO | World No-\*\*Tobacco\*\* Day](#)

... Thailand has increased **taxation** on manufactured cigarettes and on shredded (roll-your-own) **tobacco**, while Indonesia has simplified its tax ...  
[www.searo.who.int/regional\\_director/speeches/2013/31\\_may\\_2013/en/](http://www.searo.who.int/regional_director/speeches/2013/31_may_2013/en/) - 27k

[Ghana Press Material - WHO | Regional Office for Africa](#)

... 6. The Deputy Director General of WHO, Dr Asamoah-Baah has called on delegates to ensure that **Tobacco Taxation** and **Tobacco** Control policies ...  
[www.afro.who.int/en/ghana/press-materials.html](http://www.afro.who.int/en/ghana/press-materials.html) - 35k

[WPRO | Opening Remarks by Dr Shin Young-soo, WHO ...](#)

... This edition highlights the success of **taxation**. Raising taxes on **tobacco** has proven to be among the most effective of all control measures. ...  
[www.wpro.who.int/regional\\_director/speeches/2015/launchglobal-tobacco-7jul2015/en/](http://www.wpro.who.int/regional_director/speeches/2015/launchglobal-tobacco-7jul2015/en/) - 27k

[WPRO | Quitting \*\*tobacco\*\* in Cook Islands](#)

... After participating in a WHO workshop on **tobacco taxation**, in 2012, the Cook Islands implemented a tax law which increased taxes on **tobacco** ...  
[www.wpro.who.int/entity/southpacific/mediacentre/releases/2015/quitting\\_tobacco\\_cooks/en/](http://www.wpro.who.int/entity/southpacific/mediacentre/releases/2015/quitting_tobacco_cooks/en/) - 22k

[Successful \*\*tobacco\*\* legislation in South Africa - WHO ...](#)

... especially among youth. Nonetheless, **taxation** on **tobacco** has proven to be the most cost-effective method at a population level. ...  
[www.afro.who.int/.../country-experiences-rio/4082-successful-tobacco-legislation-in-south-africa.html](http://www.afro.who.int/.../country-experiences-rio/4082-successful-tobacco-legislation-in-south-africa.html) - 21k

[WHO EMRO | Economics | Publications | \*\*Tobacco\*\*](#)

... Summary. Increasing **tobacco taxation** revenue in Egypt [pdf 753kb]. ... Summary. **Tobacco taxation** in the Eastern Mediterranean Region [pdf 668kb]. ...  
[www.emro.who.int/tobacco/publications/economics.html](http://www.emro.who.int/tobacco/publications/economics.html) - 31k

[WHO/Europe | Accelerating implementation of \*\*tobacco\*\* control ...](#)

A workshop on **tobacco** control legislation, with special emphasis on **tobacco taxation** and smoke-free public spaces, was organized in Chisinau on ...  
[www.euro.who.int/.../accelerating-implementation-of-tobacco-control-policies-in-the-republic-of-moldova](http://www.euro.who.int/.../accelerating-implementation-of-tobacco-control-policies-in-the-republic-of-moldova) - 47k

[SEARO | Ban \*\*tobacco\*\* advertising, promotion and sponsorship](#)

... Promotion Foundation, and a very active coalition of **tobacco** control non ... a number of strong policy measures such as **taxation**, packaging and ...  
[www.searo.who.int/entity/thailand/news/wntd2013/en/](http://www.searo.who.int/entity/thailand/news/wntd2013/en/) - 20k

[PDF] [TOBACCO FREE INITIATIVE: REGIONAL ACTION PLAN ...](#)

... have been put in place. Some parties have reported notable achievements in **tobacco taxation** policies. Cook Islands is ...  
[www.wpro.who.int/about/regional\\_committee/65/documents/wpr\\_rc065\\_06\\_tfi\\_en.pdf?ua=1](http://www.wpro.who.int/about/regional_committee/65/documents/wpr_rc065_06_tfi_en.pdf?ua=1) - 341k

[SEARO | Tobacco Control in Thailand](#)

... Such measures include key approaches to reducing **tobacco** consumption, particularly in the areas of **taxation**, packaging and labeling, advertising ...  
[www.searo.who.int/entity/thailand/areas/tobaccothailand/en/](http://www.searo.who.int/entity/thailand/areas/tobaccothailand/en/) - 20k

[SEARO | 3 out of every 4 children are exposed to tobacco ...](#)

... Thailand has increased **taxation** on manufactured cigarettes and on shredded (roll-your-own) **tobacco**, while Indonesia has simplified its tax ...  
[www.searo.who.int/mediacentre/releases/2013/pr1558/en/](http://www.searo.who.int/mediacentre/releases/2013/pr1558/en/) - 26k

[WHO EMRO | Regional workshop on tobacco control and ...](#)

... by implementing stronger **tobacco** control measures, including trade regulations for **tobacco** products, coupled with improved **taxation** policies. ...  
[www.emro.who.int/tobacco/tfi-events/workshop-tc-trade.html](http://www.emro.who.int/tobacco/tfi-events/workshop-tc-trade.html) - 25k

[WPRO | WHO Philippines Marks World No Tobacco Day <br> ...](#)

... based on studies by WHO and other organizations that have shown that raising the cost of **tobacco** products by 10 % through **taxation** is estimated ...  
[www.wpro.who.int/entity/philippines/mediacentre/features/2014\\_no\\_tobacco\\_day/en/](http://www.wpro.who.int/entity/philippines/mediacentre/features/2014_no_tobacco_day/en/) - 23k

[WHO | Economics publications](#)

... The economic and health benefits of **tobacco taxation** The publication produced by the **Tobacco** Free Initiative of the World Health Organization and ...  
[www.who.int/tobacco/publications/economics/en/](http://www.who.int/tobacco/publications/economics/en/) - 34k

[SEARO | Tobacco Control](#)

... National Board of Revenue developed a policy paper on **tobacco taxation** in collaboration with WHO, and working on using price and tax measures ...  
[www.searo.who.int/entity/bangladesh/areas/tobaccocontrol/en/](http://www.searo.who.int/entity/bangladesh/areas/tobaccocontrol/en/) - 21k

[WHO | WHO Framework Convention on Tobacco Control](#)

... The Parties shall provide rates of **taxation** for **tobacco** products and trends in **tobacco** consumption in their periodic reports to the Conference of the ...  
[www.who.int/entity/tobacco/control/measures\\_art\\_6/en/](http://www.who.int/entity/tobacco/control/measures_art_6/en/) - 28k

[SEARO | Regional Meeting on Countering Tobacco Industry ...](#)

... which are regarded as cottage industry products, thus often escaping **taxation** measures. As a result, the burden of **tobacco**-related morbidity and ...  
[www.searo.who.int/regional\\_director/speeches/2013/19\\_mar\\_2013/en/](http://www.searo.who.int/regional_director/speeches/2013/19_mar_2013/en/) - 28k

[WHO | The tobacco atlas \(first edition, 2002\)](#)

... legislative action such as smoke-free areas, bans on **tobacco** advertising, health warnings, quitting, the effect of price and **taxation**, litigation and the ...  
[www.who.int/tobacco/publications/surveillance/tobacco\\_atlas/en/](http://www.who.int/tobacco/publications/surveillance/tobacco_atlas/en/) - 43k

[Global Health Observatory Data Repository](#)

... **Tobacco**. Available: Monitoring; Smoke-free; Cessation; Warning labels; Mass media; Ad bans; **Taxation**. You are here: Quick Links. Sitemap. ...  
[apps.who.int/gho/data/node.wrapper.TOBACCO-VIZ?lang=en](http://apps.who.int/gho/data/node.wrapper.TOBACCO-VIZ?lang=en) - 18k

[WHO | Tobacco and oral health: the role of the World Health ...](#)

... The treaty covers **tobacco taxation**, smoking prevention and treatment, illicit trade, advertising, sponsorship and promotion, and product regulation. ...  
[www.who.int/entity/oral\\_health/publications/ohpd01/en/](http://www.who.int/entity/oral_health/publications/ohpd01/en/) - 32k

[WHO | Bloomberg initiative to reduce tobacco use](#)

... 2011; Papers on **tobacco taxation** Published by (IUATLD); Bloomberg award for global **tobacco** control 2009 pdf, 47kb; WHO ...  
[www.who.int/entity/tobacco/about/partners/bloomberg/en/](http://www.who.int/entity/tobacco/about/partners/bloomberg/en/) - 31k

[World Health Organization, Sri Lanka steering towards ...](#)

... gums as dentifrice. This makes it difficult to harmonize **taxation** and regulate control of **tobacco** use. The users often switch ...  
[www.searo.who.int/mediacentre/features/2015/sri-lanka-towards-tobacco-free-goal/en/](http://www.searo.who.int/mediacentre/features/2015/sri-lanka-towards-tobacco-free-goal/en/) - 25k

[WHO | MPOWER brochures and other resources](#)

... **Tobacco taxation** Published by the WHO Regional Office for the Americas; **Tobacco taxation** & price: overview Published by the Campaign for ...  
[www.who.int/entity/tobacco/mpower/publications/en/](http://www.who.int/entity/tobacco/mpower/publications/en/) - 43k

[SEARO | National Consultation on Economics of Tobacco](#)

... policy recommendation document is currently being prepared that will consolidate the working group's discussions on **tobacco taxation**, health cost ...  
[www.searo.who.int/entity/india/topics/tobacco/consultation\\_tobacco/en/](http://www.searo.who.int/entity/india/topics/tobacco/consultation_tobacco/en/) - 20k

[WHO | Public health round-up](#)

... tax administration will help governments to improve health and increase revenues by identifying a set of “best practices” for **tobacco taxation**. ...  
[www.who.int/entity/bulletin/volumes/89/2/11-010211/en/](http://www.who.int/entity/bulletin/volumes/89/2/11-010211/en/) - 38k

[WHO/Europe | Conference on World No Tobacco Day ...](#)

... Koprivnikar noted that it is important for Slovenia to continue with regular and substantial increases in **taxation** and prices of **tobacco** products, with ...  
[www.euro.who.int/en/countries/slovenia/news/news/2014/06/conference-on-world-no-tobacco-day-highligh...](http://www.euro.who.int/en/countries/slovenia/news/news/2014/06/conference-on-world-no-tobacco-day-highligh...) - 47k

[SEARO | Countries must increase tobacco surveillance: WHO](#)

... **Taxation** for non-cigarette **tobacco** products is very low in most countries enabling the users to switch from one type of **tobacco** product to another. ...  
[www.searo.who.int/mediacentre/releases/2012/pr1546/en/](http://www.searo.who.int/mediacentre/releases/2012/pr1546/en/) - 24k

[WHO/Europe | Turkey's tobacco control experiences shared ...](#)

... The main topics covered during the officials' visits were: **tobacco taxation** policy; **tobacco** tax administration system technology, tools and equipment; ...  
[www.euro.who.int/.../news/2014/01/turkeys-tobacco-control-experiences-shared-with-moldovan-delegation](http://www.euro.who.int/.../news/2014/01/turkeys-tobacco-control-experiences-shared-with-moldovan-delegation) - 45k

[WHO | Global Framework Convention on Tobacco Control: the ...](#)

... The text of the WHO Framework Convention on **Tobacco** Control (FCTC) covers **tobacco taxation**, smoking prevention and treatment, illicit trade ...  
[www.who.int/entity/oral\\_health/publications/cdh20/en/](http://www.who.int/entity/oral_health/publications/cdh20/en/) - 35k

[WHO EMRO | Afghanistan celebrates 2014 World No Tobacco ...](#)

... **Taxation** is one of the most cost-effective ways of reducing **tobacco** use. Higher taxes on **tobacco** reduce the demand for ...  
[www.emro.who.int/afg/afghanistan-news/wntd-2014.html](http://www.emro.who.int/afg/afghanistan-news/wntd-2014.html) - 25k

[Global Health Observatory Data Repository \(European ...](#)

... Global Health Observatory Data Repository (European Region) > Noncommunicable diseases > Risk factors > **Tobacco** control > Raise taxes ...  
[apps.who.int/gho/data/node.main-euro.1309](http://apps.who.int/gho/data/node.main-euro.1309) - 18k

[WHO EMRO | Closing the door on illicit tobacco trade, opens ...](#)

... products and hence an increase in the associated disease burden and death (4). Illicit **tobacco** products are not subject to **taxation**, which means ...  
[www.emro.who.int/emhj-volume-21-2015/volume-21-issue-6/closing-the-door-on-illicit-tobacco-trade-ope...](http://www.emro.who.int/emhj-volume-21-2015/volume-21-issue-6/closing-the-door-on-illicit-tobacco-trade-ope...) - 31k

[WHO/Europe | Tobacco-free Europe achievable: day 1 of ...](#)

... Noting that 80% of smokers want to stop, Professor Beaglehole explained that there is support for higher **taxation** on **tobacco** if it contributes to ...

[www.euro.who.int/en/media-centre/events/events/2013/12/ashgabat-conference-on-noncommunicable-diseas...](http://www.euro.who.int/en/media-centre/events/events/2013/12/ashgabat-conference-on-noncommunicable-diseas...) - 57k

[WHO | Gender, women, and the tobacco epidemic](#)

**Tobacco** Free Initiative (TFI). ... Gender, women, and the **tobacco** epidemic.

This monograph ... **Tobacco** use and its impact on health. ...

[www.who.int/tobacco/publications/gender/women\\_tob\\_epidemic/en/](http://www.who.int/tobacco/publications/gender/women_tob_epidemic/en/) - 34k

[SEARO | WHO raises alarm over tobacco industry's tactics](#)

... smoking and chewing **tobacco** in public places, mandated graphic health warnings and provisions for health funds from **tobacco taxation**. ...

[www.searo.who.int/mediacentre/releases/2012/pr1544/en/](http://www.searo.who.int/mediacentre/releases/2012/pr1544/en/) - 24k

[WPRO | Highlights archive](#)

... Pacific island countries push for higher **tobacco taxation** AUCKLAND, New Zealand, 15 June 2012 – A workshop on **tobacco taxation** in the Pacific ...

[www.wpro.who.int/mediacentre/highlightsarchive2012/en/](http://www.wpro.who.int/mediacentre/highlightsarchive2012/en/) - 29k

[WHO | Gender and tobacco](#)

... (5) Mackay J and Eriksen M. The **Tobacco** Atlas. World Health Organization 2002. (6) Jacobs R. Economic policies, **taxation** and fiscal measures. ...

[www.who.int/entity/tobacco/research/gender/about/en/](http://www.who.int/entity/tobacco/research/gender/about/en/) - 32k

[SEARO | Tobacco](#)

... Health topics. **Tobacco**. **Tobacco** is one the four major risk factors for non-communicable diseases. ... Programmes and projects. **Tobacco** free initiative. ...

[www.searo.who.int/topics/tobacco/en/](http://www.searo.who.int/topics/tobacco/en/) - 17k

[WPRO | Tobacco in China](#)

... **Tobacco taxation**. ... The effective rate of **taxation** as a proportion of the retail price of **tobacco** in China is around 40% for the most popular brand. ...

[www.wpro.who.int/china/mediacentre/factsheets/tobacco/en/](http://www.wpro.who.int/china/mediacentre/factsheets/tobacco/en/) - 29k

[WPRO | Topics](#)

... Pacific **tobacco taxation** project. The pacific **tobacco taxation** project of WHO intends to provide country-level support for ...

[www.wpro.who.int/entity/tobacco/topics/en/](http://www.wpro.who.int/entity/tobacco/topics/en/) - 24k

[WHO | Key elements of tobacco control legislation](#)

... 364kb; **Tobacco Taxation** and Smuggling Control: New Zealand pdf, 351kb; Labelling and Packaging in Brazil pdf, 2.26Mb; ...

[www.who.int/entity/tobacco/control/legislation/key\\_elements/en/](http://www.who.int/entity/tobacco/control/legislation/key_elements/en/) - 33k

[WHO | Global situation](#)

... Article 6 – Price and tax measures to reduce the demand for **tobacco** (**Taxation**). In 2008, WHO introduced MPOWER, a ...

[www.who.int/entity/gho/tobacco/policies/en/](http://www.who.int/entity/gho/tobacco/policies/en/) - 29k

[WHO | Raise taxes on tobacco](#)

... 1; 2; 3; 4; 5; Next page ». More information: Overview; Problem; Solutions; Best practices in **tobacco taxation**; Resources. You are here: ...

[www.who.int/entity/tobacco/mpower/raise\\_taxes/en/](http://www.who.int/entity/tobacco/mpower/raise_taxes/en/) - 28k

[WHO/Europe | Slovenia reviews measures to reduce tobacco ...](#)

... **taxation** as an anti-**tobacco** measure; and; protection of public health policies from commercial and other vested interests of the **tobacco** industry. ...

[www.euro.who.int/.../2012/05/slovenia-reviews-measures-to-reduce-tobacco-use-on-world-no-tobacco-day](http://www.euro.who.int/.../2012/05/slovenia-reviews-measures-to-reduce-tobacco-use-on-world-no-tobacco-day) - 43k

[PDF] [Ministry of Health and Family Welfare](#)

... Raise taxes on **tobacco**: Bangladesh's **taxation** on **tobacco** is a supplementary duty and value-added tax (VAT). In the last ...  
[www.who.int/tobacco/surveillance/global\\_adult\\_tobacco\\_survey\\_bangladesh\\_report\\_2009.pdf](http://www.who.int/tobacco/surveillance/global_adult_tobacco_survey_bangladesh_report_2009.pdf) - 2560k

[WHO EMRO | ... الأمط بوعات | ال بء إلى الأ ف من ال ت بء مكاف حة](#)

Each of the 20 fact sheets included in this package covers a key topic in tobacco control. With these fact sheets, the WHO Regional Office for the Eastern ...  
[www.emro.who.int/ar/tobacco/publications/a-to-z.html](http://www.emro.who.int/ar/tobacco/publications/a-to-z.html) - 37k

[WHO EMRO | The WHO Report on the Global Tobacco ...](#)

... comprehensive ban on advertising. The Gulf Cooperation Council has adopted a policy to raise **taxation** on **tobacco** products. ...  
[www.emro.who.int/press-releases/2008/the-who-report-on-the-global-tobacco-epidemic-2008.html](http://www.emro.who.int/press-releases/2008/the-who-report-on-the-global-tobacco-epidemic-2008.html) - 24k

[WHO EMRO | WHO launches the Global Tobacco Epidemic ...](#)

... It gives country-by-country **tobacco** use prevalence figures as well as data about cigarette **taxation**, bans on **tobacco** advertising, promotion and ...  
[www.emro.who.int/press-releases/2009/who-launches-the-global-tobacco-epidemic.html](http://www.emro.who.int/press-releases/2009/who-launches-the-global-tobacco-epidemic.html) - 25k

[WHO | Tobacco taxes](#)

... As part of this work, WHO and the MoF officials discuss concerns that act as hurdles to **tobacco taxation**. Despite the fact ...  
[www.who.int/entity/tobacco/worldconference2015/workshoptaxes/en/](http://www.who.int/entity/tobacco/worldconference2015/workshoptaxes/en/) - 28k

[SEARO | Implementing the WHO Framework Convention on ...](#)

... Providing technical information on **tobacco taxation**, marketing, litigation, agricultural diversification, international trade and other trans-national ...  
[www.searo.who.int/entity/tobacco/topics/who\\_ftc/en/](http://www.searo.who.int/entity/tobacco/topics/who_ftc/en/) - 23k

[WPRO | 15th World Conference on Tobacco or Health ...](#)

**Tobacco** Free Initiative. ... 15th World Conference on **Tobacco** or Health (WCTOH). 20 to 24 March 2012 Singapore. ... World No **Tobacco** Day (WNTD). ...  
[www.wpro.who.int/entity/tobacco/meetings/en/](http://www.wpro.who.int/entity/tobacco/meetings/en/) - 28k

[WHO | Global launch of the WHO report on the global tobacco ...](#)

... The report has a particular focus on **tobacco taxation** and in-depth analyses of **tobacco** taxes in all WHO Member States, allowing for a more ...  
[www.who.int/tobacco/communications/events/launch\\_global\\_report\\_2015/en/](http://www.who.int/tobacco/communications/events/launch_global_report_2015/en/) - 29k

[WHO/Europe | World No Tobacco Day awards 2015](#)

... He established the **Tobacco** Control and **Taxation** Research and Training Centre at Hacettepe University and has hosted many international and ...  
[www.euro.who.int/en/countries/albania/news/news/2015/05/world-no-tobacco-day-awards-2015](http://www.euro.who.int/en/countries/albania/news/news/2015/05/world-no-tobacco-day-awards-2015) - 52k

[WHO/Europe | Montenegro making progress in tobacco ...](#)

... Implementing **tobacco** control measures, particularly increasing **taxation** on **tobacco** products, are an effective means of reducing **tobacco** use, but ...  
[www.euro.who.int/.../montenegro/news/news/2011/07/montenegro-making-progress-in-tobacco-control](http://www.euro.who.int/.../montenegro/news/news/2011/07/montenegro-making-progress-in-tobacco-control) - 44k

[WHO EMRO | Five-day GATS pilot test training, Islamabad ...](#)

... attitudes, exposure to media, price and **taxation** issues at the national level and provide nationally representative data on adult **tobacco** use and key ...  
[www.emro.who.int/pak/pakistan-news/a-five-day-pilot-test-training-for-the-implementation-of-the-glob...](http://www.emro.who.int/pak/pakistan-news/a-five-day-pilot-test-training-for-the-implementation-of-the-glob...) - 26k

[SEARO | WHO tobacco treaty makes significant progress ...](#)

... **Tobacco taxation** is a very effective tool for influencing the prices of **tobacco** – higher taxes usually lead to higher prices, which in turn lead to lower ...  
[www.searo.who.int/entity/thailand/news/cop6-tobacco-control/en/](http://www.searo.who.int/entity/thailand/news/cop6-tobacco-control/en/) - 22k

#### [NCDs | Prevention of noncommunicable diseases](#)

... The **tobacco** control economics team aim to demonstrate that **tobacco** control policies, in particular **tobacco taxation**, make good economic sense. ...  
[www.who.int/entity/ncds/prevention/introduction/en/](http://www.who.int/entity/ncds/prevention/introduction/en/) - 33k

#### [WHO | UN Ad Hoc Interagency Task Force on Tobacco ...](#)

... The meeting highlighted areas where the need for an interagency response has been clearly established, such as **taxation** of **tobacco** products and ...  
[www.who.int/entity/nmh/events/2012/tobacco\\_task\\_force/en/](http://www.who.int/entity/nmh/events/2012/tobacco_task_force/en/) - 31k

#### [WHO EMRO | Egypt's Minister of Health and Population ...](#)

... This should also include **taxation** on **tobacco** products (including shisha) that rises with the rate of inflation, signing and implementing the Protocol ...  
[www.emro.who.int/egy/egypt-news/smoke-free-environments.html](http://www.emro.who.int/egy/egypt-news/smoke-free-environments.html) - 24k

#### [WHO/Europe | Czech Republic celebrates World No Tobacco ...](#)

... discussed the legal and economic aspects of current pricing and **taxation** policy and the link between alcohol and **tobacco** consumption, particularly ...  
[www.euro.who.int/.../czech-republic/news/news/2014/06/czech-republic-celebrates-world-no-tobacco-day](http://www.euro.who.int/.../czech-republic/news/news/2014/06/czech-republic-celebrates-world-no-tobacco-day) - 43k

#### [OMS | Modèle OMS de simulation de taxe sur le tabac ...](#)

... Ce modèle peut être utilisé pour décrire le marché et la situation actuels concernant la **taxation** des cigarettes consommées dans un pays ou une ...  
[www.who.int/tobacco/economics/taxsim/fr/](http://www.who.int/tobacco/economics/taxsim/fr/) - 29k

#### [PDF] [WHO Report on the Global Tobacco Epidemic, 2015 Country ...](#)

... 10 **Tobacco taxation** policy and prices as at 31 July 2014 Price of lowest cost brand of cigarettes Country-reported value for 2014 ...  
[www.who.int/tobacco/surveillance/policy/country\\_profile/ner.pdf](http://www.who.int/tobacco/surveillance/policy/country_profile/ner.pdf) - 95k

#### [PDF] [Madagascar](#)

... 10 **Tobacco taxation** policy and prices as at 31 July 2014 Price of lowest cost brand of cigarettes Country-reported value for 2014 ...  
[www.who.int/tobacco/surveillance/policy/country\\_profile/mdg.pdf](http://www.who.int/tobacco/surveillance/policy/country_profile/mdg.pdf) - 94k  
[ [More results from www.who.int/tobacco/surveillance/policy](#) ]

#### [WHO | Burden of Disease and Best Practices](#)

... **Taxation** actually raises revenue for governments, even when it causes **tobacco** consumption to decrease substantially. ...  
[www.who.int/entity/dg/brundtland/speeches/2003/brussels/en/](http://www.who.int/entity/dg/brundtland/speeches/2003/brussels/en/) - 36k

#### [WPRO | Tobacco Free Pacific 2025](#)

... bike rides and paddling for better health in Samoa May 2013; Media release: **Tobacco taxation** goal is not just to increase revenue May 2013; ...  
[www.wpro.who.int/southpacific/programmes/healthy\\_communities/tobacco/page/en/index2.html](http://www.wpro.who.int/southpacific/programmes/healthy_communities/tobacco/page/en/index2.html) - 26k

#### [WHO | WHA31.56 Health hazards of smoking](#)

... for the control of publicity and advertisements in the news media, combined with coherent **taxation** and price policies for **tobacco** cultivation and ...  
[www.who.int/entity/tobacco/areas/framework/wha\\_eb/wha31\\_56/en/](http://www.who.int/entity/tobacco/areas/framework/wha_eb/wha31_56/en/) - 30k

#### [WPRO | Higher tobacco taxes will save lives – new WHO ...](#)

... In May 2015, China's Ministry of Finance announced an adjustment to **tobacco taxation** in China – an increase in the excise tax applied at the ...  
[www.wpro.who.int/china/mediacentre/releases/2015/20150707/en/](http://www.wpro.who.int/china/mediacentre/releases/2015/20150707/en/) - 24k

#### [WHO | World Health Organization](#)

... **Tobacco taxation**: overview, current challenges and country best practices  
18 March 2015 14:00-15:30 (GST) Abu Dhabi time, GST (GMT+4); ...  
[www.who.int/tobacco/worldconference2015/en/](http://www.who.int/tobacco/worldconference2015/en/) - 43k

[PDF] [West Bank and Gaza Strip](#)

... 10 **Tobacco taxation** policy and prices as at 31 July 2014 Price of lowest cost brand of cigarettes Country-reported value for 2014 ...  
[www.who.int/entity/tobacco/surveillance/policy/country\\_profile/pse.pdf](http://www.who.int/entity/tobacco/surveillance/policy/country_profile/pse.pdf) - 96k

[WPRO | WHO releases preliminary assessment of China's ...](#)

... The World Health Organization (WHO) today released its preliminary assessment of the impact of the increase to **tobacco taxation** announced by ...  
[www.wpro.who.int/china/mediacentre/releases/2015/2015051502/en/](http://www.wpro.who.int/china/mediacentre/releases/2015/2015051502/en/) - 24k

[WHO EMRO | Sudan launches regional campaign to stop ...](#)

... Dr Banerjee, during his speech, highlighted effective **tobacco** control strategies such as increasing **taxation**, pictorial warnings on **tobacco** products ...  
[www.emro.who.int/sdn/sudan-news/nosmoking2012-sudan.html](http://www.emro.who.int/sdn/sudan-news/nosmoking2012-sudan.html) - 23k

[WHO EMRO | Information resources | Egypt](#)

... Increasing **tobacco taxation** revenue in Egypt [pdf 753.47kb] | Arabic [pdf 156.44kb]. Country Cooperation Strategy [pdf 775kb].  
[www.emro.who.int/egy/information-resources/](http://www.emro.who.int/egy/information-resources/) - 21k

[WHO | Turkey marks progress in fight against ...](#)

... from countries of different across the world to share best practice and lesson learned in **tobacco** control and especially of **taxation** system. ...  
[www.who.int/features/2012/ncd\\_turkey/en/](http://www.who.int/features/2012/ncd_turkey/en/) - 32k

[WHO | Bloomberg Initiative to reduce tobacco use](#)

... Related links. Bloomberg Philanthropies applauds China's next steps against **tobacco**; Papers on **tobacco taxation** Published by (IUATLD); ...  
[www.who.int/tobacco/communications/highlights/bloomberg/en/](http://www.who.int/tobacco/communications/highlights/bloomberg/en/) - 29k

[OMS | Nous pouvons vaincre l'épidémie de tabagisme](#)

... la consommation de tabac et les politiques de prévention **tobacco** use and ... et les souffrances que cause le tabagisme : la **taxation** des produits du ...  
[www.who.int/mediacentre/commentaries/fighting-tobacco-epidemic/fr/](http://www.who.int/mediacentre/commentaries/fighting-tobacco-epidemic/fr/) - 34k

[SEARO | Evidence building and monitoring](#)

... is a household standard survey that consistently tracks prevalence of **tobacco** use, exposure ... exposure to media and price as well as **taxation** issues ...  
[www.searo.who.int/entity/tobacco/topics/evidence\\_building\\_monitoring/en/](http://www.searo.who.int/entity/tobacco/topics/evidence_building_monitoring/en/) - 23k

[WCO Uganda receives a WHO-Gates Africa tobacco control ...](#)

... This will be achieved by, among others, developing policies and legislation to regulate **tobacco** use, increasing **tobacco taxation**, ban of **tobacco** ...  
[www.afro.who.int/en/uganda/press-materials/item/5692-wco-uganda-receives-a-who-gates-africa-tobacco-...](http://www.afro.who.int/en/uganda/press-materials/item/5692-wco-uganda-receives-a-who-gates-africa-tobacco-...) - 29k

[OMS | Gambie – Une nouvelle politique de taxation du tabac ...](#)

... Gambie – Une nouvelle politique de **taxation** du tabac sera introduite prochainement. Janvier 2013 - Conformément aux ...  
[www.who.int/entity/fctc/implementation/news/news\\_gmb/fr/](http://www.who.int/entity/fctc/implementation/news/news_gmb/fr/) - 22k

[WHO | Other economic issues in tobacco control](#)

... For example, **taxation** has proved to be the most cost-effective measure in reducing the **tobacco** burden. However, the burden ...  
[www.who.int/tobacco/economics/other\\_issues/en/](http://www.who.int/tobacco/economics/other_issues/en/) - 29k

[WPRO | UN Task Force on NCDs: Joint UN action to respond ...](#)



... fully achieved; **Tobacco** demand-reduction measures: **Taxation** – not achieved; Smoke-free policies – fully achieved; Health ...  
[www.wpro.who.int/mediacentre/releases/2015/20150924b/en/](http://www.wpro.who.int/mediacentre/releases/2015/20150924b/en/) - 32k

#### [OMS/Europe | Prix 2015 de la Journée mondiale sans tabac](#)

... pour la recherche et la formation sur la lutte et la **taxation** contre le ... sa direction dans l'International Journal of Public Health et dans **Tobacco** Control ...  
[www.euro.who.int/.../disease-prevention/tobacco/news/news/2015/05/world-no-tobacco-day-awards-2015](http://www.euro.who.int/.../disease-prevention/tobacco/news/news/2015/05/world-no-tobacco-day-awards-2015) - 56k

#### [WHO | Who we are](#)

... **Tobacco** Control Economics, which advises countries on **taxation** as an instrument of **tobacco** control policy and other economic policies to control ...  
[www.who.int/entity/tobacco/about/staff/en/](http://www.who.int/entity/tobacco/about/staff/en/) - 30k

#### [WHO | World governments show unity against tobacco ...](#)

... The report on price and **taxation** policy of **tobacco** products was discussed and delegations agreed to establish a working group tasked with further ...  
[www.who.int/mediacentre/news/releases/2010/fctc\\_20101120/en/](http://www.who.int/mediacentre/news/releases/2010/fctc_20101120/en/) - 32k

#### [OMS | Il est nécessaire de renforcer les mesures fiscales ...](#)

... taxes représentant plus de 75% du prix de vente au détail d'un paquet de cigarettes, de nombreux autres ont des taux de **taxation** extrêmement bas ...  
[www.who.int/mediacentre/news/releases/2015/taxing-tobacco-products/fr/](http://www.who.int/mediacentre/news/releases/2015/taxing-tobacco-products/fr/) - 35k  
[ [More results from www.who.int/mediacentre/news/releases](#) ]

#### [WHO EMRO | Speech of WHO Representative to Egypt on ...](#)

... 2013. This loss reverses the positive measures the government has made recently to increase **tobacco taxation**. Fortunately ...  
[www.emro.who.int/egy/links/speech-wntd.html](http://www.emro.who.int/egy/links/speech-wntd.html) - 20k

#### [WHO | WHO statement in response to the Business Standard ...](#)

... any such tax (solidarity **tobacco** tax) referred to in the article. Any statements to the contrary are false. WHO has no power of **taxation**, and no control ...  
[www.who.int/entity/tobacco/communications/statements/tobacco\\_tax\\_india\\_2012/en/](http://www.who.int/entity/tobacco/communications/statements/tobacco_tax_india_2012/en/) - 33k

#### [WHO EMRO | Speech of Dr Henk Bekedam at the launch of ...](#)

... Further increase of **taxation** of **tobacco** products, including shisha, remains the most effective way to reduce **tobacco** use without losing revenues ...  
[www.emro.who.int/egy/who-representative/speech-tobacco-economy-studies.html](http://www.emro.who.int/egy/who-representative/speech-tobacco-economy-studies.html) - 27k

#### [Uganda Releases Results of the Global Adult Tobacco Survey ...](#)

... Therefore raising the price of **tobacco** products through increased **taxation** will make cigarettes less affordable for the majority of the people. ...  
[www.afro.who.int/.../item/6713-uganda-releases-results-of-the-global-adult-tobacco-survey-2013.html](http://www.afro.who.int/.../item/6713-uganda-releases-results-of-the-global-adult-tobacco-survey-2013.html) - 30k

#### [WHO | WHA39.14 Tobacco or health](#)

... control action; (8) the promotion of viable economic alternatives to **tobacco** production, trade and **taxation**; (9) the establishment ...  
[www.who.int/entity/tobacco/areas/framework/whaEb/wha39\\_14/en/](http://www.who.int/entity/tobacco/areas/framework/whaEb/wha39_14/en/) - 32k

#### [WHO | List of World No Tobacco Day awardees - 2004](#)

... of a Malaysian Health Promotion Foundation that will be sustained from an earmarked sin tax derived from **tobacco** and alcohol **taxation**; and; ...  
[www.who.int/tobacco/communications/events/wntd/2004/awards/en/index6.html](http://www.who.int/tobacco/communications/events/wntd/2004/awards/en/index6.html) - 37k

#### [NCDs | Prevention of noncommunicable diseases](#)

... **Tobacco taxation** provides governments with a unique opportunity to protect the lives of their citizens, whilst raising much needed funds to finance ...  
[www.who.int/entity/ncds/prevention/en/](http://www.who.int/entity/ncds/prevention/en/) - 38k

[WHO | Saving the World's Population From a Post-2015 ...](#)

... The campaign against **tobacco** needs money and there's one obvious source – **taxation** (It's worth noting that this approach has the support of the ...  
[www.who.int/fctc/mediacentre/opedsdgs/en/](http://www.who.int/fctc/mediacentre/opedsdgs/en/) - 24k

[Countries in WHO African Region Make Progress in ...](#)

... The treaty's provisions include rules that govern the production, sale, distribution, advertisement, and **taxation** of **tobacco**. ...  
[www.afro.who.int/en/media-centre/pressreleases/item/5829-countries-in-who-african-region-make-progre...](http://www.afro.who.int/en/media-centre/pressreleases/item/5829-countries-in-who-african-region-make-progre...) - 23k

[WHO EMRO | مع سدلية سد ياسة: ال تدبغ على ال ضراد ب زيادة ...](#)

... communities and healthier economies. **Taxation** is one of the most effective ways of reducing **tobacco** use. Increasing the price of ...  
[www.emro.who.int/ar/media/news/wntd-2014-taxes.html](http://www.emro.who.int/ar/media/news/wntd-2014-taxes.html) - 33k

[WHO | Time series analysis of the impact of tobacco control ...](#)

... Our findings suggest that increased **tobacco taxation**, implementation of comprehensive smoke-free laws and broad reach mass media campaigns ...  
[www.who.int/entity/bulletin/volumes/92/6/13-118448/en/](http://www.who.int/entity/bulletin/volumes/92/6/13-118448/en/) - 75k

[WHO | Policy recommendations for smoking cessation and ...](#)

... Treatment of **tobacco** dependence should be part of a comprehensive **tobacco**-control policy along with measures such as **taxation** and price ...  
[www.who.int/tobacco/resources/publications/tobacco\\_dependence/en/](http://www.who.int/tobacco/resources/publications/tobacco_dependence/en/) - 32k

[PDF] [Smoke-free Policies in China](#)

... (14) If implemented as part of a comprehensive set of **tobacco** control policies including increasing **taxation**; implementing pictorial health warnings ...  
[www.wpro.who.int/china/tobacco\\_report\\_20151019\\_en.pdf](http://www.wpro.who.int/china/tobacco_report_20151019_en.pdf) - 350k

[WPRO | SEATCA receives the WHO Director-General Special ...](#)

... SEATCA has played a key role in promoting **tobacco** control initiatives and policies regionally especially in the area of **tobacco taxation**. ...  
[www.wpro.who.int/entity/tobacco/wntd/2014/award/en/](http://www.wpro.who.int/entity/tobacco/wntd/2014/award/en/) - 23k

[WHO | Sustainable development needs sustainable financing ...](#)

... which supports health promotion activities. The economic and health benefits of **tobacco taxation**. If the world wants to live ...  
[www.who.int/mediacentre/commentaries/sustainable-development-tackling-ncd/en/](http://www.who.int/mediacentre/commentaries/sustainable-development-tackling-ncd/en/) - 38k

[OMS | Appel à augmenter les taxes sur le tabac](#)

... elle inflige à la société. Et il existe un moyen direct de s'en assurer: la **taxation**. Après tout, pourquoi les gouvernements ...  
[www.who.int/mediacentre/commentaries/tobacco-as-development-issue/fr/](http://www.who.int/mediacentre/commentaries/tobacco-as-development-issue/fr/) - 33k

[Rwanda Press Material - WHO | Regional Office for Africa](#)

... mobilization activities. 6. Rwanda hosts high level meeting on **tobacco taxation** in the African Region. 02 March 2015. Group photo ...  
[www.afro.who.int/en/rwanda/press-materials.html](http://www.afro.who.int/en/rwanda/press-materials.html) - 32k

[WHO | Tax avoidance and illicit production and distribution](#)

... WHO technical manual on **tobacco** tax administration pdf, 327kb Chapter IV: The political economy of **tobacco taxation** (section 4.2); ...  
[www.who.int/tobacco/economics/tax\\_avoidance\\_and\\_illicit/en/index1.html](http://www.who.int/tobacco/economics/tax_avoidance_and_illicit/en/index1.html) - 29k

[WHO EMRO | WHO supports tax increase on cigarettes in ...](#)

... The Regional Director warned **tobacco** companies not to attempt to circumvent the decision to increase **tobacco taxation** through questioning its ...  
[www.emro.who.int/fr/media/actualites/who-supports-tax-increase-on-cigarettes-in-egypt.html](http://www.emro.who.int/fr/media/actualites/who-supports-tax-increase-on-cigarettes-in-egypt.html) - 23k

#### [WHO | Risks to oral health and intervention](#)

... Strategies include **taxation** and pricing, food labelling, school lunch policies and support to ... Documents and publications - **Tobacco** and oral health. ... [www.who.int/entity/oral\\_health/action/risks/en/](http://www.who.int/entity/oral_health/action/risks/en/) - 32k

#### [WHO EMRO | Links | Egypt](#)

... 2013. This loss reverses the positive measures the government has made recently to increase **tobacco taxation**. Fortunately ... [www.emro.who.int/egy/links/](http://www.emro.who.int/egy/links/) - 35k

#### [WHO | Waiting for the domino effect](#)

... packaging is part of Australia's comprehensive approach that already includes **taxation**, mass media campaigns, bans on **tobacco** advertising and ... [www.who.int/bulletin/volumes/90/12/12-031212/en/](http://www.who.int/bulletin/volumes/90/12/12-031212/en/) - 40k

#### [WHO | COPD predicted to be third leading cause of death in ...](#)

... who wish to stop; healthy warnings on **tobacco** packs; bans on advertising, promotion and sponsorship of **tobacco**; and higher **taxation** of **tobacco**. ... [www.who.int/respiratory/copd/World\\_Health\\_Statistics\\_2008/en/](http://www.who.int/respiratory/copd/World_Health_Statistics_2008/en/) - 28k

#### [WHO | Bill & Melinda Gates Foundation](#)

... These include supporting programmes to develop smoke-free cities, **tobacco taxation** policies and public awareness campaigns. ... [www.who.int/tobacco/about/partners/gates/en/](http://www.who.int/tobacco/about/partners/gates/en/) - 29k

#### [WHO EMRO | Noncommunicable diseases | 2012 | Annual ...](#)

... Capacity-building was also supported in other areas: **taxation** and pricing of **tobacco** products for member states of the Gulf Cooperation Council ... [www.emro.who.int/annual-report/2012/noncommunicable-diseases.html](http://www.emro.who.int/annual-report/2012/noncommunicable-diseases.html) - 29k

#### [WHO EMRO | ...العلمى الوباء عن العالمية ال صحة منظمة ت تقرير](#)

WHO's Report on the Global Tobacco Epidemic 2015 assesses the level of implementation of the six MPOWER measures to reduce tobacco use. These ... [www.emro.who.int/ar/tobacco/tfi-news/who-gtcr-2015.html](http://www.emro.who.int/ar/tobacco/tfi-news/who-gtcr-2015.html) - 20k

#### [WHO | Economics](#)

**Tobacco** Free Initiative (TFI). ... [www.who.int/entity/tobacco/research/economics/en/](http://www.who.int/entity/tobacco/research/economics/en/) - 28k

#### [WHO EMRO | Publications-WHO | Egypt](#)

... English [pdf 3.13Mb] | Arabic [pdf 4.28Mb]. Increasing **tobacco taxation** revenue in Egypt. English [pdf 753.47kb] | Arabic [pdf 156.44kb]. ... [www.emro.who.int/egy/publications-who/](http://www.emro.who.int/egy/publications-who/) - 21k

#### [WHO | Chapter 5](#)

... state, county or city). The most common form of **tobacco taxation** is excise taxes on cigarettes. **Taxation** increases the price ... [www.who.int/whr/2002/chapter5/en/index5.html](http://www.who.int/whr/2002/chapter5/en/index5.html) - 113k

#### [WHO | Country engagements](#)

... with the Ministries of Finance of a number of countries from around the world to review thoroughly existing practices in excise **tobacco taxation**. ... [www.who.int/tobacco/economics/countries/en/](http://www.who.int/tobacco/economics/countries/en/) - 30k

#### [WHO | Appendix IX: Tax and price data](#)

... most commonly used other smoked and smokeless **tobacco** products, 2014; Table 9.4 xls, 254kb Supplementary information on **taxation**; Table 9.5 ... [www.who.int/tobacco/global\\_report/2015/appendix\\_ix/en/](http://www.who.int/tobacco/global_report/2015/appendix_ix/en/) - 30k

#### [WHO EMRO | Économie | Publications | Initiative Pour un ...](#)

... Économie. Imprimer PDF. Résumé. Augmenter la **taxation** du tabac en Égypte [pdf 753kb] (en anglais). Table des matières [pdf 21kb] ...  
[www.emro.who.int/fr/tobacco/publications/economics.html](http://www.emro.who.int/fr/tobacco/publications/economics.html) - 29k

#### [WHO | Highlights 2011](#)

... WHO Bulletin: **tobacco** tax tips February 2011; New study: the economics of **tobacco** and **tobacco taxation** in Turkey pdf, 965kb 9 February 2011; ...  
[www.who.int/entity/tobacco/communications/highlights/2011/en/](http://www.who.int/entity/tobacco/communications/highlights/2011/en/) - 31k

#### [WHO EMRO | ... مبادرة | والمنتجات الممنوعة | الإقـ تصاديات |](#)

بد نأ ت صل؛ إ ب ح ت؛ الإ ق أ مة. الم ت وسط ل شرق الإ ق ل يمي الم ك ت ب | ال ع ا ل م ية ال ص حة م ن ظ مة ... ال ت ب ع م ن ال ت ح ر ر م ب ا د رة. English French (Fr). Rss feeds; Twitter; Facebook.  
[www.emro.who.int/ar/tobacco/publications/economics.html](http://www.emro.who.int/ar/tobacco/publications/economics.html) - 29k

#### [OMS | Rapport de l'OMS sur l'épidémie mondiale de ...](#)

... Dans plus de 80% des pays, la **taxation** du tabac n'atteint pas le plus haut degré d'exécution de cette mesure, alors qu'il est clairement établi qu ...  
[www.who.int/tobacco/global\\_report/2015/summary/fr/](http://www.who.int/tobacco/global_report/2015/summary/fr/) - 28k

#### [WHO | Advertising, promotion and sponsorship bans](#)

... 29 WHO Member States had comprehensive bans on **tobacco** advertising, promotion ... free; Cessation; Warning labels; Mass media; Ad bans; **Taxation** ...  
[www.who.int/gho/tobacco/policies/ad\\_bans/en/](http://www.who.int/gho/tobacco/policies/ad_bans/en/) - 29k

#### [WHO | Mass media](#)

... States implemented a sustained and effective anti-**tobacco** mass media ... Smoke-free; Cessation; Warning labels; Mass media; Ad bans; **Taxation**; ...  
[www.who.int/gho/tobacco/policies/media/en/](http://www.who.int/gho/tobacco/policies/media/en/) - 29k  
[ [More results from www.who.int/gho/tobacco/policies](http://www.who.int/gho/tobacco/policies) ]

#### [WHO | Adelaide Recommendations on Healthy Public Policy](#)

... The production and marketing of **tobacco** and alcohol are highly profitable activities - especially to governments through **taxation**. ...  
[www.who.int/healthpromotion/conferences/previous/adelaide/en/index3.html](http://www.who.int/healthpromotion/conferences/previous/adelaide/en/index3.html) - 33k

#### [WHO EMRO | Noncommunicable diseases | 2013 | Annual ...](#)

... Technical support was provided to several countries in the areas of **tobacco taxation** and development of **tobacco** control legislation. ...  
[www.emro.who.int/annual-report/2013/noncommunicable-diseases.html](http://www.emro.who.int/annual-report/2013/noncommunicable-diseases.html) - 33k

#### [SEARO | Noncommunicable diseases](#)

... health information and warnings about the effects of **tobacco**, and bans ... Enhanced **taxation** of alcohol beverages and comprehensive bans on their ...  
[www.searo.who.int/entity/india/topics/noncommunicable\\_diseases/ncd/en/](http://www.searo.who.int/entity/india/topics/noncommunicable_diseases/ncd/en/) - 24k

#### [WHO EMRO | Augmentation des taxes sur le tabac : une ...](#)

... communities and healthier economies. **Taxation** is one of the most effective ways of reducing **tobacco** use. Increasing the price of ...  
[www.emro.who.int/fr/media/actualites/wntd-2014-taxes.html](http://www.emro.who.int/fr/media/actualites/wntd-2014-taxes.html) - 29k

#### [Real price and affordability as challenges for effective \*\*tobacco\*\* ...](#)

... **Tobacco** products; **Taxation** of the **tobacco**-derived products; Taxes; Income; Health public policy; Economics; Indicators; Argentina; Productos de ...  
[iris.paho.org/xmlui/handle/123456789/9314](http://iris.paho.org/xmlui/handle/123456789/9314) - 34k

#### [WHO EMRO | Noncommunicable diseases | 2014 | Annual ...](#)

... for 2015. Capacity-building initiatives were supported in the area of **tobacco taxation** in several countries. A checklist is ...  
[www.emro.who.int/annual-report/2014/noncommunicable-diseases.html](http://www.emro.who.int/annual-report/2014/noncommunicable-diseases.html) - 34k

[... مكافحة ضرائب حول الإق ل يمي دون ال بلدان في الاج تماع | WHO EMRO](#)

لمنظمة ال تدخ بين عدم م بادرة من وإق ل يمية عالمية ف رق عملت ،2012 (أيار) مايو و 3 إلى 1 من ... في ال خ ل يمي ال تعاون مجلس من دول 5 من وطن يين خ براء جمع على ال علامة ال صحة

[www.emro.who.int/.../tobacco/tfi-events/subregional-intercountry-meeting-on-tobacco-control-taxes.html](http://www.emro.who.int/.../tobacco/tfi-events/subregional-intercountry-meeting-on-tobacco-control-taxes.html) - 30k

[OMS | Autres aspects économiques de la lutte antitabac](#)

... détail. Par exemple, la **taxation** s'est avéré la mesure la plus efficace à moindre coût pour faire baisser la charge du tabac. ...

[www.who.int/tobacco/economics/other\\_issues/fr/](http://www.who.int/tobacco/economics/other_issues/fr/) - 29k

[WHO | Country profiles](#)

... The profiles include useful data and analysis related to cigarette **taxation** and prices ... All World No **Tobacco** Days; WHO report on the global **tobacco** ...

[www.who.int/tobacco/economics/country\\_profile/en/](http://www.who.int/tobacco/economics/country_profile/en/) - 33k

[WHO EMRO | High blood pressure: control it with legislation ...](#)

... Increase of **taxation** on **tobacco** products at least to be 70% of retail prices. Discouraging harmful use of alcohol, Ministry ...

[www.emro.who.int/media/world-health-day/legislation-factsheet-2013.html](http://www.emro.who.int/media/world-health-day/legislation-factsheet-2013.html) - 27k

[WHO | Needs assessments](#)

... Assistance is provided to the countries for technical work in areas such as **tobacco taxation**, surveillance, pictorial health warnings and ...

[www.who.int/fctc/implementation/needs/en/](http://www.who.int/fctc/implementation/needs/en/) - 26k

[Real price and affordability as challenges for effective tobacco ...](#)

... 2015, es. dc.subject, **Tobacco** products, es. dc.subject, **Taxation** of the **tobacco**-derived products, es. dc.subject, Taxes, es. dc.subject, Income, es. ...  
[iris.paho.org/xmlui/handle/123456789/9314?show=full](http://iris.paho.org/xmlui/handle/123456789/9314?show=full) - 39k

[WPRO | Highlights 2015](#)

... The World Health Organization (WHO) today released its preliminary assessment of the impact of the increase to **tobacco taxation** announced by ...

[www.wpro.who.int/china/mediacentre/highlights/2015/highlights\\_2015/en/](http://www.wpro.who.int/china/mediacentre/highlights/2015/highlights_2015/en/) - 26k

[WPRO | Fact sheets](#)

... **Tobacco** in China; **Tobacco taxation** in China; Traditional medicine; Tuberculosis in China. Back to top. News releases archives. ...

[www.wpro.who.int/china/mediacentre/factsheets/en/](http://www.wpro.who.int/china/mediacentre/factsheets/en/) - 28k

[WHO/Europe | News](#)

... Press conference draws attention to low **tobacco taxation** in Kazakhstan 24-07-2012 Low **tobacco taxation** in Kazakhstan ...

[www.euro.who.int/en/countries/kazakhstan/news/news/news?root\\_node\\_selection=74011](http://www.euro.who.int/en/countries/kazakhstan/news/news/news?root_node_selection=74011) - 51k

[WHO EMRO | More effective strategies needed for cancer ...](#)

... "New **tobacco** law which would bring with it an increase in **tobacco taxation** is already endorsed by the Afghan parliament, but still it needs to be ...

[www.emro.who.int/afg/afghanistan-news/world-cancer-day-2015.html](http://www.emro.who.int/afg/afghanistan-news/world-cancer-day-2015.html) - 25k

[WHO | The Head of the Convention Secretariat meets the ...](#)

... Following the recommendations of the needs assessment report, **tobacco taxation** has been increased and a multisectoral coordination mechanism ...

[www.who.int/fctc/implementation/news/gamb/en/](http://www.who.int/fctc/implementation/news/gamb/en/) - 21k

[WHO | The health of the people: what works](#)

... Government of South Africa passed the **Tobacco** Products Control Act in 1993, which among other things increased **taxation** on **tobacco** products. ...

[www.who.int/entity/bulletin/africanhealth2014/health\\_determinants/en/](http://www.who.int/entity/bulletin/africanhealth2014/health_determinants/en/) - 109k

### [OMS | Journée mondiale sans tabac 2014: augmenter les ...](#)

Chaque année, le 31 mai, l'OMS et ses partenaires marquent la Journée mondiale sans tabac, en rappelant les risques associés à la consommation ...  
[www.who.int/campaigns/no-tobacco-day/2014/fr/](http://www.who.int/campaigns/no-tobacco-day/2014/fr/) - 31k

### [WHO/Europe | Fact sheets](#)

... Fact sheet – Food and nutrition 16-09-2014. Fact sheet - **Tobacco taxation** 27-05-2014. Fact sheet - Prison and health 23-05-2014. ...  
[www.euro.who.int/en/media-centre/fact-sheets](http://www.euro.who.int/en/media-centre/fact-sheets) - 51k

### [WPRO | News releases 2012](#)

... 2012; Pacific island countries push for higher **tobacco taxation** 15 June 2012; Every blood donor is a hero 12 June 2012; ...  
[www.wpro.who.int/mediacentre/releases/2012/en/](http://www.wpro.who.int/mediacentre/releases/2012/en/) - 36k

### [WHO/Europe | Belarus considers smoking ban for 2014 World ...](#)

... Convention on **Tobacco** Control, more and more governments are taking strong measures to fight **tobacco** use by addressing **taxation** and pricing ...  
[www.euro.who.int/.../news/2014/02/belarus-considers-smoking-ban-for-2014-world-ice-hockey-championship](http://www.euro.who.int/.../news/2014/02/belarus-considers-smoking-ban-for-2014-world-ice-hockey-championship) - 43k

### [WHO/Europe | News](#)

... Poland launches report on the economics of **tobacco** and **tobacco taxation** 16-02-2012 A new report on The Economics ...  
[www.euro.who.int/en/countries/poland/news/news/news?root\\_node\\_selection=75381](http://www.euro.who.int/en/countries/poland/news/news/news?root_node_selection=75381) - 48k

### [OMS | Aspects économiques de la lutte antitabac](#)

... productivité. **Taxation** des produits du tabac. ... illégales. **Taxation** du tabac: un financement novateur des systèmes de santé. ...  
[www.who.int/tobacco/economics/fr/](http://www.who.int/tobacco/economics/fr/) - 27k

### [\[PDF\] LIST OF MEMBER STATES BY WHO REGION AND ...](#)

... Tanzania, child health services 114 **Taxation** 106 **tobacco** 124, 126, 141 Temporality, causal associations 21 Terrorism 5, 33 Thailand road traffic ...  
[www.who.int/whr/2002/MembersETC.pdf](http://www.who.int/whr/2002/MembersETC.pdf) - 186k

### [WHO | Save lives by counting the dead. interview with Prabhat ...](#)

... that taxes will rise, in part because the huge health toll of **tobacco** is being taken more seriously, and also because of attention to **taxation** by the ...  
[www.who.int/bulletin/volumes/88/3/10-040310/en/](http://www.who.int/bulletin/volumes/88/3/10-040310/en/) - 37k

## A simple Google search for 'BMJ tobacco tax' reveals 38,100 results

The screenshot shows a Google search interface with the query 'bmj tobacco tax'. The search results are displayed on the 'Web' tab. The first result is 'Tobacco taxes as a tobacco control strategy -- Chaloupka et ...' from tobaccocontrol.bmj.com, dated 2012, cited by 137. The second result is 'Abstract - Tobacco Control - BMJ.com' from tobaccocontrol.bmj.com, dated 2003, cited by 67. The third result is 'Does smuggling negate the impact of a tobacco tax increase ...' from tobaccocontrol.bmj.com, dated 2015. The fourth result is 'The impact of an increase in excise tax on the retail price of ...' from tobaccocontrol.bmj.com, dated 2015.



"The tobacco industry claims that increases in tobacco tax will not discourage people from smoking because smokers will simply substitute taxed cigarettes with smuggled untaxed cigarettes. The experience in Hong Kong suggests that smuggled cigarettes are cutting into some of the taxed cigarette market share, as the industry suggests. However, despite this increase in the illicit market, **higher tobacco tax does effectively reduce total tobacco consumption**"

TC Online First, published on July 6, 2015 as 10.1136/tobaccocontrol-2015-052310

Research letter

## Does smuggling negate the impact of a tobacco tax increase?

The tobacco industry claims that increases in tobacco tax will not discourage people from smoking because smokers will simply substitute taxed cigarettes with smuggled untaxed cigarettes.<sup>1</sup> The experience in Hong Kong suggests that smuggled cigarettes are eating into some of the taxed cigarette market share, as the industry suggests. However, despite this increase in the illicit market, higher tobacco tax does effectively reduce total tobacco consumption.

Hong Kong is an ideal place to test the impact of increasing cigarette duties on smuggling as it does not have any domestic tobacco manufacturing and there are few exemptions for duty on cigarettes.<sup>2</sup> Hence, nearly all cigarettes legally available in the market are taxed when they are imported. The analysis below is based on data obtained between 2009 and 2010, and examines the impact of the first increase in tobacco tax in Hong Kong in 8 years.<sup>3</sup>

Table 1 provides cigarette duties,<sup>4</sup> duty on each cigarette,<sup>5</sup> number of cigarettes taxed, market share of smuggled cigarettes<sup>6</sup> and number of cigarette sales in Hong Kong in 2009 and 2010, to determine the effect of an increase in tobacco tax in this time period.

The increased number of smuggled cigarettes was 35 573 108 in 2010, after the government increased the tax rate by 50%. However, the government was successful in achieving its objective of reducing smoking, as the total number of cigarettes consumed in 2010 dropped by 872 526 475 from the previous year in spite of the expansion of the illicit market.

It is not surprising that some consumers may switch to smuggled cigarettes following a tobacco tax increase. However, these results show that the conclusion that increasing tax does not decrease smoking is incorrect. The reason for this is that as the price of taxed cigarettes increases, so does the price of smuggled cigarettes since they are substitutes for taxed cigarettes. For example, a reporter found that after the duty rose again in 2011, the price of a pack of 20 cigarettes increased from HK \$40 to HK\$50, while that of smuggled cigarettes also increased from HK\$24 to HK\$39.<sup>7</sup> An increase in the illicit cigarette

Table 1 Sales of taxed, smuggled and total cigarettes in Hong Kong, 2009–2010

Year	2009	2010
(A) Cigarette duties (HK\$)	\$2 962 847 000	\$3 354 551 000
(B) Duty on each cigarette (HK\$)	\$0.8	\$1.2
(C) Number of cigarettes taxed (A/B)	3 703 558 750	2 795 459 167
(D) Market share of smuggled cigarettes (%)	11	15
(E) Total cigarettes (C×(1–D))	4 161 301 966	3 288 775 491
(F) Number of smuggled cigarettes (E–C)	457 743 216	493 316 324

The tax duty and retail price adjusted immediately when the financial secretary announced the tax rise instead of at the beginning of the fiscal year on 1 April, or the calendar year.<sup>8</sup> Euromonitor provides different estimates of illicit cigarettes; see <http://www.euromonitor.com/tobacco-in-hong-kong-china/report>. However the same calculations based on Euromonitor data lead to the same conclusion that total cigarettes consumed decreased after tax was increased in 2010.

price decreases smoker demand, as does an increase in the price of taxed cigarettes.

Unlike for the legal market, there are no standard pricing and purchasing data for the smuggled cigarette market. However, an analysis based on the figures available from tobacco sellers and reporters is sufficient to understand the power of tobacco tax to decrease overall consumption of cigarettes. While tobacco tax increases drive some smokers to purchase smuggled cigarettes, tax increases still achieve the goal of decreasing tobacco consumption overall because the price of both smuggled and taxed products increase together. Scholars who reject the power of 'health taxes' may have paid insufficient attention to the effect of tax increases on the price of smuggled cigarettes.<sup>8–9</sup> While it may be true that, as the WHO report stated, increased smuggling does not automatically follow tax increases, it is also important to recognise the effects of higher prices for smuggled cigarettes, which also contribute to a drop in cigarette consumption.<sup>10</sup>

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**Correction notice** This article has been updated since it was published Online First. Reference 1 has been updated as the original source is no longer available.

**Competing interests** None declared.

**Provenance and peer review** Not commissioned; externally peer reviewed.

**To cite** Tsui TC. *Tob Control* Published Online First: [please include Day Month Year] doi:10.1136/tobaccocontrol-2015-052310

Received 24 February 2015

Accepted 9 May 2015

*Tob Control* 2015;0:1.

doi:10.1136/tobaccocontrol-2015-052310

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- 7 Smuggled Cigarettes even increases more than Taxed Cigarettes to \$390 for 100 (私煙加得更貴每箱增至390元). *Apple Daily* 24 Feb 2011, A04.
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## A Google search for 'tobacco control tobacco tax' reveals 4,080,000 results

https://www.google.co.uk/search?sourceid=navclient&aq=&oq=tobaccocontrol++&... tobaccocontrol tobacco tax

File Edit View Favorites Tools Help

Google tobaccocontrol tobacco tax Search Share Translate More »

Google tobaccocontrol tobacco tax

Web News Shopping Images Maps More Search tools

About 4,080,000 results (0.47 seconds)

Showing results for **tobacco control tobacco tax**  
Search instead for **tobaccocontrol tobacco tax**

**Scholarly articles for tobacco control tobacco tax**  
Price, **tobacco control** policies and smoking among ... - Chaloupka - Cited by 410  
... of **tax** and price policies in **tobacco control** - Chaloupka - Cited by 181  
... : Estimating the effect of California's **tobacco control** ... - Abadie - Cited by 673

**Tobacco taxes as a tobacco control strategy -- Chaloupka et ...**  
[tobaccocontrol.bmj.com/content/21/2/172.full](https://tobaccocontrol.bmj.com/content/21/2/172.full)  
by F J Chaloupka - 2012 - Cited by 137 - Related articles  
Results Well over 100 studies, including a growing number from low-income and middle-income countries, clearly demonstrate that tobacco excise taxes are a ...

**tobacco taxation - Action on Smoking and Health**  
[ash.org.uk/pathfinder/price-and-tax](http://ash.org.uk/pathfinder/price-and-tax)  
Article 6 of the Framework Convention on Tobacco Control requires nations that have ratified the treaty to adopt **tax** and price policies to reduce **tobacco** ...

## A Google search for 'tobacco control tobacco tax high income countries' reveals 1,050,000 results

https://www.google.co.uk/search?sourceid=navclient&aq=&oq=tobaccocontrol++&... tobacco control tobacco tax high income countries

File Edit View Favorites Tools Help

Google tobaccocontrol tobacco tax Search Share Translate More »

Google tobacco control tobacco tax high income countries

Web News Shopping Images Maps More Search tools

About 1,050,000 results (0.31 seconds)

**Scholarly articles for tobacco control tobacco tax high income countries**  
The economics of global **tobacco control** - Jha - Cited by 241  
The **Tobacco Control Scale: a new scale to measure** ... - Joossens - Cited by 264  
... of **tax** and price policies in **tobacco control** - Chaloupka - Cited by 181

**Tobacco taxes as a tobacco control strategy -- Chaloupka et ...**  
[tobaccocontrol.bmj.com/content/21/2/172.full](https://tobaccocontrol.bmj.com/content/21/2/172.full)  
by F J Chaloupka - 2012 - Cited by 137 - Related articles  
Globally, excise and other taxes applied to cigarettes account for a little over half of the average price of cigarettes, falling from 65.5% in high-income countries to ...

**[PDF] Tobacco and the developing world - Action on Smoking a...**  
[ash.org.uk/files/documents/ASH\\_126.pdf](http://ash.org.uk/files/documents/ASH_126.pdf)  
high-income countries but prevalence has also fallen in some low- to ... male smokers in the future if no additional **tobacco control** measures are implemented. .... Despite jobs and incomes for farmers and employees, and tax revenues.

**tobacco taxation - Action on Smoking and Health**

## A Google search for 'JAMA tobacco control tobacco tax' reveals 126,000 results

The screenshot shows a Google search interface with the query "JAMA tobacco control tobacco tax". The search results page displays "About 126,000 results (0.37 seconds)". The top results include:

- Scholarly articles for JAMA tobacco control tobacco tax**
  - Has the California tobacco control program reduced ... - Pierce - Cited by 312
  - Smoking and mental illness: a population-based ... - Lasser - Cited by 1846
  - The economics of global tobacco control - Jha - Cited by 241
- Tobacco taxes as a tobacco control strategy -- Chaloupka et ...**
  - Source: [tobaccocontrol.bmj.com/content/21/2/172.full](http://tobaccocontrol.bmj.com/content/21/2/172.full)
  - by FJ Chaloupka - 2012 - Cited by 137 - Related articles
  - Significant increases in tobacco taxes that increase tobacco product prices encourage current ... Conclusions Significant increases in tobacco taxes are a highly effective tobacco control strategy and lead to ... JAMA 1996;275:1241-6.
- Full text - Tobacco Control - BMJ**
  - Source: [tobaccocontrol.bmj.com](http://tobaccocontrol.bmj.com) > Volume 20, Issue 4
  - Jamaica: more tobacco, Despite FCTC ... government's economic budget, including the latest tobacco tax increases, Imperial launched a novel cigarette-making ...
- Jamaica**
  - Source: [www.paho.org/hq/index.php?option=com\\_docman&task=...](http://www.paho.org/hq/index.php?option=com_docman&task=...)
  - Jamaica. Tobacco Control Report 2011. NOTES: Adult data: percentage of the ...
  - Article 6: Price and tax measures to reduce the demand for tobacco / Criteria: ...
- The political economy of tobacco taxation - World Health ...**
  - Source: [www.who.int/tobacco/publications/en\\_tf\\_tob\\_tax\\_chapter4.pdf](http://www.who.int/tobacco/publications/en_tf_tob_tax_chapter4.pdf)
  - ments have used tobacco tax increases in order to reduce the health and economic ... One has to recognize the highly political nature of tobacco control in general, ... programmes (Argentina, Costa Rica, Jamaica, Panama, Mongolia, ...
- Jamaica: long awaited increase in tobacco tax rate | WHO ...**
  - Source: [apps.who.int/infoc/jamaica-long-awaited-increase-tobacco-tax-rate](http://apps.who.int/infoc/jamaica-long-awaited-increase-tobacco-tax-rate)
  - 4 Mar 2015 - The move of Jamaica is compliant with the country's obligations under the WHO Framework Convention on Tobacco Control (WHO FCTC), ...
- IAMA Network | IAMA | Consumption of Cigarettes and**

## A Google search for 'Surgeon General tobacco control tobacco tax' reveals 401,000 results

The screenshot shows a Google search interface with the query "Surgeon General tobacco control tobacco tax". The search results page displays "About 401,000 results (0.35 seconds)". The top results include:

- Scholarly articles for Surgeon General tobacco control tobacco tax**
  - Price, tobacco control policies and smoking among ... - Chaloupka - Cited by 410
  - Has the California tobacco control program reduced ... - Pierce - Cited by 312
  - ... and Hispanics: a report of the surgeon general - Benowitz - Cited by 673
- CDC - 2014 Surgeon General's Report - Smoking ...**
  - Source: [www.cdc.gov/tobacco/data\\_statistics/sgr/50th-anniversary/](http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/)
  - 22 Jul 2015 - Resources related to the 50th Anniversary Surgeon General's Report. ... Doug Blanke is director of the Tobacco Control Legal Consortium, and ...
- CDC - History of the Surgeon General's Report - Smoking ...**
  - Source: [www.cdc.gov/tobacco/data\\_statistics/sgr/history/](http://www.cdc.gov/tobacco/data_statistics/sgr/history/)
  - 6 Jul 2009 - Smoking & Tobacco Use ... Federal Tax Increase Tobacco Ingredient Reporting ... History of the Surgeon General's Reports on Smoking and Health ... On January 11, 1964, Luther L. Terry, M.D., Surgeon General of the U.S. Public ... the Centers for Disease Control and Prevention's Office on Smoking and ...
- Chapter 14 Current Status of Tobacco Control - Surgeon ...**
  - Source: [www.surgeongeneral.gov/library/reports/50-years/\\_sgr50-chap-14.pdf](http://www.surgeongeneral.gov/library/reports/50-years/_sgr50-chap-14.pdf)
  - Comprehensive Statistics Tobacco Control Programs 2004. State and Community ... vious Surgeon General's reports on smoking and health have articulated a ... key tobacco control measures—tobacco taxes and clean indoor air laws, which.
- Executive Summary - Surgeon General**
  - Source: [www.surgeongeneral.gov/library/reports/50-years/\\_sgr50-summary.pdf](http://www.surgeongeneral.gov/library/reports/50-years/_sgr50-summary.pdf)
  - In the United States, successes in tobacco control have more than halved smoking ... Fiscal Year 2014 Budget includes a \$0.94 per pack Federal tobacco tax.
- Senate Bill 591 (Tobacco Tax) Factsheet - Save Lives ...**
  - Source: [www.savevetvetcalifornia.com/legd.pdf](http://www.savevetvetcalifornia.com/legd.pdf)
  - tobacco control program and to improve access to health care, including the ... The 2000 U.S. Surgeon General's Report, Reducing Tobacco Use, found.

## A Google search for 'CDC tobacco control tobacco tax' reveals 4,490,000 results

The screenshot shows a Google search page for the query "CDC tobacco control tobacco tax". The search bar contains the text "CDC tobacco control tobacco tax" and the search button is visible. Below the search bar, the results are categorized under "Web". The first result is "Scholarly articles for CDC tobacco control tobacco tax" with a snippet mentioning "trends in lung cancer, tobacco use, and tobacco control - Jemal - Cited by 751". Other results include "Best Practices for Comprehensive Tobacco Control" from the CDC, "CDC - Global Tobacco Control - Smoking & Tobacco Use", "CDC - State and Community Resources - Best Practices", "Tobacco Control: A Winnable Battle, 2014 - Centers for Disease Control and Prevention", "tobacco taxation - Action on Smoking and Health", and "Tobacco taxes as a tobacco control strategy -- Chaloupka et al".

## A Google search for 'Royal College Surgeons tobacco control tobacco tax' reveals 150,000 results

The screenshot shows a Google search page for the query "Royal College Surgeons tobacco control tobacco tax". The search bar contains the text "Royal College Surgeons tobacco control tobacco tax" and the search button is visible. Below the search bar, the results are categorized under "Web". The first result is "Fifty years since Smoking and health - Royal College of Physicians" with a snippet mentioning "The Royal College of Physicians (RCP) is an independent professional membership organisation ... 2 Lessons from 50 years of tobacco control in the UK Deborah Arnett". Other results include "Ending tobacco smoking in Britain full text - Royal College of Physicians", "Best Practices in Tobacco Control Earmarked Tobacco Taxes and the Role of the Western Australian Health ... Royal Australasian College of Surgeons", "Key dates: chronology of tobacco history - Action on Smoking and Health", and "The tobacco endgame: a qualitative review and synthesis ... Tobacco Advisory Group of the Royal College of Physicians".

## A Google search for Public Health England tobacco control tobacco tax' reveals 1,350,000 results

https://www.google.co.uk/search?sourceid=navclient&aq=&oq=tobaccocontrol+ +

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Google tobaccocontrol tobacco tax

Public Health England tobacco control tobacco tax

Web News Shopping Images Maps More Search tools

About 1,350,000 results (0.56 seconds)

**Smoking - GOV.UK**  
<https://www.gov.uk/government/policies/smoking>  
E-cigarettes: an emerging public health consensus ... Public Health Outcomes Framework 2013 to 2016 ... PHE supporting local council tobacco control.

**The tobacco control plan for England - Publications - GOV.UK**  
<https://www.gov.uk/publications/the-tobacco-control-plan-for-england>  
9 Mar 2011 ... strategy to reduce smoking through the new public health system. ... Healthy Lives, Healthy People: a tobacco control plan for England ... follow a policy of using tax to maintain the high price of tobacco products at levels that ...

**PDF Tobacco Control: JSNA support pack Key data sources fo...**  
[www.nta.nhs.uk/jsna-support-pack-template-tobacco.aspx](http://www.nta.nhs.uk/jsna-support-pack-template-tobacco.aspx)  
The Local Tobacco Control Profiles for England provides a snapshot of the extent of ... of products produced by Public Health England providing local data alongside ... tobacco still costs England roughly 1.5 times as much as the duty raised.

**PDF The economics of tobacco - Action on Smoking and Health**  
[www.ash.org.uk/files/documents/ASH\\_121.pdf](http://www.ash.org.uk/files/documents/ASH_121.pdf)  
caused by smoking in England which is approximately £2 billion a year.5 Other ... Spending on tobacco control measures can help reduce these costs ... estimated that about £300 million a year is being saved by the NHS as a result of public health ... he announced that any extra revenue raised from future tobacco tax rises ...

**Local Tobacco Control Profiles for England**  
[www.tobaccoprofiles.info/](http://www.tobaccoprofiles.info/)  
The tobacco control profiles are part of a series of products produced by Public Health England providing local data alongside national comparisons to support ...

**Tobacco policy evaluation - University of Bath**  
[www.bath.ac.uk/health/research/tobacco-control/policy-evaluation/](http://www.bath.ac.uk/health/research/tobacco-control/policy-evaluation/)  
Tobacco tax increases are considered the most effective public health ... of the effectiveness of tobacco control mass media campaigns in England is underway.

Tobacco tax must be increased to support preventative ...

## A Google search for 'Tobaccotactics tobacco control tobacco tax' reveals 166,000 results

https://www.google.co.uk/search?sourceid=navclient&aq=&oq=tobaccocontrol+ +

File Edit View Favorites Tools Help

Google tobaccocontrol tobacco tax

Tobaccotactics tobacco control tobacco tax

Web Shopping News Images Videos More Search tools

About 166,000 results (0.37 seconds)

Showing results for **Tobacco Tactics** tobacco control tobacco tax  
Search instead for **Tobaccotactics** tobacco control tobacco tax

**Scholarly articles for Tobacco Tactics tobacco control tobacco tax**

**The Tobacco Control Scale: a new scale to measure ...** - Joossens - Cited by 264  
**Tobacco industry tactics for resisting public policy on ...** - Saloojee - Cited by 160  
**Investing in youth tobacco control: a review of smoking ...** - Lantz - Cited by 422

**Price and Tax - TobaccoTactics**  
[www.tobaccotactics.org/index.php/Price\\_and\\_Tax](http://www.tobaccotactics.org/index.php/Price_and_Tax)  
22 Aug 2014 - Tobacco tax and price are key to the tobacco industry for several reasons. .... remove the TTCs' incentive and ability to oppose tobacco control ...

**Tobacco Smuggling - TobaccoTactics**  
[www.tobaccotactics.org/index.php/Tobacco\\_Smuggling](http://www.tobaccotactics.org/index.php/Tobacco_Smuggling)  
Jump to "We Need a Review of Tobacco Taxes" - We Need a Review of Tobacco Taxes" ... were "no control on smugglers selling to children".

**Tobacco Industry Arguments Against Taxation ...**  
[www.tobaccotactics.org/./Tobacco\\_Industry\\_Arguments\\_Against\\_Taxa...](http://www.tobaccotactics.org/./Tobacco_Industry_Arguments_Against_Taxa...)  
30 May 2012 - The tobacco industry has a history of arguing against tax rises, saying ... the UK Centre for Tobacco Control Studies rebutted these arguments.

**International Tax and Investment Center - TobaccoTactics**  
[www.tobaccotactics.org/index./International\\_Tax\\_and\\_Investment\\_Cen...](http://www.tobaccotactics.org/index./International_Tax_and_Investment_Cen...)  
22 Jun 2015 - In the past, the ITIC has lobbied against tax policies on tobacco and on ... the government on operation and customs control of duty free retail ...

**Tobacco Control Tactics**  
[tctactics.org/](http://tctactics.org/)

Tobaccotactics.org is based at the University of BATH , England

A Google search for 'Australia tobacco control tobacco tax' reveals 665,000 results

The screenshot shows a web browser window with the Google search engine. The address bar contains the URL: <https://www.google.co.uk/search?sourceid=navclient&aq=&oq=australia+tobacco>. The search bar contains the text "australia tobacco control tobacco tax". Below the search bar, there are navigation tabs for "Web", "News", "Shopping", "Images", "Maps", and "More". The search results section shows "About 665,000 results (0.35 seconds)".

About 665,000 results (0.35 seconds)

### Scholarly articles for **australia tobacco control tobacco tax**

The **tobacco atlas** - Mackay - Cited by 1291

... framework of the international **tobacco control (ITC)** ... - Fong - Cited by 254

Population **tobacco control** interventions and their ... - Thomas - Cited by 220

### Department of Health | Taxation

[www.health.gov.au/internet/main/publishing.nsf/content/tobacco-tax](http://www.health.gov.au/internet/main/publishing.nsf/content/tobacco-tax)

20 May 2014 - The Australian Government has imposed an excise tax on tobacco ...  
in Effectiveness of tax and price policies for tobacco control, IARC: Lyon, ...

### Tobacco taxes as a tobacco control strategy -- Chaloupka et ...

[tobaccocontrol.bmj.com/content/21/2/172.full](http://tobaccocontrol.bmj.com/content/21/2/172.full)

by FJ Chaloupka - 2012 - Cited by 137 - Related articles

Significant increases in tobacco taxes that increase tobacco product prices ...  
characteristics of the cigarette and other factors.2 Australia, South Africa and  
many ...

### Impact of tobacco tax reforms on tobacco prices and tobacco ...

[tobaccocontrol.bmj.com](http://tobaccocontrol.bmj.com) > Volume 12, Issue suppl 2

by M Scollo - 2003 - Cited by 67 - Related articles

Impact of tobacco tax reforms on tobacco prices and tobacco use in Australia ...  
VicHealth Centre for Tobacco Control, The Cancer Council Victoria, Australia; ...

### <sup>[PDF]</sup> Taxation reform as a component of tobacco control policy...

[www.who.int/tobacco/training/success.../taxation\\_reform\\_in\\_australia.pdf](http://www.who.int/tobacco/training/success.../taxation_reform_in_australia.pdf)

by M Scollo - Cited by 3 - Related articles

Taxation reform as a component of tobacco control policy in Australia. Introduction.  
In 1998, the Australian Government announced a major reform of Australia's ...

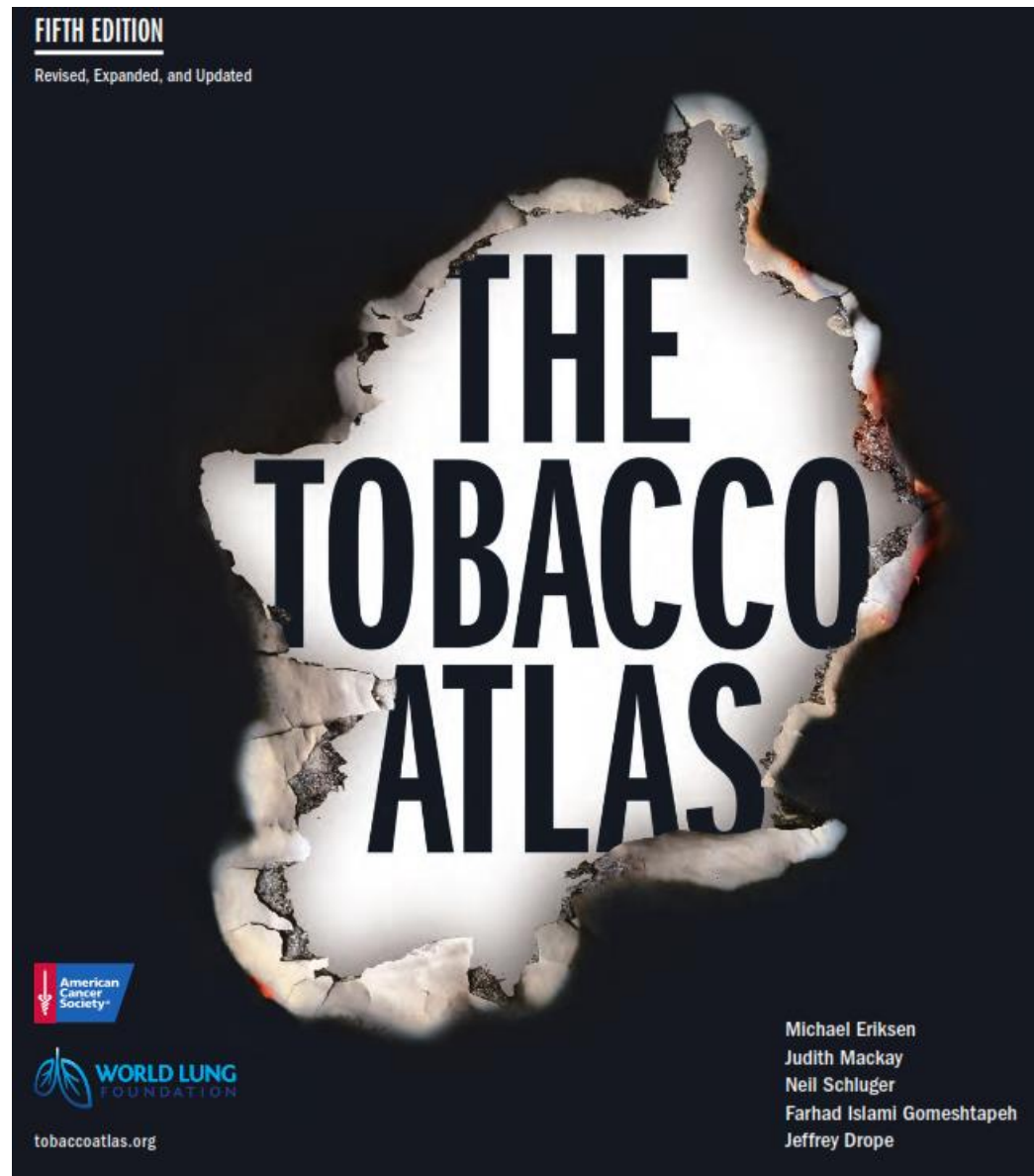
### <sup>[PDF]</sup> Best Practices in Tobacco Control Earmarked Tobacco T...

[www.who.int/tobacco/training/.../best\\_practices\\_western\\_australia.pdf](http://www.who.int/tobacco/training/.../best_practices_western_australia.pdf)

by S Cordova - Cited by 6 - Related articles

World Health Organization. Suzanne Cordova. Injury Research Center. School of  
Public Health. University of Western Australia. Best Practices in Tobacco ...

Download the Tobacco Atlas latest edition <http://tinyurl.com/p8rpeoe>



## **CALL TO ACTION**

In order to prevent youth tobacco use, comprehensive regulations to reduce the affordability and accessibility of tobacco products must be implemented or enforced, including taxation, bans on tobacco advertising, promotion and sponsorship (TAPS), and the minimum legal sale age. These regulations must include all tobacco products.



**T**obacco excise tax increases that result in higher tobacco product prices are among the most effective tobacco control measures available. The bulk of the peer-reviewed evidence from countries in all stages of economic development confirms that when tobacco product prices increase, people use less of these dangerous products, or quit using them, or never start.

Tobacco companies often claim tax increases are particularly harmful to the poor, but this claim does not hold up to deeper scrutiny. In fact, because they are more sensitive to changes in price than are wealthier people, poorer people get the most health benefits from tobacco tax increases by using less or quitting **TAXES AND PREVALENCE**. However, people who continue to use tobacco may suffer financial hardship (see Chapter 6: *Poverty*) resulting from continued purchases of tobacco. The positive impact of tax increases on public health multiplies when newly generated revenues are reinvested in health programs (see Chapter 29: *Investing*). This can help alleviate societal health inequities, especially when such

programs are directed to help the poorest members of society, as was done by the Philippines with new tobacco taxes implemented in 2013.

Article 6 of the WHO FCTC encourages parties to raise prices of tobacco products by means of excise tax increases. Excise tax levels should be revised often enough to increase the price of tobacco products at a rate above inflation and income growth, making tobacco products less affordable over time **AFFORDABILITY**.

Tobacco tax increases work best when implemented within a comprehensive tobacco control program. Tax policies should mandate the use of tax stamps, and set up effective tracking and tracing systems for all tobacco products to discourage illicit trade. Government agencies responsible for health should make sure that they participate in the creation of tobacco tax policies alongside finance and revenue agencies **ADVOCATING FOR TAXES**.



[http://www.who.int/fctc/guidelines/adopted/Guidelines\\_article\\_6.pdf](http://www.who.int/fctc/guidelines/adopted/Guidelines_article_6.pdf)

#### GUIDELINES FOR IMPLEMENTATION OF ARTICLE 6 OF THE WHO FCTC

Price and tax measures to reduce the demand for tobacco

##### Guiding principles

Tobacco use creates a significant economic burden on society at large. Higher direct health costs associated with tobacco-related disease, and higher indirect costs associated with premature loss of life, disability due to tobacco-related disease and productivity losses create significant negative externalities of tobacco use.

**Effective** tobacco taxes not only reduce these externalities through reduced consumption and prevalence but also contribute to the **reduction of governments' expenditures for the health care costs associated with tobacco consumption**.

Tax and price policies are widely recognized to be one of the most effective means of influencing the demand for and thus the consumption of tobacco products. Consequently, implementation of Article 6 of the WHO FCTC is an essential element of tobacco-control policies and thereby efforts to improve public health. Tobacco taxes should be implemented as part of a comprehensive tobacco-control strategy in line with other articles of the WHO FCTC.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2563564/pdf/125.pdf>

## Cost of tobacco-related diseases, including passive smoking, in Hong Kong

S M McGhee, L M Ho, H M Lapsley, J Chau, W L Cheung, S Y Ho, M Pow, T H Lam, A J Hedley

Our conservative estimate of the annual health-related cost of tobacco in Hong Kong in 1998 is US\$688 million (HK\$ 5.21 billion) with a range of US\$469–\$916 million. This includes US\$459 million for health care costs (US\$341 million for medical care and US\$118 million for long term care) and US\$230 million for productivity losses. **About 23% of the total costs and 28% of the medical care costs were due to passive rather than active smoking.** The proportion of the morbidity costs which fell on the public sector was 70% for active smoking and 50% for passive smoking. In addition, there were **6920** (4430–9229) **attributable deaths** of which 19% (1,315 persons) were attributable to passive smoking. If we add the value of attributable lives lost but deduct productivity loss due to premature death to avoid double counting the value of a lost life, **the annual cost would be US\$9.4 billion (HK\$73.32 billion).**



**Expert evidence in call for tobacco tax increases** 19 October 2015  
<http://www.bath.ac.uk/news/2015/10/19/expert-evidence-in-call-for-tobacco-tax-increases/>

**Research from our Department for Health and School of Management has contributed to a recent report by the All Party Parliamentary Group (APPG) on Smoking and Health calling on the Chancellor to increase tobacco taxes, to fund a reduction in smoking prevalence.**

[Professor Anna Gilmore](#), Director of the Tobacco Control Research Group, and [Dr Rob Branston](#), Deputy-Director of the Centre for Governance and Regulation, presented expert evidence on tobacco industry profitability and pricing at an Inquiry by the APPG into the cost effectiveness of tobacco control.

A summary of the evidence presented at the Inquiry will be submitted as evidence as part of the Treasury's Comprehensive Spending Review - [APPG on Smoking and Health. Representation to the 2015 Spending Review. Oct 2015.](#)

#### Key findings

Evidence in the report shows that measures to reduce smoking prevalence, including by tobacco taxation, are not only cost-effective but can also have a positive impact on public finances. Members of the APPG recommend **that the tobacco tax escalator be increased from 2 per cent to 5 per cent above inflation every year.**

They also call for spending on tobacco control to be increased from £200 million to £300 million a year, funded by the additional tax rise. This additional investment could deliver a return on investment of almost 1100 per cent over 5 years and nearly double the rate of decline of smoking, they suggest. The NHS Five Year Forward view forecasts a £30 billion shortfall in funding by 2020 and even after additional funding promised by the Government there will be a predicted shortfall of £22 billion by 2020. According to the King's Fund, closing this gap through efficiency savings alone will be "very challenging". Therefore to avoid large reductions in NHS services, it will be necessary to reduce demand. The APPG Inquiry heard that continuing to drive down smoking prevalence will be essential to the success of this strategy.

#### Policy impact of research

Dr Branston presented work undertaken by him and Professor Gilmore highlighting the extreme profitability of the tobacco industry in the UK, identifying that the industry has made at least £1 billion pounds in profit in recent years and the companies enjoy margins of up to 68 per cent compared with 12-20 per cent for other consumer staple firms. Professor Gilmore presented work undertaken by the Tobacco Control Research Group, showing that tobacco industry pricing strategies undermine the intended impacts of tobacco tax policies and likely play a key role in driving inequalities in smoking. She highlighted that despite the tobacco industry's claims that price increases drive illicit trade in tobacco, their price rises in fact account for half of the overall price rise, thereby undermining their own argument. **Key policy recommendations made by the pair included further increases in tobacco taxation, and the introduction of utility style price-cap price regulation alongside a minimum consumption tax and a ban on selling below cost in order to reduce the scope for industry pricing strategies**

Commenting on the involvement of the University in the APPG, Professor Gilmore said: "Smoking remains the leading preventable cause of death in the UK and reducing smoking rates is a high priority for public health. While the UK has made good progress in tobacco control, much more could be done.

“Our work shows there is clear scope to further increase tax on tobacco but that simultaneously the tax structure must change to ensure that the tobacco industry cannot undermine the intended impact of tobacco tax increases.” Dr Rob Branston added: “This report aims to make the Chancellor aware that tobacco control measures are exceptionally cost effective and makes the clear case that **additional £100 million a year spent on tobacco control would deliver a return on investment of almost 1100 per cent.**”

#### Political responses

Bob Blackman MP (Harrow East: Conservative, Chair of the APPG) said: “The APPG on Smoking and Health calls on the Chancellor to increase tobacco taxes and invest in tobacco control in the forthcoming Spending Review. Smokers don’t just die early, they suffer many years of disease and disability before they do, putting pressure not just on the NHS, but additional disability and social care costs and reduced income tax. **Every pound invested over the next five years could deliver £11 to the public purse.**”

Rt Hon. Kevin Barron MP (Rotherham: Labour, Vice Chair of the APPG) said: “If the NHS is not to sink under the overwhelming demand for its services we have to do more to prevent disease, not just treat it. 80,000 smokers die each year from smoking and twenty times more are suffering from disease and disability caused by smoking. Reducing smoking is the key, and we know that investment in Stop Smoking Services, mass media campaigns and other measures at local, regional and national level is needed if smoking is to decline in the future as it has in the past. The evidence from around the world, including the UK, is that when investment is cut, smoking rates go back up again, and that **more investment leads to faster rates of decline.**”

Our [research](#) in Social Work & Social Policy recently ranked sixth nationally by overall GPA in the independently-assessed Research Excellence Framework 2014 (REF 2014). Research by the Tobacco Control Research Group was part of this submission. 84 per cent of our impact in this area was deemed to be world-leading. The School of Management was ranked eight in the UK in the independently-assessed [Research Excellence Framework](#). 89 per cent of their submitted case studies were deemed to have an outstanding or very considerable impact.

To find out more about the work of the TCRG see  
<http://www.bath.ac.uk/health/research/tobacco-control/>  
<http://www.tobaccotactics.org/>

For more on the Centre for Governance & Regulation  
<http://www.bath.ac.uk/cgr/>

If you found this interesting you might enjoy reading:

[Big business uses ‘Better Regulation’ to undermine health policy](#)

- October 2015

[Up in smoke: our researchers debunk Big Tobacco's arguments against standardised packaging](#)

- March 2015

[Extent of tobacco industry’s unscrupulous conduct in Africa and Asia revealed](#)

- March 2015





## Supporting Organizations



### Supporting organizations of the Hong Kong United Against Illicit Tobacco:

- Mega Hospitality International (MHI)
- Infitum Technology Co., Ltd.
- Millennium Wells Ltd.
- Coalition of Hong Kong Newspaper and Magazine Merchants
- Hong Kong Newspaper Hawker Association
- Kampo Employment Agency
- Coalition on Tobacco Affairs (CTA)
- Philip Morris Asia Limited
- The Office of Wong Tai Sin District Councillor Lai Wing-Ho
- The Office of Legislative Councillor Paul Tse Wai-chun
- The Office of Tsuen Wan District Councillor Kot Siu-Yuen
- The Office of Tsuen Wan District Councillor Man Yu-Ming
- The Office of Tsuen Wan District Councillor Timmy Chow
- The Office of Eastern District Councillor Marcus Tse
- The Office of Kwun Tong District Councillor Poon Chun-yuen
- Tsuen Wan Kwai Ching District Women's Association
- Hong Kong Shippers' Council

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### LATEST TWEET



## New research reveals Big Tobacco's campaign to derail graphic health warnings

24.10.2012

New research which highlights Big Tobacco's attempts to block graphic health warnings provides more proof that warnings are an effective way to reduce smoking, Quit Executive Director Fiona Sharkie said today.

A new study published in the *Tobacco Control Journal* today found tobacco companies have prevented and delayed graphic health warnings around the world through weak voluntary advertising agreements and scare tactics.

Researchers found companies had a global strategy to block or weaken graphic health warnings, including opposing every change in Australia, because they are an effective measure to reduce smoking.

Graphic health warnings on the front of packs will more than double in size from December 1, when plain packaging legislation takes effect.

The new laws will require graphic health warnings to take up 75 per cent of the front of the pack.

Illnesses such as gum disease, kidney cancer and tongue cancer, which fewer smokers can identify are caused by smoking, will also be highlighted for the first time.

Existing health warnings will also be made more graphic, with new images including a foot with a toe tag and a man emaciated from lung cancer.

Ms Sharkie said plain packaging would increase the impact of the larger graphic health warnings.

"Research shows that the warnings are a strong motivating factor in encouraging smokers to quit and so the larger warnings in addition to the new plain packaging reform will likely increase this positive impact further," Ms Sharkie said.

"These new images may shock people but they are the reality of what can happen to you if you smoke.

"People who buy these new packs cannot escape the fact that smoking causes death and serious illness and that's why tobacco companies have worked so hard to block graphic health warnings."

### Quick find

Quitline referral form



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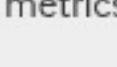
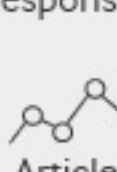
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## The evolution of health warning labels on cigarette packs: the role of precedents, and tobacco industry strategies to block diffusion

Heikki Hiilamo<sup>1</sup>, Eric Crosbie<sup>2</sup>, Stanton A Glantz<sup>3</sup>

Author affiliations +

### Abstract

**Objective** To analyse the evolution and diffusion of health warnings on cigarette packs around the world, including tobacco industry attempts to block this diffusion.

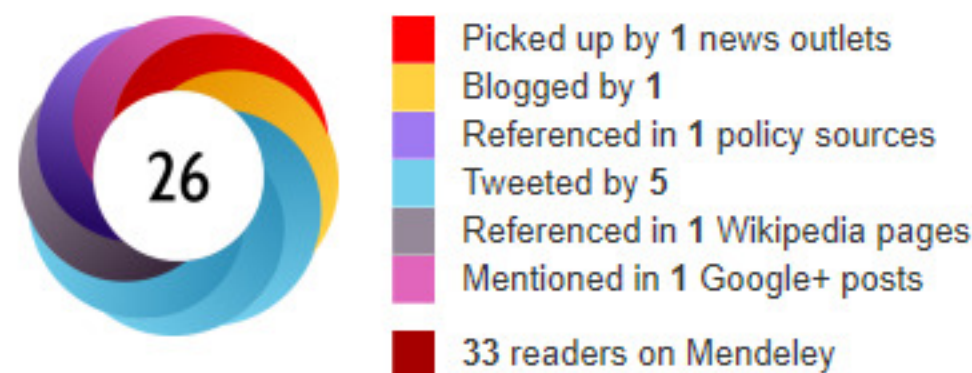
**Methods** We analysed tobacco industry documents and public sources to construct a database on the global evolution and diffusion of health warning labels from 1966 to 2012, and also analysed industry strategies.

**Results** Health warning labels, especially labels with graphic elements, threaten the tobacco industry because they are a low-cost, effective measure to reduce smoking. Multinational tobacco companies did not object to voluntary innocuous warnings with ambiguous health messages, in part because they saw them as offering protection from lawsuits and local packaging regulations. The companies worked systematically at the international level to block or weaken warnings once stronger more specific warnings began to appear in the 1970s. Since 1985 in Iceland, the tobacco industry has been aware of the effectiveness of graphic health warning labels (GHWL). The industry launched an all-out attack in the early 1990s to prevent GHWLs, and was successful in delaying GHWLs internationally for nearly 10 years.

**Conclusions** Beginning in 2005, as a result of the World Health Organisation Framework Convention on Tobacco Control (FCTC), GHWLs began to spread. Effective implementation of FCTC labelling provisions has stimulated diffusion of strong health warning labels despite industry opposition.

<http://dx.doi.org/10.1136/tobaccocontrol-2012-050541>

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# The evolution of health warning labels on cigarette packs: the role of precedents, and tobacco industry strategies to block diffusion

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Received 29 March 2012

Accepted 20 September 2012

Published Online First

23 October 2012

## ABSTRACT

**Objective** To analyse the evolution and diffusion of health warnings on cigarette packs around the world, including tobacco industry attempts to block this diffusion.

**Methods** We analysed tobacco industry documents and public sources to construct a database on the global evolution and diffusion of health warning labels from 1966 to 2012, and also analysed industry strategies.

**Results** Health warning labels, especially labels with graphic elements, threaten the tobacco industry because they are a low-cost, effective measure to reduce smoking. Multinational tobacco companies did not object to voluntary innocuous warnings with ambiguous health messages, in part because they saw them as offering protection from lawsuits and local packaging regulations. The companies worked systematically at the international level to block or weaken warnings once stronger more specific warnings began to appear in the 1970s. Since 1985 in Iceland, the tobacco industry has been aware of the effectiveness of graphic health warning labels (GHWL). The industry launched an all-out attack in the early 1990s to prevent GHWLs, and was successful in delaying GHWLs internationally for nearly 10 years.

**Conclusions** Beginning in 2005, as a result of the World Health Organisation Framework Convention on Tobacco Control (FCTC), GHWLs began to spread. Effective implementation of FCTC labelling provisions has stimulated diffusion of strong health warning labels despite industry opposition.

## INTRODUCTION

Despite different political institutions and cultures, interest group formulations and partisan ideologies, tobacco control policies (smoke-free laws, taxation, advertising restrictions and health warnings) exhibit a surprising degree of policy convergence across time and geography,<sup>1–3</sup> consistently experiencing intense globally coordinated opposition from the tobacco industry.<sup>4–5</sup> Health warning labels (HWL) on cigarette packs are a low-cost, effective measure to affect smoking.<sup>6</sup> HWLs with graphic elements, first introduced in 1985 and which started to spread in the early 2000s, are more effective than text-only warnings.<sup>7–11</sup> The Guidelines for implementing Article 11 of the World Health Organisation Framework Convention on Tobacco Control (FCTC) specifies that HWLs be rotating, large (at least 30% of the front of the pack), clear, visible and legible, may include pictures or pictograms, and may disrupt the impact of brand

imagery on packaging and decrease the overall attractiveness of the package.<sup>12–13</sup>

Previous studies<sup>14–23</sup> documented tobacco industry strategies to block or weaken text health warnings, including submissions to government, privately influencing politicians and the media, using third parties to argue the industry's position, commissioning research (including opinion polls and legal research) arguing that people already know the hazards of smoking, and claiming that HWLs conflict with other national laws and international treaties. The process of introducing HWLs and improvements to HWLs is examined here as a diffusion of innovation.<sup>24</sup> HWLs are simple, compatible and observable, all factors that contribute to their diffusion.<sup>24</sup> The tobacco industry, which identified GHWLs as a threat as early as 1985, slowed diffusion by preventing innovations in one country from spreading to others. The tobacco industry's familiarity with this theory (refs. <sup>25</sup>, pp 12, <sup>26</sup>) may have assisted them in identifying GHWLs as a global threat as early as 1985. Our review of industry documents aims to show how the industry slowed diffusion of HWLs by preventing innovations in one country from spreading to others, and demonstrates that effective implementation of FCTC Article 11 will require anticipating and overcoming tobacco industry efforts to block GHWLs.

## METHODS

We searched published literature, government documents, media reports, the Tobacco Labelling Resource Center (<http://www.tobaccolabels.ca>) and tobacco industry documents (<http://legacy.library.ucsf.edu>) between January 2010 and December 2011, beginning with the terms 'health warnings', 'warning clause', 'health notice', 'warning labels', 'warning', 'graphic' country names, individuals, and Bates numbers of adjacent relevant documents using standard methods.<sup>27</sup> We reviewed approximately 4500 documents.

We collected information on dates of introduction and changes to HWLs since first introduced in 1966 until 2012, and categorised them into five categories (table 1 and figure 1), including HWLs mandated by law and from voluntary agreements between the tobacco companies and governments.

We initially separated all the different labels we found into distinct categories based on content (attributed to an authority or not), specificity (vague or specific), placement (side of the pack or front of the pack), size and visibility (noticeable or inconspicuous), rotation (single or multiple HWLs), and presence of included graphic elements (no or yes), then

**To cite:** Hiilamo H, Crosbie E, Glantz SA. *Tob Control* 2014;**23**:e2.

## Research paper

**Table 1** Five generations of health warning labels, and tobacco industry strategies to block diffusion

HWL generation (year)	HWL description	First implemented example (country, year)	Tobacco industry strategy	Diffusion outcome/local outcome
First generation (1966)	Government requirement and vague health message warning on the side of the pack	'Caution: cigarette smoking may be hazardous to your health' (USA, 1966)	Voluntary agreements	Voluntary agreements in 17 countries between 1971 and 1995
Second generation (1969)	Smoking established as a definite health hazard, or specific diseases mentioned, message on the side of the pack (or innocuous message on the front)	'Warning: Cigarette smoking can cause lung cancer and heart diseases' (Iceland, 1969–1971)	Suspended shipments to Iceland, publicising Iceland's decision to withdraw HWLs	Law repealed in Iceland in 1971
Third generation (1987)	Affirmative and visible health message on the front of the pack and/or on the back of the pack	'Smoking is a main cause of cancer, diseases of the lung, and diseases of the heart and the arteries' (Saudi Arabia, 1987)	Lobbying, defending united front	Generation III HWLs dropped in Norway in 1973, delayed progress in placing HWLs on the front of the pack
Fourth generation (1977)	Rotating detailed health messages on the front of pack	'Smokers run an increased risk of heart attacks and certain diseases of the arteries. National Board of Health and Welfare' (one of 16 HWLs) (Sweden, 1977)	Lobbying, developing global strategies to oppose HWLs	Rotating HWLs quickly diffused beginning in 1979
Fifth generation (1985)	Graphic health warnings, pictures to reinforce the health message on front and/or back of the pack	Eight cartoon GHWLs with images such as a pair of black lungs, a patient in bed or a diseased heart (Iceland, 1985–1996)	Corporate social responsibility, trade agreements	Generation V HWLs stopped in Sweden 1991

GHWL (HWL), graphic health warning labels.

consolidated them into the five categories in table 1, focused on major areas of innovation: specificity, placement, rotation and graphic elements of the HWLs. The first category is for vague HWLs placed on the side of the pack; the second category for more specific health messages on the side, or vague messages placed on the front of the pack; the third category for specific and noticeable health messages on the front of the pack; the fourth category for rotating third category messages and, finally, the fifth category for HWLs with graphic elements. An additional category was used for 58 countries for which Phillip Morris and other companies voluntarily added English (foreign language) HWLs in 1992.

Information on the HWLs over time came from 10 industry documents (refs. 28–30, 31, pp. 287–416, 32–37), the US Department of Health, Education, and Welfare,<sup>38–41</sup> the Canadian Cancer Society's International Status Report on Cigarette Package Health Warnings Tobacco Labelling Resource Center<sup>11, 42</sup> (searched from October to November 2011), Physicians for Smoke-free Canada website on picture-based health warning labels (<http://www.smoke-free.ca/warnings>), FCTC reporting database (<http://apps.who.int/fctc/reporting/database/>), and WHO Report on the Global Tobacco Epidemic, 2011.<sup>43</sup>

HWLs were coded by two independent observers; intercoder reliability using ordinal Krippendorff's  $\alpha$  was 0.99.

When interpreting the results, note, that the number of UN member countries increased from 123 in 1966 to 193 in 2012.

## RESULTS

There has been a steady diffusion of HWLs since they were introduced in 1966 in the USA, with warnings becoming more specific, and moving from the side to the front of the pack, particularly after the 1980s (figure 2). Graphic health warning labels (GHWLs), first implemented in Iceland in 1985 (and removed in response to industry pressure in 1996 (ref. 44, pp. 12–15) began to diffuse in the 2000s, mostly to countries that already had rotating text warning labels on the pack front. As of February 2012, 169 of 193 countries had implemented HWLs, including 49 with GHWLs; 34 still had weak first-generation and second-generation HWLs.

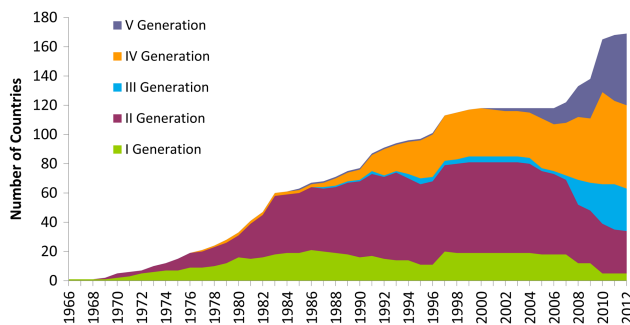
### First-generation HWLs: vague health message on the side of pack

The companies began fighting HWLs in the USA in 1957, when legislation requiring warnings was first proposed in Congress.<sup>28</sup>



**Figure 1** Examples of different generations of HWLs. (Sources: 1. China, export, 2010, <http://www.tobaccolabels.ca/gallery/chinapacks/marlbormenthollightschinamay2010jpg>; 2. Costa Rica, 2008, <http://www.tobaccolabels.ca/gallery/costaricapacks/marborolightsmentholcostaricasept2008rightsideang>; 3. Australia, c. 1990, <http://www.ttt.ru/03819.jpg>; 4. Belgium, 2007, <http://www.tobaccolabels.ca/gallery/belgium/belgiumpacks/marbororedbelgium2007rightsideanglejpg>; 5. Uruguay, 2010, <http://www.tobaccolabels.ca/gallery/uruguaypacks/marbororeduruguaynov2010rightsideanglejpg>. All accessed 7 July 2012). This figure is only reproduced in colour in the online version.





**Figure 2** Evolution of HWLs by Generation type 1966–2012.

In 1959, the industry defeated a bill in the South Dakota legislature that would have required a skull and crossbones on cigarette packages,<sup>45</sup> possibly the first GHWL proposal. These efforts accelerated following the US surgeon general's 1964 report on Smoking and Health,<sup>46</sup> when the US Federal Trade Commission (FTC) proposed that cigarette packages carry HWLs.<sup>47</sup> Rather than fighting the FTC, the industry lobbied Congress to pass the 1965 Cigarette Labelling and Advertising Act that required a weak first-generation text warning label, 'Caution: Cigarette smoking *may be* hazardous to your health [emphasis added],<sup>48</sup> on package side and pre-empted the FTC or any other government agency from requiring a stronger warning on packages or in advertising (ref. 48, pp. 138, 163).

By 1970, the industry stopped blocking HWLs with vague health messages attributed to the government.<sup>14 20 21</sup> In 1970, British American Tobacco (BAT) sent a position paper to its global subsidiaries stating, 'Cautionary labelling, providing the wording on the pack is relatively innocuous and in small print, might well be less harmful than voluntary restrictions on the use of advertising media.'<sup>49</sup> In 1971, the UK became the first government to reach a voluntary agreement with the industry to add the first-generation HWL 'Warning by HM Government: Cigarettes Can Damage Your Health' to the package sides.<sup>40</sup>

### Second-generation HWL: specific health message on the pack side

In 1969, Iceland became the second country to require HWLs when parliament required the first second-generation HWLs with the clear health message: 'Cigarette smoking could cause lung cancer and heart diseases.' This warning was stronger and more specific than the US warning (table 1).<sup>50</sup> US manufacturers complained that the warning was 'too strongly worded' and recalled a cigarette shipment bound for Iceland.<sup>51</sup> Horace Kornegay, vice president of the Tobacco Institute (TI), the US tobacco industry's political and lobbying organisation, went to Iceland to negotiate with the State Alcohol and Tobacco Company of Iceland (ÁTVR), which imported US cigarettes. According to an ÁTVR press release, Kornegay told ÁTVR that printing Iceland's required HWL on the packages 'would give precedent to markings in other export markets'.<sup>52</sup> In 1969, ÁTVR convinced the Finance Ministry to replace the requirement that the HWLs be printed on the package with a sticker on the package bottom, as US tobacco manufacturers insisted.<sup>52 53</sup> The US manufacturers provided the stickers and equipment to apply them, and ÁTVR applied them.<sup>53</sup> The strong language was maintained. The US companies continued to refuse to pay the costs of attaching the stickers to the packages, and in 1971, ÁTVR convinced the parliament to abandon the HWLs.<sup>53 54</sup>

### Third-generation HWLs: specific health message on the front of the pack

In 1973, the Norwegian Ministry of Social Affairs proposed the nation's first comprehensive tobacco law,<sup>55</sup> including the first third-generation HWLs printed on the pack front with a specific warning.<sup>30 56 57</sup> Both local Norwegian (Tiedemanns and Langaard) and multinational companies opposed the law,<sup>58–60</sup> and the 1975 law only required the HWL to be on the pack side.<sup>57</sup>

In 1987, the Arab Gulf health ministers passed 'Resolution No. 4' calling for HWLs on the pack front in all Gulf Cooperation Council countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates). Societe Nationale d'Exploitation Industrielle des Tabacs et Allumettes (SEITA), the French state-owned tobacco monopoly, began selling packs with warning labels on the pack front (in English and in Arabic) to all Gulf markets. In 1988, the Middle East Tobacco Association (META),<sup>61</sup> representing the major international cigarette manufacturers in the Gulf, mounted 'intensive lobbying efforts'<sup>62</sup> that led all countries but Saudi Arabia to move the warning to the side panel,<sup>62</sup> making Saudi Arabia the first country to require a clear health message on the front of the pack (without rotation). In Australia, innocuous HWLs in small print had been on the front of the pack since 1973.<sup>14</sup>

Third-generation HWLs did not proliferate before the early 2000s because many countries moved directly from second-generation to fourth-generation HWLs. The third-generation HWLs became more common when developing countries started implementing FCTC Article 11's minimum requirement of a third-generation HWL.

### Fourth-generation HWLs: rotating messages on the front of the pack

In May 1976, the National Swedish board of health and welfare proposed the first fourth-generation HWLs, which included the rotation of 16 different HWLs covering at least 20 percent of the front of cigarette packs (figure 3).<sup>63 64</sup> In August 1976, Paul Isenring, Phillip Morris (PM) director for the European region, reported to PM's top management in New York that, if enacted, Sweden would be the first and only country with multiple HWLs on the market simultaneously, and expressed concern that if Sweden moved ahead, the new multiple HWLs could spread.<sup>65</sup> Despite industry opposition, Sweden implemented the rotating HWLs in January 1977.

In May 1977, Isenring drafted an action plan for PM to block 'across the border spill-over' of new tobacco control innovations including HWLs, because 'legal, political and competitive developments in specific countries or regions are regarded by other governments as model cases for their own legislation. This is true world-wide.'<sup>66</sup> Given the severity of the threat, Isenring advocated cooperation with PM's main competitors to block the diffusion of tobacco control initiatives in Europe.<sup>66 67</sup>

In June 1977, the multinational companies formed the International Committee on Smoking Issues (ICOSI, renamed the International Tobacco Information Center, INFOTAB, in 1980) to replicate the functions the TI performed in the USA.<sup>60 68</sup> ICOSI member companies agreed to act together and respond worldwide by developing strategies to undermine tobacco control. In 1979, PM submitted two position papers to the ICOSI Advertising Task Force with arguments against HWLs.<sup>69–71</sup> The papers cited Iceland's decision to drop HWLs as an example of governments' 'uncertainty and confusion'<sup>71</sup> about HWLs, and how 'hasty actions may lead to the need for change at a later time',<sup>70</sup> to suggest that other countries abandon HWLs.

**Figure 3** English language presentation of fourth-generation HWLs implemented in Sweden in 1977.<sup>64</sup>



In 1978, the TI successfully used Iceland's retreat from compulsory HWLs to block a US Senate proposal to introduce rotating HWLs.<sup>72</sup> Rotating HWLs were not mandated in the USA until 1985, and then only on the pack side.

The implementation of multiple HWLs in Sweden and their diffusion led the multinational companies to intensify their efforts in the mid-1980s to undermine HWLs in Europe and globally.<sup>60</sup> On the global challenges facing the industry, in a 1985 speech to 70 representatives from multinational companies, national manufacturers' associations and local companies, INFOTAB's chair observed:

The tendency is for each country to think its problems are unique. The fact is that tobacco issues have always been international... Rotating labels came to us from Sweden—and the furor about environmental tobacco smoke was started in Japan. As one of our Australian colleagues puts it, 'a sneeze in one country today causes international pneumonia tomorrow!'<sup>73</sup>

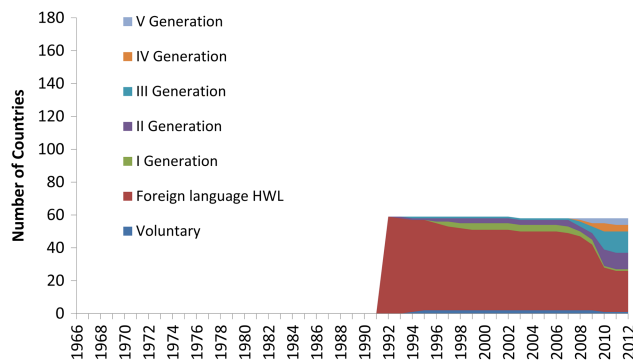
Despite the industry's success in the USA, rotating HWLs on the pack front were emulated (after pitched battles) in other

countries,<sup>14</sup> including Ireland (1979), Iceland (1985), Australia (1987), New Zealand (1988) and Cyprus (1988).

#### Voluntary HWLs on exported cigarettes to block diffusion of required HWLs

In July 1991, PM's chief financial officer wrote to PM and Kraft Foods (a PM subsidiary from 1988 to 2007) CEOs reporting that New York City federal Judge Milton Pollack had told his friend Fayez Sarofim (who managed Dreyfus mutual funds, which included PM stock) that PM would be wise to put the US-style innocuous HWLs on pack sides of all of export cigarettes to reduce future liability.<sup>74</sup> The company had considered doing so for some time to deflect calls for more comprehensive measures, but not acted because executives wanted to use this 'concession' as a bargaining chip in negotiations with the US Congress.<sup>75 76</sup> Shortly after learning of Judge Pollack's advice, PM voluntarily placed US English language HWLs on all its exported cigarettes<sup>75</sup> to countries that did not have specific national requirements.

Other multinational companies followed. In 1992, BAT decided to add the warning "Tobacco seriously damages health"



**Figure 4** Diffusion of HWLs among countries with voluntary tobacco industry foreign (English) language HWLs in 1992.

attributed to EC Council Directive 89/622/EEC<sup>77</sup> to the side of packs exported to markets without mandatory HWLs. However, BAT did not follow the EC directive which required the warning on the pack front with more explicit warnings on the back. BAT justified not complying with the requirement on the grounds that ‘the EC labelling directive implemented from the beginning of 1992 is complicated, convoluted and confusing, and the simpler approach of placing a general warning in the traditional place (side of packet) is more appropriate.’<sup>77</sup>

Of those 58 countries, mostly in Africa and in Latin America, with foreign language HWLs in 1992, only five had replaced them with mandatory HWLs before 2007 when FCTC began to take effect (figure 4). The industry’s voluntarily placement of foreign (English) language warnings on their export packages effectively blocked—and was still continuing to block—diffusion of stronger language-appropriate HWLs in many countries 20 years later.

#### Fifth generation of HWLs: graphic images

In 1984, Icelandic health officials studied the Swedish model and recognised that over time, smokers would not read even rotating text warnings.<sup>78</sup> To hold smokers’ interest, Ministry of Health and Social Security graphic designers proposed using several graphical illustrations to reinforce the text warnings: black lungs, a patient in bed, a diseased heart and a pregnant woman (figure 5). In May 1984, parliament approved the Icelandic Tobacco Act that required the world’s first GHWLs graphic warning labels by July 1985.

The industry reacted strongly. In November 1984, PMI prepared a detailed industry-wide strategy to stop GHWLs in Iceland before the health ministry approved the regulation.<sup>79</sup> PMI corporate affairs, PM Washington relations office, and PM consultants contacted the Icelandic Ambassador to the USA, US assistant secretary of state for European Affairs, head of the Icelandic desk at the US State Department, and the office of the US Special Trade Representative to oppose the GHWLs.<sup>79</sup> Meanwhile, INFOTAB supplied the sales director for Rolf Johansen Co, which imported RJ Reynolds (RJR) cigarettes to Iceland, with arguments contesting the Finance Ministry’s number of deaths caused by smoking.<sup>80</sup> Nevertheless, in December 1984, the Icelandic health minister approved regulations implementing the GHWLs.

In January 1985, the US companies again threatened an embargo.<sup>79 81</sup> In February 1985, INFOTAB’s secretary general, Bryan Simpson, travelled to Iceland to lobby legislators before the regulations took effect.<sup>82</sup> In the first mention of the effect of HWLs on ‘brand presentation’ we located, Simpson wrote PM,

RJR and Brown & Williamson (B&W) lawyers in the USA in February 1985, emphasising that the Icelandic law was ‘in effect introducing, within the pack, a form of advertising which seriously affects brand presentation,’<sup>82</sup> recognising the ability of fifth generation of HWLs to disrupt the package as a marketing device.

Simpson anticipated that other governments would copy the Icelandic warnings, and noted that Norway was already showing interest.<sup>82 83</sup> He continued, ‘The warning technique would have particular appeal in areas such as the Third World where it would be claimed that the message would be better understood by societies where there was high incidence of illiteracy.’<sup>82</sup>

This time the Icelandic government was determined to keep GHWLs. The industry won only two minor changes: the text of one HWL was changed from ‘about 300 Icelanders die each year from smoking’ to ‘annually hundreds of Icelanders die from smoking’<sup>80</sup> and a Christian cross (suggesting death) was dropped from an image of a body. Tobacco Trade Barometer, the US Tobacco Merchants Association’s newsletter, reported in April 1985, that ‘in Iceland, effective July 1, 1985, cigarettes, cigars, pipe tobacco and chewing and snuff tobacco will be required to carry the most graphic health warning notices ever legislated by any government, national or local, in the world.’<sup>84</sup> All US manufactures complied with Iceland’s health warning requirements, although PM stopped shipping Marlboro to Iceland (but continued importing a minor brand, Stanton).<sup>85</sup> PM resumed importing Marlboro in 2000 (with the required Icelandic warnings) when Canada implemented stronger GHWLs.<sup>86</sup>

Tobacco companies learned from Iceland that GHWLs were effective. In November 1985, the US publication, *Flue Cured Tobacco Farmer*, reported that ‘graphic label warnings spur tobacco sales drop in Iceland.’<sup>87</sup> Between 1984 and 1985, sales of tobacco products in Iceland declined by 3.5%,<sup>87</sup> and smoking prevalence among Icelandic men dropped from 42.9% to 37.2%, and from 37.0% to 35.2% among women.<sup>4 88</sup> The Icelandic Smoking Control Programme attributed these declines to the new law that included GHWLs, prohibited stores from displaying tobacco products, banned smoking in government buildings and on buses, and restricted smoking in restaurants by establishing non-smoking areas, a conclusion reiterated in 1987 by the Icelandic Smoking Control Programme.<sup>4</sup>

#### Blocking the diffusion of fifth-generation HWLs

The Icelandic fifth-generation warnings attracted attention elsewhere. In 1989, the *Journal of American Medical Association* published a US study showing that federally mandated text-only warnings in tobacco advertisements were ineffective among adolescents<sup>89</sup> and cited the Icelandic GHWLs as reason to introduce graphical warnings in the USA. The TI obtained the manuscript before publication and submitted it to three public relations agencies to suggest countermeasures, one of which described it as posing ‘devilish problems’ for the industry.<sup>90</sup> The agencies suggested the TI conduct its own surveys on children’s smoking perceptions. Afraid of adverse findings, the Institute decided not to pursue this recommendation<sup>90</sup> and, instead, arranged for several letters to be written to *JAMA* and the *Wall Street Journal*.<sup>91–93</sup>

In 1989, a proposed revision of the Swedish Tobacco Act included fifth-generation GHWLs covering almost 70% of the pack front,<sup>94 95</sup> including skull and crossbones, crosses and cancer symbols, arguing that ‘the introduction of an illustrative element substantially increases the attention value’ citing Iceland’s experience.<sup>94</sup>



## Research paper

**Figure 5** Graphic health warning labels implemented in Iceland in 1985.<sup>78</sup> Text reads: 1. Smoking during pregnancy causes damage to infants; 2. Smoking causes blockage of the arteries; 3. Let's protect children against tobacco smoke; 4. To stop smoking improves health and prolongs life; 5. Smoking is a health problem that you can help solve; 6. Annually, hundreds of Icelanders die from tobacco smoking.

## Fylgiskjal

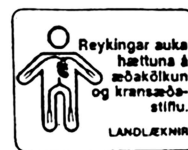
SÍGARETTUR:

Nr. 1



Pant. Process Blue

Nr. 2



Pant. Red 032

Nr. 3



Pant. Purple

Nr. 4



Pant. nr.172 (orange)

Nr. 5



Pant. Reflex Blue

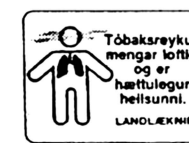
Nr. 6



Pant. Process Black 26

VINDLAR OG REYKTÓBAK:

Nr. 7



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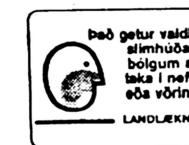
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NEFTÓBAK OG MUNNTÓBAK:

Nr. 8



Pant. Red 021

Pant. = Pantone

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PM management in Europe considered the proposal a 'HWL crisis.'<sup>96</sup> PM's local corporate affairs officials began lobbying politicians, contacting media, and developing a network of supportive third parties, including labour unions<sup>96-97</sup> and the smokers' rights group, Smokepeace Sweden, the industry had organised.<sup>60-98</sup> PM, Turmac Tobacco Company and Svenska Tobak filed a complaint with the National Board of Health and Welfare alleging that the proposal violated tobacco companies' rights of freedom of expression and property rights as embodied in their trademarks.<sup>99-101</sup> PM argued that the 'purpose of the legislation is to inform about possible health hazards' associated with tobacco use, which was already met by existing text warnings,<sup>99</sup> that the Board had not presented any investigation 'that shows that attention value of the present warning text system has diminished,' and that the pictorial elements were 'misleading from a scientific point of view,' 'purely opinion-influencing' and 'extraordinarily difficult to decipher,' and 'misleading even for this reason.'<sup>99</sup> PM also argued that the proposed GHWLs conflicted with European Community (EC, the precursor to the European Union) Directive 1989/622 regarding tobacco product labelling,<sup>102-103</sup> that only required a warning covering 4% of the pack front.<sup>37</sup> Complying with EC directives was important because Sweden was preparing, together with Finland and

Norway, to apply for EC membership, and the application process required identifying policy areas where harmonisation with EC directives would be necessary. PM led the Finnish National Manufacturer's Association in a meeting with the secretary of the Ministry of Social Affairs in Finland who, despite the Ministry's support of GHWLs, sympathised with the tobacco industry.<sup>104-106</sup> PM aimed to show the Swedish Health Board that Finland and Norway, which considered joining the EC, would oppose changing HWLs before entering the EC.<sup>96</sup>

In January 1991, the Board dismissed the tobacco companies' complaint, concluding there was no conflict between Sweden's membership in the EC and the proposed HWLs.<sup>100-101</sup> The Board obtained similar opinions from Ministries in Norway and Iceland where trade agreements with EC were discussed.<sup>107</sup> Even so, in December the government dropped the planned fifth-generation GHWLs to avoid any question about harmonisation with the EC.<sup>108</sup>

The industry's strategy of claiming EC pre-emption of country-level HWL innovations proved successful. In 1996, Iceland abandoned the GHWLs it adopted in 1985 to harmonise with weaker EC Health Warning Directives.<sup>37-54</sup> Despite expressing interest in fifth-generation HWLs in 1985, Norway's 1995 regulations followed the weaker EC Health Warning

Directive by reducing the label size and colour contrast between text and background, and eliminating the requirement for design according to a given template and a certain font size.<sup>57</sup> Norway abandoned the idea of graphic elements until 2011.

### Breakthrough on fifth-generation GHWLs

In the late 1990s, the Canadian government health agencies, non-governmental organisations, and health professionals began campaigning to increase the size of warning labels and include strong photographs depicting the damage caused by tobacco.<sup>109</sup>

The Canadian Tobacco Manufacturers Council (CTMC) tried to stop the proposed regulations by polishing the industry's public image and launching a major lobbying programme.<sup>110 111</sup> CTMC recognised that 'the Industry's agenda is simply not compatible with that of Canadians'<sup>110</sup> because of the public 'perception that the Industry does not tell the truth'<sup>111</sup> about the health risks, and 'markets its products to youth or, at least, does nothing to discourage it.'<sup>111</sup> In summer 1999, CMTC mounted an advertising campaign claiming that the industry needed to be heard on issues concerning packaging and youth smoking.<sup>111</sup> The industry launched what a 1999 memorandum in PM files described as a 'full blown government relations programme' to lobby government agencies, including 'Revenue, Treasury Board, Finance, Justice, Trade departments and Ministers' offices and the Standing Committee on Health members by CTMC representatives and individual companies.'<sup>110</sup> Despite this pressure,<sup>112-115</sup> in January 2000, the Canadian health minister, with strong support from the health community, announced that he would initiate rulemaking for a regulation to require cigarette companies to devote 50% of the front of the pack to graphic photos of diseased human organs.<sup>116</sup>

In January 2000, the PM corporate affairs director in Australia reported to PM headquarters in New York that the Canadian proposal had been enthusiastically copied there,<sup>117</sup> with leading Australian public health groups urging government to adopt Canadian-style GHWLs. In June 2000, PMI's CEO produced an internal position paper on GHWLs to be distributed to regional PM presidents and corporate affairs heads to oppose proposals in 'Canada and elsewhere' that would supplement written warnings with 'shock' illustrations 'designed to disparage the product and to make the products' packaging repulsive.'<sup>118</sup>

By January 2001, Canadian cigarette packs featured labels with graphic photos of the effects of cancer, making Canada the first country to use graphic photographs on GHWLs.<sup>119 120</sup> GHWLs, together with tax increases, dropped per capita tobacco consumption in Canada by 8.1% from 2001 to 2002.<sup>121</sup>

During negotiations for the FCTC in the early 2000s, the industry initiated Project Cerberus, a worldwide voluntary code for self-regulating tobacco advertising as an alternative to the FCTC,<sup>122</sup> including offering voluntary third-generation HWLs to pre-empt FCTC Article 11, which states that HWLs occupy '50% or more of the principal display areas but shall be no less than 30% of the principal display areas.' To promote self-regulation and corporate social responsibility, BAT produced several 'Social Reports,' which detailed the company's voluntary measures, including HWLs.<sup>123</sup>

The industry built on its successful strategies in Sweden 1991 to oppose GHWLs in Asia and Latin America in the 2000s. In Uruguay, Brazil and Paraguay, the industry litigated to stop or delay GHWLs by claiming they infringed trade agreements.<sup>124</sup> In India, the industry blocked the use of the skull and

crossbones symbol in 2007 by claiming that the skull symbol would be offensive to Muslims.<sup>125</sup> Nevertheless, beginning in 2005 as a result of FCTC implementation, fifth-generation graphic warning labels began to spread (Figure 2), mostly replacing second-generation and fourth-generation HWLs. In 2003, only two countries (Canada and Brazil) had implemented GHWLs. By 2012, this number increased to 49.

### DISCUSSION

The diffusion of HWL innovations illustrates that the tobacco industry approached the issue globally from the very beginning. By contrast, until the FCTC, the health community viewed HWLs as a local issue. In 1985, the multinational tobacco companies began fiercely opposing GHWLs when Iceland first proposed them, because they understood that, in addition to providing information, GHWLs had the potential to disrupt advertising and marketing. They failed to stop Iceland's GHWLs in 1985, but succeeded in Sweden in 1991. This local defeat was a major loss for global public health because these effective warnings were not implemented elsewhere until a decade later in Canada. The tobacco industry was able to block the diffusion of a tobacco control innovation for many years by preventing implementation in one country, which would set a precedent for other countries to follow.

Bad policies can also be exported. The tobacco industry used Iceland's decision to abandon HWLs in 1971 to oppose warning labels in the USA, and the adoption of weak HWL in Sweden in 1991 to neighbouring Finland, Norway and Iceland, and later, Canada.

There are four elements to diffusion: the innovation itself, the communication channels, time and the social context. The industry has acted on each element, using specific approaches—denaturing the innovation by trying to make it meaningless, polluting the communication channels with disinformation, delaying the process, and using propaganda and lobbying to undermine social support for proposed HWLs. The industry also worked to influence the factors that determine the rate of adoption of an innovation, relative advantage by communication tactics that denied the advantage and effectiveness of HWLs, compatibility by convincing people that HWLs are not compatible, for example, with European law: complexity by declaring that printing HWLs in all languages would be a 'tremendous burden'; triability by preventing innovator countries from trying HWLs; blocking the process at its inception (as the industry was trying to do in 2012 with respect to the introduction of plain packaging by Australia); observability by giving a false external presentation of the innovation so that international observers will have a wrong perception of it. Thus, the theoretical framework of diffusion of innovation offers a powerful taxonomy to understand tobacco industry tactics.

The impediments from the tobacco industry can be overcome. After the first HWLs were implemented in the USA, innovative package warnings diffused from small countries to larger ones (table 1). Before the FCTC, the tobacco industry was successful in slowing the diffusion of HWLs using its strategy to move the debate on HWLs from national to international level. This pattern reversed following the FCTC: from 2008 to 2012, the number of countries with large HWLs on the pack front (Generation IV) increased from 43 to 57, and the number with Generation V GHWLs increased from 21 to 49.<sup>24</sup> There has been a surprising degree of policy convergence towards more comprehensive HWLs once industry opposition was overcome in a few countries, to establish effective precedents.

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While the companies vigorously opposed HWLs they thought would be effective, they realised as early as 1970 (refs. 126 127 p. 254) that first-generation HWLs with innocuous messages attributed to health officials (rather than the companies themselves) provided them a substantial benefit: a defence in litigation.<sup>20 21</sup> The companies realised that they could denature HWLs by ‘attributing’ them to a third party, a public health authority, or some piece of legislation. Attribution changes the meaning of the message, by adding one level of indirection to it: rather than being a statement about what smoking does (eg, ‘Smoking causes cancer’) it becomes a statement about what a public health authority says it does (‘Surgeon General Warning: Smoking causes cancer’). Attribution was seen as ‘a major benefit to the industry’,<sup>128</sup> something it lobbies to have added to HWLs,<sup>129</sup> and a necessary condition for the industry’s acceptance of HWLs.<sup>130</sup> While the companies denied that smoking caused disease, they could claim that injured smokers had been warned and assumed the risk of smoking.<sup>131</sup> Between 1971 and 1995, the tobacco companies convinced 17 countries to adopt weak voluntary HWLs. In 1992, PM and other international tobacco companies agreed to place English (foreign) language HWLs on exported cigarettes to 59 developing countries. This strategy delayed implementation of government-mandated HWLs until 2010 when FCTC began to take effect. As of 2012, at least 25 countries still had the industry’s weak voluntary English HWLs dating from 1992.

In the early 1990s, Australia and Canada proposed mandatory plain packaging of cigarettes. In response, the major tobacco companies (BAT, Rothmans, PMI, RJ Reynolds, Imperial Tobacco, Reemtsma, and Gallaher) created the Plain Pack Group, a new coordinated global strategy of collaborating internationally to prevent the diffusion of plain packaging proposals using international treaties to claim violation of their trademark rights.<sup>132</sup> As a result of these scare tactics, both countries withdrew their proposals, thus delaying plain packaging for almost 20 years until Australia enacted plain packaging in November 2011.<sup>133</sup>

## LIMITATIONS

The publicly available tobacco industry documents may not be the complete record of all tobacco industry activities against HWLs, which may limit our knowledge of such activities.

It was not possible to find complete information on the status of HWLs for all countries and years. The uncertainties concern some African and Asian countries, as well as some very small countries where it was difficult to identify the exact year of implementation of various HWL policies. For some countries, the transition period for warning implementation on packages has not been completed as of early 2012 when this paper was written.

## CONCLUSIONS

Diffusion of tobacco control innovations, such as HWLs, has been influenced by the tobacco industry actions at critical junctures where innovations were introduced. The industry has blocked the diffusion of HWL innovations and also tried to set adverse precedents where innovative HWL policies have been replaced by less effective policies. GHWLs are easy to implement and to understand. They could make a major impact especially in multilingual countries, and in countries with high illiteracy, to overcome the problem of not having the warning text in all local languages.<sup>22</sup> The FCTC was followed by an acceleration of HWL innovations. The global diffusion of HWLs since 2005 shows that effective implementation of FCTC labelling provisions can overcome tobacco industry efforts to

blocking effective HWLs both in developed and developing countries, so long as public health forces learn from experiences in other countries, and anticipate industry opposition and deal with it in a forthright manner.

## What is already known on this topic

- ▶ Cigarette health warning labels are a low-cost, effective measure to decrease smoking, and are increasingly effective with graphic images.

## What this study adds

- ▶ The process of introducing cigarette health warning labels is examined using the theory of diffusion of innovations as a conceptual framework.
- ▶ Tobacco companies have prevented and delayed advanced health warning labels by implementing weak voluntary advertising agreements, influencing politicians and the media.
- ▶ While tobacco companies have successfully delayed this diffusion by operating at the international level to prevent innovations in one country from spreading to others, since 2003, the public health community, which used to view health warning labels as a local issue, started viewing diffusion of health warning labels in a global context, a process encouraged by the World Health Organisation Framework Convention on Tobacco Control.

**Acknowledgements** We thank Ashley Sanders-Jackson for independently coding the HWLs (along with HH) and computing the reliability statistic.

**Contributors** HH had the idea for this study and did the initial data collection and prepared the first draft. EC did additional data collection, and SAG worked with them to transform the first draft into the final manuscript.

**Funding** This work was supported by National Cancer Institute grant CA-87472 and the Erkki Poikonen Foundation. The funding agencies played no role in the selection of the specific topic, research or preparation of this paper.

**Competing interests** HH served as an expert witness for a plaintiff in tobacco litigation, *Salminen v Amer Sports Oyj* and *BAT Finland*, in 2008 and in 2009. EC and SAG have nothing to declare.

**Provenance and peer review** Not commissioned; externally peer reviewed.

**Data sharing statement** All tobacco industry documents are freely available at <http://www.legacy.library.ucsf.edu>

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**TC**

# The evolution of health warning labels on cigarette packs: the role of precedents, and tobacco industry strategies to block diffusion

Heikki Hiilamo, Eric Crosbie and Stanton A Glantz

*Tob Control* 2014 23: e2 originally published online October 23, 2012  
doi: 10.1136/tobaccocontrol-2012-050541

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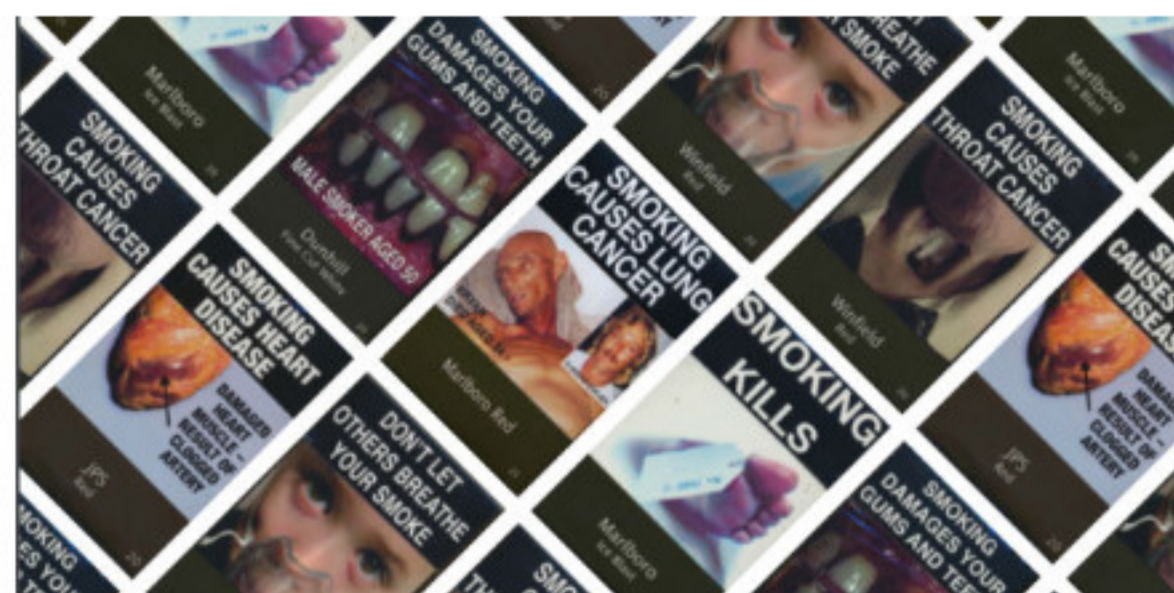


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## Global demand for cigarette graphic warnings grows



Over 100 countries and territories now require cigarette picture health warnings, marking a significant milestone in global public health that will reduce smoking and save lives.

The Canadian Cancer Society (CCS) has released a report ranking 205 countries and territories on the size of their health warnings on cigarette packages, and listing countries and territories that require graphic picture warnings.

The report shows significant global momentum toward plain packaging, with four countries requiring plain packs and 14 working on the measure.

"There is a powerful, worldwide trend for countries to use graphic pictures on cigarette packages to show the devastating health effects of smoking, and to require plain packaging," says CCS's senior policy analyst Rob Cunningham.

Examples of graphic picture warnings include a diseased lung or mouth, a patient with lung cancer in a hospital bed and a child being exposed to secondhand smoke. The report also reveals that many countries have increased the size of picture warnings on cigarette packages – and these larger pictures are known to be more effective.

Cigarette package warnings are a highly cost-effective way to increase awareness of the negative health effects of smoking and to reduce tobacco use. Picture-based warnings convey a more powerful message than a text-only warning, and larger ones increase impact.

**Other report highlights include:**

- 105 countries and territories have finalized picture warning requirements, an increase from the 77 that had implemented these requirements by the end of 2014. In 2001, Canada was the first country to require picture warnings and to require a 50 percent size.
- 58 percent of the world's population is covered by the 105 countries and territories that have finalized picture warning requirements.
- Nepal has the largest warnings in the world with picture warnings covering 90 percent of the package front and back. Vanuatu will also require 90 percent picture warnings in 2017. India and Thailand have the next largest warnings at 85 percent of the front and back.
- 94 countries and territories require warnings to cover at least 50 percent of the package front and back (on average), up from 60 countries in 2014 and 24 in 2008.
- Implementation by most European Union (EU) countries of the new EU requirement for 65 percent picture warnings was an important development contributing to the increase since 2014 in the number of countries requiring picture warnings.

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89,919,018

People have died from tobacco-related diseases since the opening of the first FCTC working group on 28 October 1999.

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## WHO Definitions of Tobacco Industry Tactics

The tobacco industry has historically employed a multitude of tactics to shape and influence tobacco control policy. The World Health Organisation recognised the need to monitor the tobacco industry tactics as essential to public health. The WHO's [Framework Convention on Tobacco Control](#) (FCTC) requires signatories to protect their health policies "from commercial and other vested interests of the tobacco industry". The Framework is the world's first public health treaty negotiated under the auspices of the WHO and signed by over 170 countries around the world.

In 2008, the WHO published a document called *Tobacco industry interference with tobacco control* to assist Member States in implementing the WHO FCTC Article 5.3 guidelines against such interference.<sup>[1]</sup> The report exposed industry tactics and described the spectrum of these practices. In short, the WHO writes:

The tobacco industry has used its economic power, lobbying and marketing machinery, and manipulation of the media to discredit scientific research and influence governments in order to propagate the sale and distribution of its deadly product.

Furthermore, the tobacco industry continues to inject large philanthropic contributions into social programs worldwide to create a positive public image under the guise of corporate social responsibility.

TobaccoTactics is built on the WHO findings while responding to the FCTC call for civil society to play an essential role in monitoring the activities of the tobacco industry.<sup>[2]</sup>

### Tobacco Industry Tactics for Resisting Effective Tobacco Control

The WHO report lists the many strategies used by the industry and its allies to monitor and undermine advances in tobacco control.

The diversity of these strategies demonstrates that the mission to thwart tobacco control is global and based on the broad objective of establishing the industry as 'socially responsible' and a 'partner' with government in tobacco control. There is also evidence of the objective of stopping or weakening policies known to affect sales.

The industry can not only manipulate the media by raising doubt about scientific research, it can also attack public media campaigns by requesting information, pursuing litigation or attempting to limit the audience and restrict the message of the campaign.<sup>[1]</sup>

The WHO list below offers an overview of the range of industry activities, and a short definition. Each tactic is linked to the corresponding page at TobaccoTactics, for further explanation.

#### WHO definitions

Tactic		Goal
<a href="#">Intelligence gathering</a>		To monitor opponents and social trends in order to anticipate future challenges
<a href="#">Public relations</a>		To mould public opinion, using the media to promote positions favourable to the industry
<a href="#">Political funding</a>		To use campaign contributions to win votes and legislative favours from politicians
<a href="#">Lobbying</a>		To make deals and influence political processes
<a href="#">Consultancy</a>		To recruit supposedly independent experts who are critical of tobacco control measures
<a href="#">Funding research, including universities</a>		To create doubt about evidence of the health effects of tobacco use
<a href="#">Smokers' rights groups</a>		To create an impression of spontaneous, grassroots public support
<a href="#">Creating alliances and front groups</a>		To mobilize farmers, retailers, advertising agencies, the hospitality industry, grassroots and anti-tax groups with a view to influencing legislation
<a href="#">Intimidation</a>		To use legal and economic power as a means of harassing and frightening opponents who support tobacco control
<a href="#">Philanthropy</a>		To buy friends and social respectability from arts, sports, humanitarian and cultural groups
<a href="#">Corporate Social Responsibility</a>		To promote voluntary measures as an effective way to address tobacco control and create an illusion of being a 'changed' company and to establish partnerships with health interests
<a href="#">Youth smoking prevention and retailer education programmes</a>	To appear to be on the side of efforts to prevent children from smoking and to depict smoking as an adult choice	
<a href="#">Litigation</a>		To challenge laws and intimidate tobacco industry opponents
<a href="#">Smuggling</a>		To undermine tobacco excise tax policies and marketing and trade restrictions and thereby increase profits
<a href="#">International treaties and other international instruments</a> <sup>ⓘ</sup>		To use trade agreements to force entry into closed markets and to challenge the legality of proposed tobacco control legislation
<a href="#">Joint manufacturing and licensing agreements and voluntary policy agreements with governments</a>		To form joint ventures with state monopolies and subsequently pressure governments to privatize monopolies
<a href="#">Pre-emption</a>		To overrule local or state government by removing its power to act

#### Notes

- <sup>↑</sup> <sup>1.0</sup> <sup>1.1</sup> WHO, [Tobacco industry interference with tobacco control](#) <sup>ⓘ</sup>, 2009, accessed April 2012
- <sup>↑</sup> World Health Organisation, [Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control](#) <sup>ⓘ</sup>: on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry, 2008, p. 9, accessed April 2012

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World Health Organization  
Geneva, Switzerland

**WHO FRAMEWORK CONVENTION  
ON TOBACCO CONTROL**



World Health Organization

WHO Library Cataloguing-in-Publication Data

WHO Framework Convention on Tobacco Control.

1.Tobacco - supply and distribution 2.Tobacco industry - legislation 3.Tobacco smoke pollution - prevention and control 4.Tobacco use cessation 5.Treaties  
I.World Health Organization.

ISBN 92 4 159101 3

(LC/NLM classification: HD 9130.6)

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Printed by the WHO Document Production Services, Geneva, Switzerland.



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## FOREWORD

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first treaty negotiated under the auspices of the World Health Organization. The WHO FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The WHO FCTC represents a paradigm shift in developing a regulatory strategy to address addictive substances; in contrast to previous drug control treaties, the WHO FCTC asserts the importance of demand reduction strategies as well as supply issues.

The WHO FCTC was developed in response to the globalization of the tobacco epidemic. The spread of the tobacco epidemic is facilitated through a variety of complex factors with cross-border effects, including trade liberalization and direct foreign investment. Other factors such as global marketing, transnational tobacco advertising, promotion and sponsorship, and the international movement of contraband and counterfeit cigarettes have also contributed to the explosive increase in tobacco use.

From the first preambular paragraph, which states that the “Parties to this Convention [are] determined to give priority to their right to protect public health”, the WHO FCTC is a global trend-setter.

The core demand reduction provisions in the WHO FCTC are contained in articles 6-14:

- Price and tax measures to reduce the demand for tobacco, and
- Non-price measures to reduce the demand for tobacco, namely:
  - Protection from exposure to tobacco smoke;
  - Regulation of the contents of tobacco products;
  - Regulation of tobacco product disclosures;
  - Packaging and labelling of tobacco products;
  - Education, communication, training and public awareness;
  - Tobacco advertising, promotion and sponsorship; and,
  - Demand reduction measures concerning tobacco dependence and cessation.

The core supply reduction provisions in the WHO FCTC are contained in articles 15-17:

- Illicit trade in tobacco products;
- Sales to and by minors; and,
- Provision of support for economically viable alternative activities.

Another novel feature of the Convention is the inclusion of a provision that addresses liability. Mechanisms for scientific and technical cooperation and exchange of information are set out in Articles 20-22.

The WHO FCTC opened for signature on 16 June to 22 June 2003 in Geneva, and thereafter at the United Nations Headquarters in New York, the Depositary of the treaty, from 30 June 2003 to 29 June 2004. The treaty, which is now closed for signature, has 168 Signatories, including the European Community, which makes it the most widely embraced treaties in UN history. Member States that have signed the Convention indicate that they will strive in good faith to ratify, accept, or approve it, and show political commitment not to undermine the objectives set out in it. Countries wishing to become a Party, but that did not sign the Convention by 29 June 2004, may do so by means of accession, which is a one-step process equivalent to ratification.

The Convention entered into force on 27 February 2005 -- 90 days after it has been acceded to, ratified, accepted, or approved by 40 States. Beginning on that date, the forty Contracting Parties are legally bound by the treaty's provisions. For each State that ratifies, accepts or approves the Convention or accedes thereto after the conditions set out in paragraph 1 of Article 36 for entry into force have been fulfilled, the Convention shall enter into force on the ninetieth day following the date of deposit of its instrument of ratification, acceptance, approval or accession. For regional economic integration organizations, the Convention enters into force on the ninetieth day following the date of deposit of its instrument of formal confirmation or accession.

The global network developed over the period of the negotiations of the WHO FCTC will be important in preparing for the implementation of the Convention at country level. In the words of WHO's Director General, Dr Jong-wook LEE:

"The WHO FCTC negotiations have already unleashed a process that has resulted in visible differences at country level. The success of the WHO FCTC as a tool for public health will depend on the energy and political commitment that we devote to implementing it in countries in the coming years. A successful result will be global public health gains for all."

For this to materialize, the drive and commitment, which was so evident during the negotiations, will need to spread to national and local levels so that the WHO FCTC becomes a concrete reality where it counts most, in countries.

***Preamble***

The Parties to this Convention,

*Determined* to give priority to their right to protect public health,

*Recognizing* that the spread of the tobacco epidemic is a global problem with serious consequences for public health that calls for the widest possible international cooperation and the participation of all countries in an effective, appropriate and comprehensive international response,

*Reflecting* the concern of the international community about the devastating worldwide health, social, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke,

*Seriously concerned* about the increase in the worldwide consumption and production of cigarettes and other tobacco products, particularly in developing countries, as well as about the burden this places on families, on the poor, and on national health systems,

*Recognizing* that scientific evidence has unequivocally established that tobacco consumption and exposure to tobacco smoke cause death, disease and disability, and that there is a time lag between the exposure to smoking and the other uses of tobacco products and the onset of tobacco-related diseases,

*Recognizing also* that cigarettes and some other products containing tobacco are highly engineered so as to create and maintain dependence, and that many of the compounds they contain and the smoke they produce are pharmacologically active, toxic, mutagenic and carcinogenic, and that tobacco dependence is separately classified as a disorder in major international classifications of diseases,

*Acknowledging* that there is clear scientific evidence that prenatal exposure to tobacco smoke causes adverse health and developmental conditions for children,

*Deeply concerned* about the escalation in smoking and other forms of tobacco consumption by children and adolescents worldwide, particularly smoking at increasingly early ages,

*Alarmed* by the increase in smoking and other forms of tobacco consumption by women and young girls worldwide and keeping in mind the need for full participation of women at all levels of policy-making and implementation and the need for gender-specific tobacco control strategies,



## WHO Framework Convention on Tobacco Control

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*Deeply concerned* about the high levels of smoking and other forms of tobacco consumption by indigenous peoples,

*Seriously concerned* about the impact of all forms of advertising, promotion and sponsorship aimed at encouraging the use of tobacco products,

*Recognizing* that cooperative action is necessary to eliminate all forms of illicit trade in cigarettes and other tobacco products, including smuggling, illicit manufacturing and counterfeiting,

*Acknowledging* that tobacco control at all levels and particularly in developing countries and in countries with economies in transition requires sufficient financial and technical resources commensurate with the current and projected need for tobacco control activities,

*Recognizing* the need to develop appropriate mechanisms to address the long-term social and economic implications of successful tobacco demand reduction strategies,

*Mindful* of the social and economic difficulties that tobacco control programmes may engender in the medium and long term in some developing countries and countries with economies in transition, and recognizing their need for technical and financial assistance in the context of nationally developed strategies for sustainable development,

*Conscious* of the valuable work being conducted by many States on tobacco control and commending the leadership of the World Health Organization as well as the efforts of other organizations and bodies of the United Nations system and other international and regional intergovernmental organizations in developing measures on tobacco control,

*Emphasizing* the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts,

*Recognizing* the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts,

*Recalling* Article 12 of the International Covenant on Economic, Social and Cultural Rights, adopted by the United Nations General Assembly on 16 December 1966, which states that it is the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

*Recalling also* the preamble to the Constitution of the World Health Organization, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition,

*Determined* to promote measures of tobacco control based on current and relevant scientific, technical and economic considerations,

*Recalling* that the Convention on the Elimination of All Forms of Discrimination against Women, adopted by the United Nations General Assembly on 18 December 1979, provides that States Parties to that Convention shall take appropriate measures to eliminate discrimination against women in the field of health care,

*Recalling further* that the Convention on the Rights of the Child, adopted by the United Nations General Assembly on 20 November 1989, provides that States Parties to that Convention recognize the right of the child to the enjoyment of the highest attainable standard of health,

*Have agreed*, as follows:

## **PART I: INTRODUCTION**

### ***Article 1*** *Use of terms*

For the purposes of this Convention:

- (a) “illicit trade” means any practice or conduct prohibited by law and which relates to production, shipment, receipt, possession, distribution, sale or purchase including any practice or conduct intended to facilitate such activity;
- (b) “regional economic integration organization” means an organization that is composed of several sovereign states, and to which its Member States have transferred competence over a range of matters, including the authority to make decisions binding on its Member States in respect of those matters;<sup>1</sup>
- (c) “tobacco advertising and promotion” means any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly;
- (d) “tobacco control” means a range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke;
- (e) “tobacco industry” means tobacco manufacturers, wholesale distributors and importers of tobacco products;
- (f) “tobacco products” means products entirely or partly made of the leaf tobacco as raw material which are manufactured to be used for smoking, sucking, chewing or snuffing;
- (g) “tobacco sponsorship” means any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly;

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<sup>1</sup> Where appropriate, national will refer equally to regional economic integration organizations.

**Article 2**

*Relationship between this Convention and other agreements and legal instruments*

1. In order to better protect human health, Parties are encouraged to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law.
2. The provisions of the Convention and its protocols shall in no way affect the right of Parties to enter into bilateral or multilateral agreements, including regional or subregional agreements, on issues relevant or additional to the Convention and its protocols, provided that such agreements are compatible with their obligations under the Convention and its protocols. The Parties concerned shall communicate such agreements to the Conference of the Parties through the Secretariat.

**PART II: OBJECTIVE, GUIDING PRINCIPLES AND GENERAL OBLIGATIONS**

**Article 3**

*Objective*

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

**Article 4**

*Guiding principles*

To achieve the objective of this Convention and its protocols and to implement its provisions, the Parties shall be guided, *inter alia*, by the principles set out below:

1. Every person should be informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke and effective legislative, executive, administrative or other measures should be contemplated at the appropriate governmental level to protect all persons from exposure to tobacco smoke.

2. Strong political commitment is necessary to develop and support, at the national, regional and international levels, comprehensive multisectoral measures and coordinated responses, taking into consideration:
  - (a) the need to take measures to protect all persons from exposure to tobacco smoke;
  - (b) the need to take measures to prevent the initiation, to promote and support cessation, and to decrease the consumption of tobacco products in any form;
  - (c) the need to take measures to promote the participation of indigenous individuals and communities in the development, implementation and evaluation of tobacco control programmes that are socially and culturally appropriate to their needs and perspectives; and
  - (d) the need to take measures to address gender-specific risks when developing tobacco control strategies.
3. International cooperation, particularly transfer of technology, knowledge and financial assistance and provision of related expertise, to establish and implement effective tobacco control programmes, taking into consideration local culture, as well as social, economic, political and legal factors, is an important part of the Convention.
4. Comprehensive multisectoral measures and responses to reduce consumption of all tobacco products at the national, regional and international levels are essential so as to prevent, in accordance with public health principles, the incidence of diseases, premature disability and mortality due to tobacco consumption and exposure to tobacco smoke.
5. Issues relating to liability, as determined by each Party within its jurisdiction, are an important part of comprehensive tobacco control.
6. The importance of technical and financial assistance to aid the economic transition of tobacco growers and workers whose livelihoods are seriously affected as a consequence of tobacco control programmes in developing country Parties, as well as Parties with economies in transition, should be recognized and addressed in the context of nationally developed strategies for sustainable development.
7. The participation of civil society is essential in achieving the objective of the Convention and its protocols.



**Article 5**  
*General obligations*

1. Each Party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention and the protocols to which it is a Party.
2. Towards this end, each Party shall, in accordance with its capabilities:
  - (a) establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control; and
  - (b) adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.
3. In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.
4. The Parties shall cooperate in the formulation of proposed measures, procedures and guidelines for the implementation of the Convention and the protocols to which they are Parties.
5. The Parties shall cooperate, as appropriate, with competent international and regional intergovernmental organizations and other bodies to achieve the objectives of the Convention and the protocols to which they are Parties.
6. The Parties shall, within means and resources at their disposal, cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms.

**PART III: MEASURES RELATING TO THE REDUCTION  
OF DEMAND FOR TOBACCO**

**Article 6**  
*Price and tax measures to reduce the demand for tobacco*

1. The Parties recognize that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons.

2. Without prejudice to the sovereign right of the Parties to determine and establish their taxation policies, each Party should take account of its national health objectives concerning tobacco control and adopt or maintain, as appropriate, measures which may include:

(a) implementing tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption; and

(b) prohibiting or restricting, as appropriate, sales to and/or importations by international travellers of tax- and duty-free tobacco products.

3. The Parties shall provide rates of taxation for tobacco products and trends in tobacco consumption in their periodic reports to the Conference of the Parties, in accordance with Article 21.

### *Article 7*

#### *Non-price measures to reduce the demand for tobacco*

The Parties recognize that comprehensive non-price measures are an effective and important means of reducing tobacco consumption. Each Party shall adopt and implement effective legislative, executive, administrative or other measures necessary to implement its obligations pursuant to Articles 8 to 13 and shall cooperate, as appropriate, with each other directly or through competent international bodies with a view to their implementation. The Conference of the Parties shall propose appropriate guidelines for the implementation of the provisions of these Articles.

### *Article 8*

#### *Protection from exposure to tobacco smoke*

1. Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.

2. Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

**Article 9**

*Regulation of the contents of tobacco products*

The Conference of the Parties, in consultation with competent international bodies, shall propose guidelines for testing and measuring the contents and emissions of tobacco products, and for the regulation of these contents and emissions. Each Party shall, where approved by competent national authorities, adopt and implement effective legislative, executive and administrative or other measures for such testing and measuring, and for such regulation.

**Article 10**

*Regulation of tobacco product disclosures*

Each Party shall, in accordance with its national law, adopt and implement effective legislative, executive, administrative or other measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products. Each Party shall further adopt and implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce.

**Article 11**

*Packaging and labelling of tobacco products*

1. Each Party shall, within a period of three years after entry into force of this Convention for that Party, adopt and implement, in accordance with its national law, effective measures to ensure that:

(a) tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”; and

(b) each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages. These warnings and messages:

(i) shall be approved by the competent national authority,

(ii) shall be rotating,

(iii) shall be large, clear, visible and legible,

(iv) should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas,

(v) may be in the form of or include pictures or pictograms.

2. Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.

3. Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.

4. For the purposes of this Article, the term “outside packaging and labelling” in relation to tobacco products applies to any packaging and labelling used in the retail sale of the product.

### ***Article 12***

#### ***Education, communication, training and public awareness***

Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate. Towards this end, each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote:

(a) broad access to effective and comprehensive educational and public awareness programmes on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke;

(b) public awareness about the health risks of tobacco consumption and exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles as specified in Article 14.2;

(c) public access, in accordance with national law, to a wide range of information on the tobacco industry as relevant to the objective of this Convention;

- (d) effective and appropriate training or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons;
- (e) awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control; and
- (f) public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption.

### *Article 13*

#### *Tobacco advertising, promotion and sponsorship*

1. Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products.
2. Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21.
3. A Party that is not in a position to undertake a comprehensive ban due to its constitution or constitutional principles shall apply restrictions on all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, restrictions or a comprehensive ban on advertising, promotion and sponsorship originating from its territory with cross-border effects. In this respect, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21.
4. As a minimum, and in accordance with its constitution or constitutional principles, each Party shall:
  - (a) prohibit all forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions;



- (b) require that health or other appropriate warnings or messages accompany all tobacco advertising and, as appropriate, promotion and sponsorship;
  - (c) restrict the use of direct or indirect incentives that encourage the purchase of tobacco products by the public;
  - (d) require, if it does not have a comprehensive ban, the disclosure to relevant governmental authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited. Those authorities may decide to make those figures available, subject to national law, to the public and to the Conference of the Parties, pursuant to Article 21;
  - (e) undertake a comprehensive ban or, in the case of a Party that is not in a position to undertake a comprehensive ban due to its constitution or constitutional principles, restrict tobacco advertising, promotion and sponsorship on radio, television, print media and, as appropriate, other media, such as the internet, within a period of five years; and
  - (f) prohibit, or in the case of a Party that is not in a position to prohibit due to its constitution or constitutional principles restrict, tobacco sponsorship of international events, activities and/or participants therein.
5. Parties are encouraged to implement measures beyond the obligations set out in paragraph 4.
6. Parties shall cooperate in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising.
7. Parties which have a ban on certain forms of tobacco advertising, promotion and sponsorship have the sovereign right to ban those forms of cross-border tobacco advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law. This paragraph does not endorse or approve of any particular penalty.
8. Parties shall consider the elaboration of a protocol setting out appropriate measures that require international collaboration for a comprehensive ban on cross-border advertising, promotion and sponsorship.

### ***Article 14***

#### ***Demand reduction measures concerning tobacco dependence and cessation***

1. Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.
2. Towards this end, each Party shall endeavour to:
  - (a) design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments;
  - (b) include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate;
  - (c) establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence; and
  - (d) collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products pursuant to Article 22. Such products and their constituents may include medicines, products used to administer medicines and diagnostics when appropriate.

## **PART IV: MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO**

### ***Article 15***

#### ***Illicit trade in tobacco products***

1. The Parties recognize that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting, and the development and implementation of related national law, in addition to subregional, regional and global agreements, are essential components of tobacco control.
2. Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist Parties in determining the origin of

tobacco products, and in accordance with national law and relevant bilateral or multilateral agreements, assist Parties in determining the point of diversion and monitor, document and control the movement of tobacco products and their legal status. In addition, each Party shall:

- (a) require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: “*Sales only allowed in (insert name of the country, subnational, regional or federal unit)*” or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market; and
  - (b) consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.
3. Each Party shall require that the packaging information or marking specified in paragraph 2 of this Article shall be presented in legible form and/or appear in its principal language or languages.
4. With a view to eliminating illicit trade in tobacco products, each Party shall:
  - (a) monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements;
  - (b) enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes;
  - (c) take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law;
  - (d) adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction; and
  - (e) adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products.

5. Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the Conference of the Parties, in accordance with Article 21.

6. The Parties shall, as appropriate and in accordance with national law, promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products.

7. Each Party shall endeavour to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.

### ***Article 16***

#### ***Sales to and by minors***

1. Each Party shall adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen. These measures may include:

(a) requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors and, in case of doubt, request that each tobacco purchaser provide appropriate evidence of having reached full legal age;

(b) banning the sale of tobacco products in any manner by which they are directly accessible, such as store shelves;

(c) prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors; and

(d) ensuring that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors.

2. Each Party shall prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors.

3. Each Party shall endeavour to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors.

4. The Parties recognize that in order to increase their effectiveness, measures to prevent tobacco product sales to minors should, where appropriate, be implemented in conjunction with other provisions contained in this Convention.
5. When signing, ratifying, accepting, approving or acceding to the Convention or at any time thereafter, a Party may, by means of a binding written declaration, indicate its commitment to prohibit the introduction of tobacco vending machines within its jurisdiction or, as appropriate, to a total ban on tobacco vending machines. The declaration made pursuant to this Article shall be circulated by the Depositary to all Parties to the Convention.
6. Each Party shall adopt and implement effective legislative, executive, administrative or other measures, including penalties against sellers and distributors, in order to ensure compliance with the obligations contained in paragraphs 1-5 of this Article.
7. Each Party should, as appropriate, adopt and implement effective legislative, executive, administrative or other measures to prohibit the sales of tobacco products by persons under the age set by domestic law, national law or eighteen.

#### ***Article 17***

##### *Provision of support for economically viable alternative activities*

Parties shall, in cooperation with each other and with competent international and regional intergovernmental organizations, promote, as appropriate, economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers.

### **PART V: PROTECTION OF THE ENVIRONMENT**

#### ***Article 18***

##### *Protection of the environment and the health of persons*

In carrying out their obligations under this Convention, the Parties agree 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.

## **PART VI: QUESTIONS RELATED TO LIABILITY**

### ***Article 19***

#### ***Liability***

1. For the purpose of tobacco control, the Parties shall consider taking legislative action or promoting their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate.
2. Parties shall cooperate with each other in exchanging information through the Conference of the Parties in accordance with Article 21 including:
  - (a) information on the health effects of the consumption of tobacco products and exposure to tobacco smoke in accordance with Article 20.3(a); and
  - (b) information on legislation and regulations in force as well as pertinent jurisprudence.
3. The Parties shall, as appropriate and mutually agreed, within the limits of national legislation, policies, legal practices and applicable existing treaty arrangements, afford one another assistance in legal proceedings relating to civil and criminal liability consistent with this Convention.
4. The Convention shall in no way affect or limit any rights of access of the Parties to each other's courts where such rights exist.
5. The Conference of the Parties may consider, if possible, at an early stage, taking account of the work being done in relevant international fora, issues related to liability including appropriate international approaches to these issues and appropriate means to support, upon request, the Parties in their legislative and other activities in accordance with this Article.

## **PART VII: SCIENTIFIC AND TECHNICAL COOPERATION AND COMMUNICATION OF INFORMATION**

### ***Article 20***

#### ***Research, surveillance and exchange of information***

1. The Parties undertake to develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control. Towards this end, each Party shall:



- (a) initiate and cooperate in, directly or through competent international and regional intergovernmental organizations and other bodies, the conduct of research and scientific assessments, and in so doing promote and encourage research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke as well as research for identification of alternative crops; and
  - (b) promote and strengthen, with the support of competent international and regional intergovernmental organizations and other bodies, training and support for all those engaged in tobacco control activities, including research, implementation and evaluation.
- 2. The Parties shall establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.
- 3. Parties recognize the importance of financial and technical assistance from international and regional intergovernmental organizations and other bodies. Each Party shall endeavour to:
  - (a) establish progressively a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators;
  - (b) cooperate with competent international and regional intergovernmental organizations and other bodies, including governmental and nongovernmental agencies, in regional and global tobacco surveillance and exchange of information on the indicators specified in paragraph 3(a) of this Article; and
  - (c) cooperate with the World Health Organization in the development of general guidelines or procedures for defining the collection, analysis and dissemination of tobacco-related surveillance data.
- 4. The Parties shall, subject to national law, promote and facilitate the exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the tobacco industry and the cultivation of tobacco, which is relevant to this Convention, and in so doing shall take into account and address the special needs of developing country Parties and Parties with economies in transition. Each Party shall endeavour to:
  - (a) progressively establish and maintain an updated database of laws and regulations on tobacco control and, as appropriate, information about their

enforcement, as well as pertinent jurisprudence, and cooperate in the development of programmes for regional and global tobacco control;

(b) progressively establish and maintain updated data from national surveillance programmes in accordance with paragraph 3(a) of this Article; and

(c) cooperate with competent international organizations to progressively establish and maintain a global system to regularly collect and disseminate information on tobacco production, manufacture and the activities of the tobacco industry which have an impact on the Convention or national tobacco control activities.

5. Parties should cooperate in regional and international intergovernmental organizations and financial and development institutions of which they are members, to promote and encourage provision of technical and financial resources to the Secretariat to assist developing country Parties and Parties with economies in transition to meet their commitments on research, surveillance and exchange of information.

### *Article 21* *Reporting and exchange of information*

1. Each Party shall submit to the Conference of the Parties, through the Secretariat, periodic reports on its implementation of this Convention, which should include the following:

(a) information on legislative, executive, administrative or other measures taken to implement the Convention;

(b) information, as appropriate, on any constraints or barriers encountered in its implementation of the Convention, and on the measures taken to overcome these barriers;

(c) information, as appropriate, on financial and technical assistance provided or received for tobacco control activities;

(d) information on surveillance and research as specified in Article 20; and

(e) information specified in Articles 6.3, 13.2, 13.3, 13.4(d), 15.5 and 19.2.

2. The frequency and format of such reports by all Parties shall be determined by the Conference of the Parties. Each Party shall make its initial report within two years of the entry into force of the Convention for that Party.

3. The Conference of the Parties, pursuant to Articles 22 and 26, shall consider arrangements to assist developing country Parties and Parties with economies in transition, at their request, in meeting their obligations under this Article.

4. The reporting and exchange of information under the Convention shall be subject to national law regarding confidentiality and privacy. The Parties shall protect, as mutually agreed, any confidential information that is exchanged.

### ***Article 22***

#### ***Cooperation in the scientific, technical, and legal fields and provision of related expertise***

1. The Parties shall cooperate directly or through competent international bodies to strengthen their capacity to fulfill the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national tobacco control strategies, plans and programmes aiming at, *inter alia*:

- (a) facilitation of the development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control;
- (b) provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes, aiming at implementation of the Convention through, *inter alia*:
  - (i) assisting, upon request, in the development of a strong legislative foundation as well as technical programmes, including those on prevention of initiation, promotion of cessation and protection from exposure to tobacco smoke;
  - (ii) assisting, as appropriate, tobacco workers in the development of appropriate economically and legally viable alternative livelihoods in an economically viable manner; and
  - (iii) assisting, as appropriate, tobacco growers in shifting agricultural production to alternative crops in an economically viable manner;
- (c) support for appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12;
- (d) provision, as appropriate, of the necessary material, equipment and supplies, as well as logistical support, for tobacco control strategies, plans and programmes;

- (e) identification of methods for tobacco control, including comprehensive treatment of nicotine addiction; and
  - (f) promotion, as appropriate, of research to increase the affordability of comprehensive treatment of nicotine addiction.
2. The Conference of the Parties shall promote and facilitate transfer of technical, scientific and legal expertise and technology with the financial support secured in accordance with Article 26.

## **PART VIII: INSTITUTIONAL ARRANGEMENTS AND FINANCIAL RESOURCES**

### *Article 23* *Conference of the Parties*

1. A Conference of the Parties is hereby established. The first session of the Conference shall be convened by the World Health Organization not later than one year after the entry into force of this Convention. The Conference will determine the venue and timing of subsequent regular sessions at its first session.
2. Extraordinary sessions of the Conference of the Parties shall be held at such other times as may be deemed necessary by the Conference, or at the written request of any Party, provided that, within six months of the request being communicated to them by the Secretariat of the Convention, it is supported by at least one-third of the Parties.
3. The Conference of the Parties shall adopt by consensus its Rules of Procedure at its first session.
4. The Conference of the Parties shall by consensus adopt financial rules for itself as well as governing the funding of any subsidiary bodies it may establish as well as financial provisions governing the functioning of the Secretariat. At each ordinary session, it shall adopt a budget for the financial period until the next ordinary session.
5. The Conference of the Parties shall keep under regular review the implementation of the Convention and take the decisions necessary to promote its effective implementation and may adopt protocols, annexes and amendments to the Convention, in accordance with Articles 28, 29 and 33. Towards this end, it shall:
- (a) promote and facilitate the exchange of information pursuant to Articles 20 and 21;

- (b) promote and guide the development and periodic refinement of comparable methodologies for research and the collection of data, in addition to those provided for in Article 20, relevant to the implementation of the Convention;
  - (c) promote, as appropriate, the development, implementation and evaluation of strategies, plans, and programmes, as well as policies, legislation and other measures;
  - (d) consider reports submitted by the Parties in accordance with Article 21 and adopt regular reports on the implementation of the Convention;
  - (e) promote and facilitate the mobilization of financial resources for the implementation of the Convention in accordance with Article 26;
  - (f) establish such subsidiary bodies as are necessary to achieve the objective of the Convention;
  - (g) request, where appropriate, the services and cooperation of, and information provided by, competent and relevant organizations and bodies of the United Nations system and other international and regional intergovernmental organizations and nongovernmental organizations and bodies as a means of strengthening the implementation of the Convention; and
  - (h) consider other action, as appropriate, for the achievement of the objective of the Convention in the light of experience gained in its implementation.
6. The Conference of the Parties shall establish the criteria for the participation of observers at its proceedings.

#### *Article 24* *Secretariat*

1. The Conference of the Parties shall designate a permanent secretariat and make arrangements for its functioning. The Conference of the Parties shall endeavour to do so at its first session.
2. Until such time as a permanent secretariat is designated and established, secretariat functions under this Convention shall be provided by the World Health Organization.
3. Secretariat functions shall be:
  - (a) to make arrangements for sessions of the Conference of the Parties and any subsidiary bodies and to provide them with services as required;

- (b) to transmit reports received by it pursuant to the Convention;
- (c) to provide support to the Parties, particularly developing country Parties and Parties with economies in transition, on request, in the compilation and communication of information required in accordance with the provisions of the Convention;
- (d) to prepare reports on its activities under the Convention under the guidance of the Conference of the Parties and submit them to the Conference of the Parties;
- (e) to ensure, under the guidance of the Conference of the Parties, the necessary coordination with the competent international and regional intergovernmental organizations and other bodies;
- (f) to enter, under the guidance of the Conference of the Parties, into such administrative or contractual arrangements as may be required for the effective discharge of its functions; and
- (g) to perform other secretariat functions specified by the Convention and by any of its protocols and such other functions as may be determined by the Conference of the Parties.

### ***Article 25***

#### ***Relations between the Conference of the Parties and intergovernmental organizations***

In order to provide technical and financial cooperation for achieving the objective of this Convention, the Conference of the Parties may request the cooperation of competent international and regional intergovernmental organizations including financial and development institutions.

### ***Article 26***

#### ***Financial resources***

1. The Parties recognize the important role that financial resources play in achieving the objective of this Convention.
2. Each Party shall provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes.
3. Parties shall promote, as appropriate, the utilization of bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of



multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition. Accordingly, economically viable alternatives to tobacco production, including crop diversification should be addressed and supported in the context of nationally developed strategies of sustainable development.

4. Parties represented in relevant regional and international intergovernmental organizations, and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention, without limiting the rights of participation within these organizations.

5. The Parties agree that:

(a) to assist Parties in meeting their obligations under the Convention, all relevant potential and existing resources, financial, technical, or otherwise, both public and private that are available for tobacco control activities, should be mobilized and utilized for the benefit of all Parties, especially developing countries and countries with economies in transition;

(b) the Secretariat shall advise developing country Parties and Parties with economies in transition, upon request, on available sources of funding to facilitate the implementation of their obligations under the Convention;

(c) the Conference of the Parties in its first session shall review existing and potential sources and mechanisms of assistance based on a study conducted by the Secretariat and other relevant information, and consider their adequacy; and

(d) the results of this review shall be taken into account by the Conference of the Parties in determining the necessity to enhance existing mechanisms or to establish a voluntary global fund or other appropriate financial mechanisms to channel additional financial resources, as needed, to developing country Parties and Parties with economies in transition to assist them in meeting the objectives of the Convention.

## **PART IX: SETTLEMENT OF DISPUTES**

### ***Article 27***

#### ***Settlement of disputes***

1. In the event of a dispute between two or more Parties concerning the interpretation or application of this Convention, the Parties concerned shall seek through diplomatic channels a settlement of the dispute through negotiation or any other peaceful means of their own choice, including good offices, mediation, or conciliation. Failure to reach agreement by good offices,

mediation or conciliation shall not absolve parties to the dispute from the responsibility of continuing to seek to resolve it.

2. When ratifying, accepting, approving, formally confirming or acceding to the Convention, or at any time thereafter, a State or regional economic integration organization may declare in writing to the Depositary that, for a dispute not resolved in accordance with paragraph 1 of this Article, it accepts, as compulsory, ad hoc arbitration in accordance with procedures to be adopted by consensus by the Conference of the Parties.

3. The provisions of this Article shall apply with respect to any protocol as between the parties to the protocol, unless otherwise provided therein.

## **PART X: DEVELOPMENT OF THE CONVENTION**

### ***Article 28***

#### ***Amendments to this Convention***

1. Any Party may propose amendments to this Convention. Such amendments will be considered by the Conference of the Parties.

2. Amendments to the Convention shall be adopted by the Conference of the Parties. The text of any proposed amendment to the Convention shall be communicated to the Parties by the Secretariat at least six months before the session at which it is proposed for adoption. The Secretariat shall also communicate proposed amendments to the signatories of the Convention and, for information, to the Depositary.

3. The Parties shall make every effort to reach agreement by consensus on any proposed amendment to the Convention. If all efforts at consensus have been exhausted, and no agreement reached, the amendment shall as a last resort be adopted by a three-quarters majority vote of the Parties present and voting at the session. For purposes of this Article, Parties present and voting means Parties present and casting an affirmative or negative vote. Any adopted amendment shall be communicated by the Secretariat to the Depositary, who shall circulate it to all Parties for acceptance.

4. Instruments of acceptance in respect of an amendment shall be deposited with the Depositary. An amendment adopted in accordance with paragraph 3 of this Article shall enter into force for those Parties having accepted it on the ninetieth day after the date of receipt by the Depositary of an instrument of acceptance by at least two-thirds of the Parties to the Convention.

5. The amendment shall enter into force for any other Party on the ninetieth day after the date on which that Party deposits with the Depositary its instrument of acceptance of the said amendment.

***Article 29***

*Adoption and amendment of annexes to this Convention*

1. Annexes to this Convention and amendments thereto shall be proposed, adopted and shall enter into force in accordance with the procedure set forth in Article 28.
2. Annexes to the Convention shall form an integral part thereof and, unless otherwise expressly provided, a reference to the Convention constitutes at the same time a reference to any annexes thereto.
3. Annexes shall be restricted to lists, forms and any other descriptive material relating to procedural, scientific, technical or administrative matters.

**PART XI: FINAL PROVISIONS**

***Article 30***

*Reservations*

No reservations may be made to this Convention.

***Article 31***

*Withdrawal*

1. At any time after two years from the date on which this Convention has entered into force for a Party, that Party may withdraw from the Convention by giving written notification to the Depositary.
2. Any such withdrawal shall take effect upon expiry of one year from the date of receipt by the Depositary of the notification of withdrawal, or on such later date as may be specified in the notification of withdrawal.
3. Any Party that withdraws from the Convention shall be considered as also having withdrawn from any protocol to which it is a Party.

***Article 32***  
***Right to vote***

1. Each Party to this Convention shall have one vote, except as provided for in paragraph 2 of this Article.
2. Regional economic integration organizations, in matters within their competence, shall exercise their right to vote with a number of votes equal to the number of their Member States that are Parties to the Convention. Such an organization shall not exercise its right to vote if any of its Member States exercises its right, and vice versa.

***Article 33***  
***Protocols***

1. Any Party may propose protocols. Such proposals will be considered by the Conference of the Parties.
2. The Conference of the Parties may adopt protocols to this Convention. In adopting these protocols every effort shall be made to reach consensus. If all efforts at consensus have been exhausted, and no agreement reached, the protocol shall as a last resort be adopted by a three-quarters majority vote of the Parties present and voting at the session. For the purposes of this Article, Parties present and voting means Parties present and casting an affirmative or negative vote.
3. The text of any proposed protocol shall be communicated to the Parties by the Secretariat at least six months before the session at which it is proposed for adoption.
4. Only Parties to the Convention may be parties to a protocol.
5. Any protocol to the Convention shall be binding only on the parties to the protocol in question. Only Parties to a protocol may take decisions on matters exclusively relating to the protocol in question.
6. The requirements for entry into force of any protocol shall be established by that instrument.

***Article 34***  
***Signature***

This Convention shall be open for signature by all Members of the World Health Organization and by any States that are not Members of the World Health Organization but are members of the United Nations and by regional economic integration organizations at

the World Health Organization headquarters in Geneva from 16 June 2003 to 22 June 2003, and thereafter at United Nations Headquarters in New York, from 30 June 2003 to 29 June 2004.

### ***Article 35***

#### ***Ratification, acceptance, approval, formal confirmation or accession***

1. This Convention shall be subject to ratification, acceptance, approval or accession by States and to formal confirmation or accession by regional economic integration organizations. It shall be open for accession from the day after the date on which the Convention is closed for signature. Instruments of ratification, acceptance, approval, formal confirmation or accession shall be deposited with the Depositary.
2. Any regional economic integration organization which becomes a Party to the Convention without any of its Member States being a Party shall be bound by all the obligations under the Convention. In the case of those organizations, one or more of whose Member States is a Party to the Convention, the organization and its Member States shall decide on their respective responsibilities for the performance of their obligations under the Convention. In such cases, the organization and the Member States shall not be entitled to exercise rights under the Convention concurrently.
3. Regional economic integration organizations shall, in their instruments relating to formal confirmation or in their instruments of accession, declare the extent of their competence with respect to the matters governed by the Convention. These organizations shall also inform the Depositary, who shall in turn inform the Parties, of any substantial modification in the extent of their competence.

### ***Article 36***

#### ***Entry into force***

1. This Convention shall enter into force on the ninetieth day following the date of deposit of the fortieth instrument of ratification, acceptance, approval, formal confirmation or accession with the Depositary.
2. For each State that ratifies, accepts or approves the Convention or accedes thereto after the conditions set out in paragraph 1 of this Article for entry into force have been fulfilled, the Convention shall enter into force on the ninetieth day following the date of deposit of its instrument of ratification, acceptance, approval or accession.
3. For each regional economic integration organization depositing an instrument of formal confirmation or an instrument of accession after the conditions set out in paragraph 1 of this Article for entry into force have been fulfilled, the Convention shall enter into force on the

ninetieth day following the date of its depositing of the instrument of formal confirmation or of accession.

4. For the purposes of this Article, any instrument deposited by a regional economic integration organization shall not be counted as additional to those deposited by States Members of the organization.

***Article 37***  
***Depositary***

The Secretary-General of the United Nations shall be the Depositary of this Convention and amendments thereto and of protocols and annexes adopted in accordance with Articles 28, 29 and 33.

***Article 38***  
***Authentic texts***

The original of this Convention, of which the Arabic, Chinese, English, French, Russian and Spanish texts are equally authentic, shall be deposited with the Secretary-General of the United Nations.

IN WITNESS WHEREOF the undersigned, being duly authorized to that effect, have signed this Convention.

DONE at GENEVA this twenty-first day of May two thousand and three.



## **Annex 1: WHA 56.1 WHO Framework Convention on Tobacco Control**

The Fifty-sixth World Health Assembly,

Recalling resolutions WHA49.17 and WHA52.18 calling for the development of a WHO framework convention on tobacco control in accordance with Article 19 of the Constitution of WHO;

Determined to protect present and future generations from tobacco consumption and exposure to tobacco smoke;

Noting with profound concern the escalation in smoking and other forms of tobacco use worldwide;

Acknowledging with appreciation the report of the Chair of the Intergovernmental Negotiating Body on the outcome of the work of the Intergovernmental Negotiating Body;<sup>2</sup>

Convinced that this convention is a groundbreaking step in advancing national, regional and international action and global cooperation to protect human health against the devastating impact of tobacco consumption and exposure to tobacco smoke, and mindful that special consideration should be given to the particular situation of developing countries and countries with economies in transition;

Emphasizing the need for expeditious entry into force and effective implementation of the convention,

1. ADOPTS the Convention attached to this resolution;
2. NOTES, in accordance with Article 34 of the Convention, that the Convention shall be open for signature at WHO headquarters in Geneva, from 16 June 2003 to 22 June 2003, and thereafter at United Nations Headquarters in New York, from 30 June 2003 to 29 June 2004;
3. CALLS UPON all States and regional economic integration organizations entitled to do so, to consider signing, ratifying, accepting, approving, formally confirming or acceding to the Convention at the earliest opportunity, with a view to bringing the Convention into force as soon as possible;

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<sup>2</sup> Document A56/INF.DOC./7 Rev.1.

4. URGES all States and regional economic integration organizations, pending entry into force of the Convention, to take all appropriate measures to curb tobacco consumption and exposure to tobacco smoke;
5. URGES all Member States, regional economic integration organizations, observers and other interested parties to support the preparatory activities referred to in this resolution and effectively to encourage prompt entry into force and implementation of the Convention;
6. CALLS UPON the United Nations and invites other relevant international organizations to continue to provide support for strengthening national and international tobacco control programmes;
7. DECIDES to establish, in accordance with Rule 42 of the Rules of Procedure of the World Health Assembly, an open-ended intergovernmental working group that shall be open to all States and regional economic integration organizations referred to in Article 34 of the Convention in order to consider and prepare proposals on those issues identified in the Convention for consideration and adoption, as appropriate, by the first session of the Conference of the Parties; such issues should include:
  - (1) rules of procedure for the Conference of the Parties (Article 23.3), including criteria for participation of observers at sessions of the Conference of the Parties (Article 23.6);
  - (2) options for the designation of a permanent secretariat and arrangements for its functioning (Article 24.1);
  - (3) financial rules for the Conference of the Parties and its subsidiary bodies, and financial provisions governing the functioning of the secretariat (Article 23.4);
  - (4) a draft budget for the first financial period (Article 23.4);
  - (5) a review of existing and potential sources and mechanisms of assistance to Parties in meeting their obligations under the Convention (Article 26.5);
8. FURTHER DECIDES that the Open-ended Intergovernmental Working Group shall also oversee preparations for the first session of the Conference of the Parties and report directly to it;
9. RESOLVES that decisions that had been taken by the Intergovernmental Negotiating Body on the WHO framework convention on tobacco control concerning the participation of nongovernmental organizations shall apply to the activities of the Open-ended Intergovernmental Working Group;

10. REQUESTS the Director-General:

- (1) to provide secretariat functions under the Convention until such time as a permanent secretariat is designated and established;
- (2) to take appropriate steps to provide support to Member States, in particular developing countries and countries with economies in transition, in preparation for entry into force of the Convention;
- (3) to convene, as frequently as necessary, between 16 June 2003 and the first session of the Conference of the Parties, meetings of the Open-ended Intergovernmental Working Group;
- (4) to continue to ensure that WHO plays a key role in providing technical advice, direction and support for global tobacco control;
- (5) to keep the Health Assembly informed of progress made toward entry into force of the Convention and of preparations under way for the first session of the Conference of the Parties.

## **Annex 2: History of the WHO FCTC process**

The idea of an international instrument for tobacco was initiated with the adoption of Resolution WHA 48.11 in May 1995, requesting the Director-General to report to the Forty-ninth Session of the World Health Assembly on the feasibility of developing an international instrument such as guidelines, a declaration, or an international convention on tobacco control.

As a result of Resolution WHA48.11, WHO was requested to draft a feasibility study which was presented by the Director-General to the Ninety-seventh Session of the WHO Executive Board ("The Feasibility of an International Instrument for Tobacco Control" (EB97/INF.DOC.4)). During that same session, the Executive Board adopted Resolution EB97.R8, "International framework convention for tobacco control."

Later that year, the Forty-ninth Session of the WHA adopted Resolution WHA49.17, "International framework convention for tobacco control", requesting the Director-General to initiate the development of a Framework Convention on Tobacco Control. As a result of this resolution, WHO's first treaty-making enterprise was formally launched.

In 1998 newly-elected WHO Director-General, Dr Gro Harlem Brundtland made global tobacco control a priority through the establishment of a Cabinet Project, the Tobacco Free Initiative, to focus international attention, resources and action upon the global tobacco epidemic. New multisectoral partnerships reflecting the nature of the action were developed. More importantly, Dr Brundtland worked with Member States to secure a negotiating mandate for the Framework Convention on Tobacco Control and set about the task of mobilizing public and political opinion in favour of global rules for tobacco control.

In May 1999 the Fifty-second World Health Assembly paved the way for multilateral negotiations on the WHO Framework Convention on Tobacco Control and possible related protocols. Resolution WHA52.18 established two bodies to draft the framework convention, to complete negotiations and to submit the final text for consideration by the Fifty-sixth World Health Assembly. These two bodies included a technical working group to prepare the proposed draft elements of the Framework Convention; and an intergovernmental negotiating body to draft and negotiate the proposed Framework Convention and possible related protocols. Both bodies were open to all Member States and regional economic integration organizations to which their Member States had transferred competence over matters related to tobacco control.

The working group held two sessions in Geneva (25-29 October 1999 and 27-29 March 2000). Its output was a document with provisional texts of proposed draft elements for the Framework Convention, submitted to the Fifty-third World Health Assembly with the comments of the working group<sup>1</sup>. In Resolution WHA53.16, the Health Assembly called upon the Intergovernmental Negotiating Body to commence negotiations with an initial focus

on the draft Framework Convention without prejudice to future discussions on possible protocols, to report progress to the Fifty-fourth World Health Assembly, and to examine the question of extended participation by nongovernmental organizations as observers.

The first session of the Intergovernmental Negotiating Body (Geneva, 16-21 October 2000) was preceded by a public hearing on issues surrounding the Framework Convention. The Director-General convened this hearing in order to provide a forum for the public health community, the tobacco industry and farmers' groups to submit their case; records of the proceedings were made available to the Negotiating Body and, through the WHO web site, to the public. At the first session, Ambassador Celso Amorim of Brazil was elected as Chair, and a bureau was established with Vice-Chairs from Australia, India, Islamic Republic of Iran, South Africa, Turkey and the United States of America. The provisional texts of the proposed draft elements for a WHO Framework Convention on Tobacco Control<sup>2</sup>, which had been prepared by the working group, were accepted as a sound basis for initiating negotiations. Subsequently, Ambassador Amorim prepared a Chair's text of the Framework Convention on Tobacco Control<sup>3</sup>; this first draft was released in January 2001 as a basis for further negotiations at the second session.

A report on participation of nongovernmental organizations in the work of the Negotiating Body was presented to the Executive Board at its 107th session in January 2001<sup>4</sup>. In accordance with the provisions of decision EB107(2) of the Executive Board, the Chairman of the Board acting jointly with the Chairman of the Standing Committee on Non-Governmental Organizations admitted two nongovernmental organizations, the International Nongovernmental Coalition Against Tobacco and Infact, into official relations with WHO as of 26 April 2001<sup>5</sup>.

In further preparation for the second session of the Negotiating Body, regional intersessional consultations were convened in most regions and subregions. Additional regional and subregional intersessional consultations took place in preparation for each of the subsequent sessions of the Negotiating Body.

At the second session of the Negotiating Body (Geneva, 30 April – 5 May 2001), responsibility for consideration of the proposed draft elements was divided between three working groups. The principal output was the set of three Co-Chairs' working papers, an inventory of textual proposals made at the session merged with the Chair's original text. These working papers became the rolling draft text of the Framework Convention.

At the third session (Geneva, 22-28 November 2001), two working groups issued revised texts and Working Group One later drafted a text. These documents were used to further negotiations during the fourth session.

Having taken over as Permanent Representative of Brazil in Geneva in replacement of Ambassador Amorim, Ambassador Seixas Corrêa was elected as Chair of the

Intergovernmental Negotiating Body on the WHO Framework Convention on Tobacco Control during its fourth session (Geneva, 18-23 March 2002).

It was agreed that Ambassador Seixas Corrêa should prepare a new Chair's text, which would form the basis of negotiations during the fifth session of the Negotiating Body (14-25 October 2002). The text was released in July 2002. An international technical conference on illicit trade in tobacco products was hosted by the United States of America at the United Nations Headquarters in New York (30 July – 1 August 2002).

The first four sessions of the Negotiating Body had considered numerous textual alternatives. Concerted deliberations at the fifth session narrowed the options, resulting in more focused negotiations. After a first reading, in plenary, of the new Chair's text, six issues were identified and discussed in open-ended informal meetings: advertising, promotion and sponsorship; financial resources; illicit trade in tobacco products; liability and compensation; packaging and labelling; and trade and health. Informal groups also held discussions on legal, institutional and procedural issues and use of terms. Substantial advances in the negotiations were made and consensus was reached in several areas. On the basis of the outputs of the informal sessions and the intersessional consultations with various delegations and groups of delegations, Ambassador Seixas Corrêa issued a revised Chair's text of a Framework Convention on Tobacco Control on 15 January 2003.

The sixth and final session of the Negotiating Body ran from 17 February - 1 March 2003. The negotiations were intense and broad ranging. Two important issues, advertising, promotion and sponsorship and financial resources, were discussed in two informal groups. At the final plenary meeting, the Negotiating Body agreed to transmit the text to the Fifty-sixth World Health Assembly for consideration for adoption in accordance with Article 19 of the Constitution. It also agreed that the discussion of protocols should be postponed until that Health Assembly, at which there would be time for consideration of the matter. At its final plenary meeting, the Negotiating Body agreed that the Chair of the Negotiating Body should draft a resolution recommending adoption of the WHO Framework Convention on Tobacco Control by the Health Assembly<sup>6</sup>. The final draft of the WHO Framework Convention on Tobacco Control<sup>7</sup> was thus submitted to the Health Assembly for consideration for adoption, pursuant to Resolution WHA52.18.

On 21 May 2003, the 56<sup>th</sup> World Health Assembly, unanimously adopted the WHO Framework Convention on Tobacco Control<sup>8</sup>. The Convention was opened for signature, for a period of one year, from 16 June 2003 to 22 June 2003 at WHO headquarters in Geneva and thereafter at United Nations Headquarters in New York, from 30 June 2003 to 29 June 2004.

The WHO Framework Convention on Tobacco Control is a landmark for the future of global public health and has major implications for WHO's health goals. The conclusion of the negotiating process and the unanimous adoption of the WHO Framework Convention on Tobacco Control, in full accordance with Health Assembly resolutions, represents a milestone



for the promotion of public health and provides new legal dimensions for international health cooperation.

1 *Document A53/12.*

2 *Document A/FCTC/INB1/2.*

3 *Document A/FCTC/INB2/2.*

4 *Document EB107/19.*

5 *Document A/FCTC/INB2/6 Add.1.*

6 *This draft resolution is contained in document A56/8/REV.1.*

7 *See document A56/8, Annex.*

8 *WHO Document WHA56.1*

# **TECHNICAL RESOURCE**

## **FOR COUNTRY IMPLEMENTATION OF WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL **ARTICLE 5.3****

**on the protection of public health policies  
with respect to tobacco control from  
commercial and other vested  
interests of the tobacco industry**



**World Health  
Organization**

### **WHO Library Cataloguing-in-Publication Data**

Technical resource for country implementation of WHO framework convention on tobacco control article 5.3 on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry.

1.Tobacco industry - legislation. 2.Smoking - adverse effects. 3.Smoking - legislation. 4.Tobacco-derived products labelling. 5.Tobacco control campaigns. 6.National health programs. 7.Health policy. I.World Health Organization.

ISBN 978 92 4 150373 0

(NLM classification: HD 9130.6)

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Design and layout by Bernard Sauser-Hall

Printed in

Technical Resource  
for Country Implementation  
of WHO Framework Convention on  
Tobacco Control Article 5.3

on the protection of public health policies with respect to tobacco control  
from commercial and other vested interests of the tobacco industry

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# Introduction

The WHO Framework Convention on Tobacco Control (WHO FCTC)<sup>1</sup> and its Parties acknowledge that the tobacco industry represents a serious threat to the achievement of the Convention's goals and objectives. In fact, Article 5.3 of the WHO FCTC calls on Parties to protect public health policies from the commercial and other vested interests of the tobacco industry. All governmental sectors – including direct administration, with the executive, legislative and judicial branches, as well as indirect and autonomous administration – are bound to comply with Article 5.3.

In 2009, the Conference of the Parties approved by consensus the guidelines<sup>2</sup> to assist Parties in meeting their legal obligations under this article of the WHO FCTC. The Guidelines remind everyone that there is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests. On the one hand, the tobacco industry produces and promotes a product that has been proven scientifically to be highly addictive, to harm and kill many and to give rise to a variety of social ills, including increased poverty. On the other hand, many governments and public health workers try to improve the health of their populations by implementing the measures to reduce the use of tobacco contained in the WHO FCTC. The tobacco industry recognizes the impact of these measures on its sales and actively fights against them. Time and time again it has used its resources to kill off these public health policies, water them down when it cannot stop them altogether, and undermine their enforcement when they are passed.

This technical resource presents information to support the implementation of the Article 5.3 Guidelines by sharing practical action steps and best practices and examples applicable to the implementation of Article 5.3. It also includes links to supporting materials for easy reference. The technical resource should always be used in association with the text of the WHO FCTC and with its Article 5.3 Guidelines.

The target audience of this publication is government authorities and employees at all levels, since the Article 5.3 Guidelines are applicable to all branches and levels of government. It is expected that coordinators and managers of tobacco control programmes will take the lead in the dissemination and application of this technical resource, helping countries to comply with Article 5.3. The technical resource may also be useful to people in academia, nongovernmental organizations and the private sector who are involved in implementation of the WHO FCTC.

All the tobacco industry's tactics and interference with public policy-making are aimed at increasing tobacco consumption and are detrimental to public health.

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1 <http://whqlibdoc.who.int/publications/2003/9241591013.pdf>, accessed 3 May 2012.

2 [http://www.who.int/fctc/guidelines/article\\_5\\_3.pdf](http://www.who.int/fctc/guidelines/article_5_3.pdf), accessed 3 May 2012.



# Section 1.

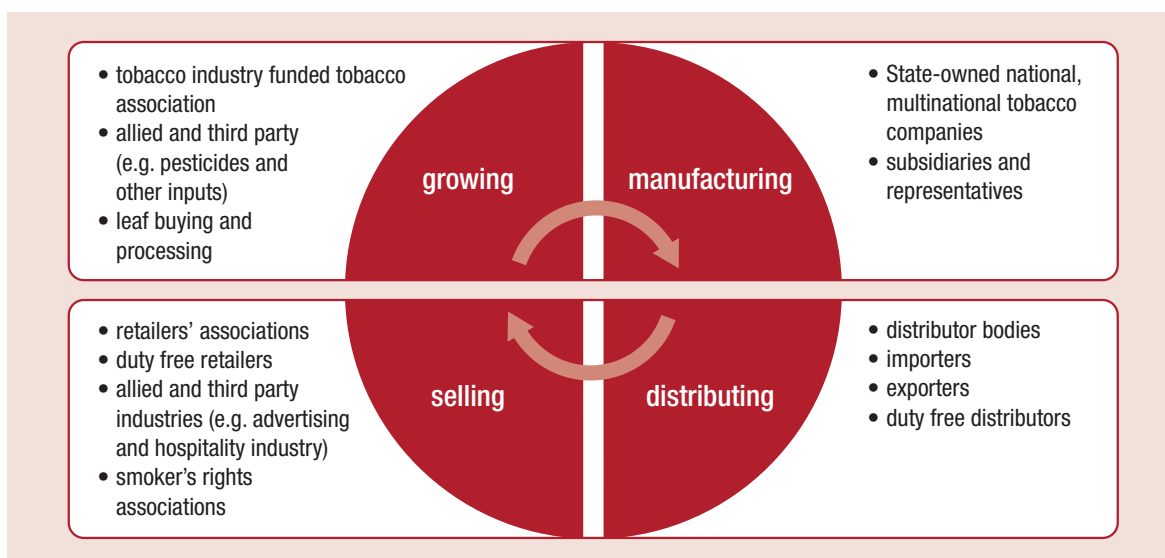
## Who are those that represent the commercial and other vested interests of the tobacco industry?

The commercial and other vested interests of the tobacco industry are represented and defended, above all, by the tobacco industry itself. The WHO FCTC defines the tobacco industry as including “tobacco manufacturers, wholesale distributors and importers of tobacco products”, whether the company is State-owned or privately owned, national or multinational. Experience in countries around the world has shown that the industry uses similar policy interference strategies, whatever the ownership of the company in question.

Commercial and other vested interests of the tobacco industry are not, however, represented only by the tobacco industry. In fact, everyone engaged, directly or indirectly, in the supply chain for tobacco leaf and products has a commercial interest in making a profit out of the sale of tobacco and is likely to resist effective tobacco control measures. Not only tobacco manufacturers, but also wholesale distributors and importers of tobacco products, tobacco leaf growers and processors, retail distributors and sellers of tobacco products form part of the supply chain. Furthermore, other businesses contribute to and profit in part from the sale of tobacco products, including the advertising industry, the media that profit from selling advertising time and space, and the legion of public relations firms and legal firms that work for the tobacco industry and its allies.

Finally, it is important to know that the commercial and other vested interests of the tobacco industry can be represented by front groups,<sup>3</sup> giving the impression that the allies of the tobacco industry are more numerous than they really are or promoting the interests of members of the supply chain more aggressively than the legitimate organizations which represent them. Front groups may include tobacco-industry-funded growers’ associations or retailers’ associations, trade groups related to advertising, some labour unions or the hospitality industry. Thus, when implementing Article 5.3, in addition to the tobacco industry itself as defined by the Framework Convention, Parties need to consider all vested interests that are associated with it. Fig. 1 lists examples of the main organizations, institutions and sectors that have been identified as speaking against tobacco control in the past and therefore must be watched in order to monitor and counter tobacco industry activities and strategies.

Fig. 1. Supply and sale chain, allies, third parties and front groups



<sup>3</sup> Front groups are organizations that purport to serve a public cause while actually serving the interests of a third party, sometimes obscuring or concealing the connection between them.

## Section 2.

### Forms of tobacco industry interference

The scope of the tobacco industry's influence in policy-making is vast in breadth and depth, and covers the entire world. Research demonstrates that tobacco industry strategies are often similar across countries: sharing information on countering industry strategies, as stated in Article 20.4 of the Framework Convention, is an important resource for the implementation of Article 5.3. Table 1 presents six main forms of tobacco industry interference.<sup>4,5</sup>

Table 1. Six main forms of tobacco industry interference

#### Tobacco industry interference

1. Conspiring to hijack the political and legislative process
2. Exaggerating the economic importance of the industry
3. Manipulating public opinion to gain the appearance of respectability
4. Faking support through front groups
5. Discrediting proven science
6. Intimidating governments with litigation or the threat of litigation

The tobacco industry employs a combination of tactics in these various domains to counter public health initiatives. Table 2 provides an overview of the most commonly documented tactics of the tobacco industry for interfering with tobacco control.<sup>6</sup>

4 *Tobacco industry interference with tobacco control*. Geneva, World Health Organization, 2008 ([http://whqlibdoc.who.int/publications/2008/9789241597340\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241597340_eng.pdf), accessed 7 May 2012).

5 National Cancer Institute. *Evaluating ASSIST – a blueprint for understanding state-level tobacco control*. Chapter 8: Evaluating tobacco industry tactics as a counterforce to ASSIST. Tobacco Control Monograph No. 17. Bethesda, MD, United States Department of Health and Human Services, National Institutes of Health, National Cancer Institute (NIH publication No. 06-6058) October 2006 ([http://cancercontrol.cancer.gov/tcrb/monographs/17/m17\\_complete.pdf](http://cancercontrol.cancer.gov/tcrb/monographs/17/m17_complete.pdf), accessed 7 May 2012).

6 *Tobacco industry interference with tobacco control*. Geneva, World Health Organization, 2008 ([http://whqlibdoc.who.int/publications/2008/9789241597340\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241597340_eng.pdf), accessed 7 May 2012).

Table 2. Examples of tobacco industry tactics that interfere with tobacco control

Tactic	Goal
Consultancy	To recruit supposedly independent experts who are critical of tobacco control measures
Corporate social responsibility	To promote voluntary measures as an effective way to address tobacco control, create an illusion of being a “changed” industry and establish partnerships with health and other interests
Creating alliances and front groups	To mobilize, or create the impression of mobilization of farmers, retailers, advertising agencies, the hospitality industry, grassroots and anti-tax groups, with a view to influencing legislation
Funding research, including universities	To create doubt about evidence of the health effects of tobacco use and the economic impact of tobacco control
Intelligence-gathering	To monitor opponents and social trends in order to anticipate future challenges
International treaties and other instruments	To use trade agreements to force entry into closed markets and to challenge the legality of proposed tobacco control legislation
Intimidation	To use legal and economic power as a means of harassing and frightening opponents who support tobacco control
Joint manufacturing and licensing agreements	To form joint ventures with state monopolies and subsequently pressure governments to privatize these monopolies
Litigation	To challenge laws and intimidate tobacco industry opponents through court action
Lobbying	To make deals and influence political processes
Philanthropy	To buy friends and social respectability from arts, sports, humanitarian and cultural groups
Political funding	To use campaign contributions to win votes and legislative favours from politicians
Pre-emption	To achieve the overruling of local or state government by removing its power to act
Programmes for youth smoking prevention and for education of retailers	To appear to support efforts to prevent children from smoking and to depict smoking as an adult choice
Public relations	To mould public opinion, using the media to promote positions favourable to the industry
Smokers’ rights groups	To create an impression of spontaneous, grassroots public support
Smuggling	To undermine tobacco excise tax policies, marketing and trade
Voluntary agreements with governments	To avoid enforced regulatory and legislative measures

In addition to the tactics listed in Table 2, the tobacco industry has the resources, economic motivation and fiduciary responsibility to its stakeholders to do all that is possible to profit from the trade of tobacco and tobacco products, however much its business kills people and damages society. The tobacco industry has worked in concert to weaken international tobacco control and undermine national tobacco control programmes. The evidence for these efforts has been relatively well documented in developed countries,<sup>7</sup> and there is growing evidence of industry interference in low- and middle-income countries.<sup>8</sup> There is also documented evidence of the industry's attempts to derail the negotiation of the WHO FCTC, which were not successful, as well as evidence of the tobacco industry's on-going efforts to hamper implementation of the treaty at the national and regional levels (see Annex 1 for resources and links, with reports and other documents addressing the tobacco industry's interference in the WHO FCTC process).

The tobacco industry reportedly reacted as follows to the approval of the Article 5.3 Guidelines:

*"... We fully agree that the manufacture, distribution and sale of tobacco products should be regulated. But these 'guidelines' raise serious questions about real best practice in policy-making. They are a potential recipe to vilify and marginalise legitimate, tax-paying, regulated businesses, employing thousands of people, and risk forcing tobacco products 'underground' where the illicit, non-taxpaying, unregulated trade is already flourishing ... despite the glamour for 'denormalisation,' exclusion and extremism being promoted by many anti-tobacco activists, many governments seek balanced regulation that is transparent, accountable, proportionate and properly targeted."*<sup>9</sup>

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7 Novotny T, Mamudu H. *Progression of tobacco control policies: lessons from the United States and implications for global action* (Health, Nutrition and Population (HNP) Discussion Paper). Washington, DC, International Bank for Reconstruction and Development/The World Bank, 2008 (<http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/NovotnyPoliticalEconomy.pdf>, accessed 7 May 2012).

8 Lee S, Ling P, Glantz S. The vector of the tobacco epidemic: tobacco industry practices in low and middle-income countries. *Cancer Causes and Control*, 2012:1-13 (<http://dx.doi.org/10.1007/s10552-012-9914-0>, accessed 7 May 2012).

9 Paul Adams, Chief Executive, British American Tobacco ([http://www.bat.com/group/sites/uk\\_\\_3mnfen.nsf/vwPagesWebLive/DO7LLN5U?opendocument&SKN=1](http://www.bat.com/group/sites/uk__3mnfen.nsf/vwPagesWebLive/DO7LLN5U?opendocument&SKN=1), accessed 7 May 2012).

## Section 3.

### Practical steps for implementing the Article 5.3 Guidelines

This section offers practical steps which Parties can take to implement the Article 5.3 Guidelines. They need to take action to comply with both the letter and the spirit of the WHO FCTC to protect health policy against the commercial and other vested interests of the tobacco industry. Article 5.3 affects all other articles and guidelines of the WHO FCTC, and awareness of tobacco industry strategies is essential for full implementation of the rest of the treaty. The cross-cutting nature of Article 5.3 requires that it should be implemented in due consideration of the actions and provisions described in other articles of the WHO FCTC. These include, but are not limited to, the following.

1. Always verify whether a organization, body, group or institution interested in working or cooperating in tobacco control has any affiliation to or link with the tobacco industry (Preamble of the WHO FCTC).
2. Ensure that there is a routine mechanism for screening efforts from the tobacco industry to undermine or subvert tobacco control and for getting information on tobacco industry activities (Preamble).
3. Ensure that the definition of “tobacco industry” is widely known within government sectors (definition, Article 1).
4. Ensure that the tobacco control agenda includes holding the tobacco industry accountable and liable for any damaging practices (Article 4.5).
5. Introduce measures that require the tobacco industry to provide mandatory disclosure of contents and emissions of tobacco products (Article 10).
6. Ensure measures that promote public access to a wide range of information on the tobacco industry (Article 12 and its Guidelines).
7. Check whether a public, private or nongovernmental organization interested in working or cooperating in tobacco control has any affiliation to or link with the tobacco industry (Article 12 and its Guidelines).
8. Ensure that the tobacco industry discloses its expenditure on advertising, promotion and sponsorship. Consider making these figures available to the public (Article 13 and its Guidelines).
9. Gather information on the existing legal mechanisms dealing with civil and criminal liability; gather information on the health damage caused by tobacco and tobacco smoke; gather information on the existing legal action against the tobacco industry (Article 19).
10. Collect and disseminate information on the activities of the tobacco industry which have an impact on tobacco control (Article 20.4.c).
11. Ensure that the exchange of information on practices of the tobacco industry and cultivation of tobacco is promoted and facilitated (Article 20.4.c).

These actions need to be implemented as part of a coordinated approach by all sectors of government and are necessary for the implementation of the Article 5.3 Guidelines. This approach would include an assessment of the existing tobacco industry (growing, processing, manufacturing, etc.) in the country and its strategies. Capacity building and definition of roles is also essential, specifically to determine who will be responsible for implementing and enforcing the required actions. These practical steps are summarized in Box 1 and discussed in more detail below.

Box 1. Proposed framework of action for implementation of Article 5.3 Guidelines

**1. Vision-setting**

**2. Planning**

- a) Know who represents the tobacco industry in the country
  - a.1 Actors in the international and national tobacco production chain
  - a.2 Tobacco industry allies
- b) Know what the industry does
  - b.1 Where to start searching
  - b.2 What the search should cover
- c) Identify tobacco control partners and allies
- d) Know the government structures that address areas of interest to the tobacco industry

**3. Organizing executive action**

- a) Establish legal mechanisms to coordinate Article 5.3 implementation and support tobacco industry monitoring
  - a.1 Disclosure of information and transparency
- b) Coordinate Article 5.3 implementation within the Government and with civil society and the public

**4. Taking action**

- a) Monitor the strategies of the tobacco industry
  - a.1 Marketing mapping
  - a.2 Political mapping
  - a.3 Mapping interference in tobacco-growing regions
  - a.4 Mapping interference from State-owned tobacco companies
- b) Prepare the legal framework and instruments
  - b.1 Establish policies that prohibit any collaboration with the tobacco industry
  - b.2 Establish accountability mechanisms for compliance with Article 5.3 provisions and Guidelines within the government
  - b.3 Set up a firewall between government and the tobacco industry

**5. Including Article 5.3 as a strategic point in tobacco control programmes and plans of action**

**6. Communicating with stakeholders and the public**

**7. Building capacity to implement Article 5.3 provisions and Guidelines**

**8. Monitoring overall Article 5.3 implementation**



## Section 3.1 Vision-setting

Parties should first create their vision of what they want to achieve in relation to the protection of public health policies on tobacco control from the commercial and other vested interests of the tobacco industry. A vision statement answers the question “Where do we want to go?” It articulates dreams and hopes for the country and provides the framework for all strategic planning in this area.

The Guiding Principles of the Article 5.3 Guidelines (pp. 2 and 3) provide a basis for the vision and direction of the Article 5.3 implementation agenda in order to ensure transparency, ethical standards and accountability in interactions with, and the practices of, the tobacco industry.<sup>10</sup> The vision should be set by the government officials who are responsible for the tobacco control agenda at national level with the input of relevant sectors of the government, academia and civil society (but not the tobacco industry or its allies). A multisectoral steering committee or commission that is officially designated to coordinate the implementation of the WHO FCTC might be the ideal forum to establish a vision for the implementation of Article 5.3 and its Guidelines. Countries such as Brazil and Thailand have established such committees. The vision statement should be supported at the highest political level.

An example of a vision statement could be:

*Tobacco control and other public health policies will be adopted and implemented by the government without interference from the tobacco industry or organizations and individuals that work to further the interests of that industry.*

This statement can be supplemented by a list of specific roles, such as:

*To this end, all civil servants and appointed and elected officers of government's branches will:*

- *acknowledge that there is a fundamental and irreconcilable conflict between the tobacco industry's interests and health policy interests;*
- *keep contacts with the tobacco industry or those working to further its interests to a minimum, occurring only in relation to institutional business and always in an accountable and transparent manner;*
- *require the tobacco industry and those working to further its interests to operate and act in a manner that is accountable and transparent;*
- *not grant the tobacco industry incentives to establish or run its businesses;*
- *not engage in partnerships with the tobacco industry or any of its allies;*
- *avoid conflicts of interest for government officials and employees;*
- *work to denormalize the tobacco industry.*

<sup>10</sup> According to the WHO FCTC Implementation Database (<http://apps.who.int/fctc/reporting/database/>, accessed 7 May 2012), 108 Parties have established, or reinforced and financed, a national coordinating mechanism for tobacco control, while 85 have reported having adopted and implemented legislative, executive, administrative or other measures or programmes protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry.

## Section 3.2 Planning

In order to implement the vision, government officers responsible for the tobacco control agenda at national level should plan how to prevent interference by the tobacco industry. For this purpose, mapping and maintaining an updated file of relevant information about the tobacco industry is essential. With a thorough understanding of the tobacco industry presence at country level, the link between the national and the international tobacco business and a clear identification of its influence on tobacco control, the vision can be drawn up and plans can be prepared and implemented. Identifying key partners and allies of the tobacco industry is of utmost relevance, as is identifying the different agencies that undertake activities requiring regular contact with the tobacco industry. Some countries have established advisory or planning groups devoted to implementing and monitoring compliance with Article 5.3 provisions and Guidelines and preparing a plan appropriate to national needs and circumstances. Several steps (outlined below) should be included in the planning process.

### **a) Know who represents the tobacco industry in the country**

The following is a discussion of areas where minimum information is needed to plan for the implementation of Article 5.3. This is an initial step in the establishment of the monitoring process described later in this document.

#### ***a.1 The international and national actors in the tobacco production chain***

An initial mapping of tobacco growers' groups, leaf buyers and processors, manufacturers, wholesale distributors and importers of tobacco products operating in the country is essential to identify the network of key players in the tobacco production chain. These actors are engaged in a legal business and are therefore usually registered as taxpayers (or perhaps as tax-exempt trade associations) and should therefore appear in government records, for example those of the ministry of finance, industry or trade. This information can also be retrieved from specific government reports or the records of a regulatory authority. It is important to determine which businesses are national and which are linked with multinational corporations or conglomerates. In countries with partly or fully State-owned tobacco companies, information may be obtained directly from the government administrative authority in charge of the State-owned tobacco business. However, in these countries, multinationals or other private businesses are often involved as well; these need to be mapped and the relationship between these businesses and the State-owned company should be established.

#### ***a.2 Tobacco industry allies***

It is also relevant to identify the groups and businesses that might act as front groups or allies of the tobacco industry. These groups are mobilized to obstruct, change or delay tobacco control policies, and their role is closely tied to specific measures proposed by the government. It is important to note that the links between these groups and the tobacco industry are often not obvious or transparent; in some instances, groups may not be aware that they are being manipulated by the tobacco industry. Box 2 provides examples of entities that have reportedly defended industry interests in the past in various countries – often, these are groups not directly related to tobacco. Usually, implementing tobacco control measures and regulations leads to reactions from these groups that can then be identified and monitored as part of a monitoring strategy for the tobacco industry.

## Box 2. Examples of tobacco industry allies

- Hospitality (bar, restaurants, hotels)
- Gambling and gaming
- Advertising
- Packaging
- Transport
- Chemical production
- Tobacco retailing
- Agriculture suppliers
- Tobacco growers' associations
- Labour unions
- Investment advisers
- Recipients of tobacco sponsorship
- Recipients of tobacco research funds

Box 3 provides a list of characteristics of a front group that may make such groups easier to recognize.

## Box 3. How to recognize a front group

A front group typically has some (but not necessarily all) of the following characteristics.

1. Engages in actions that consistently and conspicuously benefit the tobacco industry.
2. Avoids mentioning its main sources of funding. Note that this does not necessarily mean absolute concealment of sponsorship. Some front groups do indeed go to great lengths to conceal their origins, funders and personnel links to sponsors. However, the likelihood that these will be exposed anyway, with embarrassing consequences for a group's credibility, has led many companies and their sponsored organizations to opt for a strategy of selective disclosure, in which funders are mentioned in an annual report or other obscure publication, but are not mentioned in the communications that reach the largest audience.
3. It is set up by and/or operated by another organization (particularly a public relations, legal or consultancy firm).
4. Effectively shields a third party from liability / responsibility / culpability.
5. Diverts the debate about an issue to a new or suspiciously unrelated topic (e.g. second-hand smoke as an issue of property rights or personal freedom).
6. Has a misleading name that disguises its real agenda, such as "smoker's rights association". Sometimes a front group's name may seem to suggest academic or political neutrality ("Consumers' Research", "Policy Centre") while, in fact, it consistently churns out opinions, research, surveys, reports, polls and other declarations that benefit the interests of the tobacco industry.
7. Has the same address or phone number as a sponsoring corporation, or a similar group that has since disbanded or been forced out of business by exposure, lawsuits, etc.
8. Consists of a group of vocal "esteemed" academic "experts" who go on national tours, put on media events, give press conferences, seminars or workshops, attend editorial board meetings around the country, etc., who ordinarily would not be likely to have the budget or financing to carry out such events.
9. Claims repeatedly in communications that it is "independent", "esteemed", "credible", etc.
10. Has remarkably low individual membership fees, or free membership. Front groups typically need individual members to bolster their claims of being a "grassroots" organization. They need these individuals' representation more than their money – since they are already well-funded by corporations – so individual dues will typically be very low, while group or corporate dues are much higher.

## **b) Know what the tobacco industry does**

Having a clear picture of tobacco industry positions, plans and strategies in your own country, in other countries and internationally is the second step in understanding the setting in which Article 5.3 will be implemented. This identification process should take place in parallel with the implementation of the WHO FCTC and guidelines.

### ***b.1 Where to start searching***

Information can be found both in the tobacco industry's own materials and in other sources, especially interest groups related to the tobacco industry, such as financial analysts, as well as the government, academia, nongovernmental organizations and the media. Searching the Internet is one of the most simple and inexpensive ways of assessing and monitoring the activities of the tobacco industry and its partners.

#### *b.1.i Tobacco industry own materials*

- *Web site:* In general, companies have a Web site that can be consulted and provide some links to allies' Web sites. A simple search on the Internet can provide the link of the tobacco company sites in the country. Shareholders and investment groups' Web sites can also be consulted.
- *Publications, annual reports:* Regular publications, trade publications, newsletters and promotional materials can be important sources of information and may be available both in electronic and printed media.
- *Internal tobacco industry documents from depositories and related research studies:* Tobacco industry internal documents can be searched in the online archives that were made available to the public as a result of legal action. A practical manual on searching the industry documents is available,<sup>11</sup> as well as tutorials on the online archives.<sup>12</sup> There are several reports and academic studies on the tobacco industry internal documents that can be used as well.<sup>13</sup>

#### *b.1.ii Information on the tobacco industry from other sources*

Other sources of information are relevant when collecting information about the tobacco industry. Relevant information can be collected from the Internet, printed media and other sources. They include inquiries, reports from civil society, peer-reviewed scientific articles and specialized publications. Below are a few examples of possible sources of information. These vary from country to country depending on the political structure and the nature of the tobacco trade.

- *Government agencies:* Government agencies that collect taxes or regulate tobacco manufacture and trade usually have information about the tobacco industry (online or in print). This includes public records from regulatory authorities. In Brazil, for example, information is gathered on a regular basis about tobacco products available on the market (Box 4).

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11 *The tobacco industry documents. What they are, what they tell us, and how to search them. A practical manual*, 2nd ed. Geneva, World Health Organization, ([http://www.who.int/tobacco/publications/industry/TI\\_manual\\_content.pdf](http://www.who.int/tobacco/publications/industry/TI_manual_content.pdf), accessed 7 May 2012).

12 Legacy Tobacco Documents Library (<http://legacy.library.ucsf.edu/>, accessed 7 May 2012).

13 A listing is available on the Web site of the University of California, San Francisco (<http://www.library.ucsf.edu/tobacco>, accessed 7 May 2012).

## Box 4. Brazil's ANVISA: information gathered annually

Brazil's National Health Regulatory Agency, ANVISA, is responsible for the regulation of tobacco products. By virtue of resolution RDC 320/199911, ANVISA determines mandatory registration of all tobacco products manufactured in, imported into and exported from Brazil. The tobacco industry is required to submit annual reports that identify and list by brand all ingredients and additives used in every tobacco product manufactured in the country. ANVISA has a Tobacco Products Management Unit whose tasks include:

- monitoring the submission of annual reports by the tobacco industry and managing the database which collects information on tobacco products (RDC 320/199911, ANVISATAB);
- guiding the tobacco industry on registration mechanisms and procedures to comply with existing legislation;
- informing the public about government tobacco control action;
- monitoring companies which do not comply with existing legislation and penalizing those which violate Brazil's tobacco laws; the results of the annual registration are updated and posted on ANVISA's Web site, under the heading of cigarettes or other tobacco products (cigars, cigarillos, tobacco for pipes, tobacco for water pipes, snuff) – an important source of information on the legal market and companies for various sectors and levels of government.

- *Government officials and political parties:* The tobacco industry has supporters in government at national and subnational levels, often in – although not limited to – the agrobusiness and trade areas. Elected representatives working to further tobacco industry interests can be recognized by their defence of tobacco industry positions. Identifying industry supporters within the legislative branch and monitoring their activities can provide useful information for mapping tobacco industry strategies. Political parties that accept contributions and donations from the tobacco industry should also be identified, and their conflict of interest with regard to the tobacco control agenda should be made public. Many countries have strategies to address transparency in this regard. For example, in Canada, lobbying at the federal level is regulated under the Lobbyists Registration Act (see Annex 2), and it is illegal for corporations of any kind to make political campaign contributions for electoral purposes. Furthermore, the Lobbyists Registration Act introduced a requirement that consultant lobbyists (e.g. those for tobacco-related activities) file a return with the Commissioner of Lobbying if they communicate with a designated public office holder (DPOH) in certain circumstances. The associated register can be searched by anyone through a publicly accessible Web site. Mapping the public positions of representatives of other branches of government can also be useful.
- *Growers' associations, trade unions and chambers of commerce:* Groups related to the tobacco production chain, from growing to manufacturing and distribution, can provide relevant information on tobacco industry strategies. These groups include industry-funded tobacco growers' groups, trade unions and retail chambers of commerce.
- *Front groups:* Groups that are also allies of the tobacco industry (see Box 3), such as those in the hospitality sector, can provide relevant information on the strategies of the tobacco industry, especially in relation to common projects, e.g. opposition to smoke-free laws which implement Article 8 of the WHO FCTC. Other groups that can be monitored include sites and communication materials from lobbyists, legal advisers and consultants, think tanks, advertising agencies and smokers' rights groups.

- *Print, images and electronic media:* Articles and interviews, paid-for media and entertainment media should be included in routine screening of tobacco industry activities. Examples of industry activities that can be tracked in the media can be found in the WHO Tobacco Industry Monitoring database.<sup>14</sup> Other sources include talk shows, especially on political and economic subjects, social media sites and proceedings of trade congresses.

### ***b.2 What the search should cover***

Relevant information to be used for planning purposes and to be shared with tobacco control groups includes tobacco industry strategies and actions for interfering with the policy-making process, the names of chief executive officers, members of boards of directors and other decision-makers in the tobacco industry, the names of key groups that further the industry's interests and the activities of legislators who support their cause. Key information and all links to Web sites of the tobacco industry and its supporters should be collected, listed and made publicly available. This includes information and links for international tobacco industry activities.

A dedicated “tobacco industry watch” Web site would be useful to provide regular information. This site could be created by the governmental tobacco control programme or in partnership with a nongovernmental organization or academia.

### **c) Identify tobacco control partners and allies**

Identifying partners and allies in implementing Article 5.3 is crucial, as noted in the Article 5.3 Guidelines. Parties may consider all traditional public or governmental agencies and nongovernmental organizations that play a significant role in the tobacco control movement, and may also consider new allies, for example: governmental agencies and nongovernmental organizations focused on human rights or, more specifically, women's and children's rights, or on environmental protection or non-health professional associations. The hospitality sector and other businesses may become allies if they are regularly briefed and informed of the benefits of tobacco control interventions for their businesses.

It is important to go beyond the health sector and find out whether multisectoral resources exist and should be included. For example, the governmental office of ethical conduct could be a partner in ensuring that a code of conduct is applied, if one exists or is being developed, that it includes the disclaimer of conflict of interests and is disseminated to all governmental sectors and agencies, including the ministries of labour, trade, justice, finance and communications.

Cooperation between government and civil society is essential in monitoring and countering tobacco industry interference by means of sound tobacco control measures, especially since civil society is in a privileged position to ensure that information about the tobacco industry is collected on a regular basis and is clearly and promptly disseminated to stakeholders and the public. Ongoing initiatives by nongovernmental organizations should be identified as well. Several nongovernmental organizations maintain Web sites with tobacco industry monitoring components (Box 5). Annex 1 provides a list of additional resources.

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<sup>14</sup> <http://www.who.int/tobacco/industry/monitoring/en/index.html>, accessed 7 May 2012.



## Box 5: Examples of Web sites with tobacco monitoring information from nongovernmental organizations\*

- Ash Australia:  
[http://www.ashaust.org.au/v3/action\\_accountability.htm](http://www.ashaust.org.au/v3/action_accountability.htm)
- Tobacco Control Alliance, Brazil:  
<http://actbr.org.br/>
- Southeast Asia Tobacco Control Alliance:  
<http://www.seatca.org/>
- Corporate Accountability International, United States of America:  
<http://www.stopcorporateabuse.org/tobacco-campaign>
- Campaign for Tobacco-Free Kids, United States of America:  
[http://www.tobaccofreekids.org/what\\_we\\_do/industry\\_watch/](http://www.tobaccofreekids.org/what_we_do/industry_watch/)
- Action on Smoking and Health, United Kingdom:  
<http://www.ash.org.uk/>

\* All sites accessed 7 May 2012.

In several countries, the role of disseminating tobacco industry-related information to the public, media, government employees and elected officials falls upon civil society, which develops and or disseminates research and advocacy materials informing about industry tactics. Civil society also has an important watchdog role in attending meetings between tobacco industry representatives and elected officials and civil servants, particularly at times where tobacco control measures are being debated in the legislature or considered for implementation.

Several countries report that they have provided public access to tobacco industry information, and work in partnership with nongovernmental organizations to inform the public, the media and policy-makers.<sup>15</sup> Canada is one such country. In Germany, a tobacco products database is available on the Web site of the Federal Ministry of Food, Agriculture and Consumer Protection.<sup>16</sup> In Thailand, governmental and non-governmental organizations collaborate to provide the public with information on tobacco industry activities through publications, a Web site, meetings and the media (press releases, press conferences). In Hungary, the National Institute for Health Development Web site provides information on tobacco industry strategies and tactics designed to interfere with public health.<sup>17</sup>

#### d) Know the government structures that address areas of interest to the tobacco industry

It is essential for a coordinating unit or focal point on Article 5.3 to identify and receive regular information from governmental agencies which are responsible for coordination and regulation of activities that affect the tobacco industry's business or are of interest to the tobacco industry. They include the finance and trade authorities. In countries that manufacture tobacco products, labour and industry authorities are equally relevant. In countries that grow tobacco, agriculture and agrarian development authorities are usually in charge of regulating agrobusiness initiatives. In countries with a State-owned company, it is important to map out the governmental structure in charge of the tobacco industry and the decision-making and reporting lines in place. An additional area of monitoring is to identify government investment in the privately-owned tobacco industry. Countries that have large stakes in privately owned domestic or multinational tobacco companies may be in conflict when implementing the Article 5.3 Guidelines, which recommend divestment from direct interests in the tobacco industry. For example, the Norwegian Parliament has passed ethical standards that determine that Government Pension Fund Global (GPF) can no longer invest in the tobacco industry.<sup>18</sup>

15 WHO FCTC Party reports ([http://www.who.int/fctc/reporting/party\\_reports/en/index.html](http://www.who.int/fctc/reporting/party_reports/en/index.html), accessed 7 May 2012).

16 German Federal Ministry of Food, Agriculture and Consumer Protection ([http://service.ble.de/tabakerzeugnisse/index2.php?site\\_key=153&site\\_key=153](http://service.ble.de/tabakerzeugnisse/index2.php?site_key=153&site_key=153), accessed 7 May 2012).

17 Hungarian National Institute for Health Development (<http://color.oefi.hu/konyv.htm>, accessed 7 May 2012).

18 Norwegian Ministry of Finance. Ansvarlig forvaltning av oljeformuen [New guidelines on responsible investment practices in the Government Pension Fund Global (GPF)] (<http://www.regjeringen.no/en/dep/fin/press-center/Press-releases/2010/Newguidelines-Pension-Fund-Global-GPF.html?id=594246>, accessed 7 May 2012).

## Section 3.3 Organizing executive action

### a) Establishing legal mechanisms to coordinate Article 5.3 implementation and support the tobacco industry monitoring process

Just as governments regulate other consumer products such as drugs, foods and pesticides, a governmental authority should be charged with regulating tobacco. Ultimately, a regulatory authority will provide a legal framework for monitoring the tobacco industry presence in the market and ensuring compliance with existing tobacco control regulation and legislation.

#### *a.1 Disclosure of information and transparency in conduct*

A regulatory authority can be empowered by law to mandate the tobacco industry to provide regular and relevant information about tobacco production, marketing, trade and old and new products and brands on the market, as proposed by the Article 5.3 Guidelines.

The structure of an authority to regulate tobacco products depends on the structure of the government. Brazil, the United States of America, the Philippines and Mexico have health regulatory agencies that regulate tobacco products as part of their mandate. In Turkey, a specific authority has been established for alcohol and tobacco. Other countries like Canada, Norway and Japan rely on the ministry of health to regulate tobacco products. In all cases, these regulatory authorities must meet the tobacco industry regularly; this communication cannot be avoided, so it must be controlled by a clear code of conduct. As per the Article 5.3 Guidelines, Parties should interact with the tobacco industry only when strictly necessary and only to the extent necessary to enable them to regulate the tobacco industry and tobacco products effectively. Where interactions with the tobacco industry are necessary, they should be conducted transparently and, whenever possible, in public (e.g. public hearings, public notice of interactions, disclosure of records of such interactions to the public). Thus, while some interactions are necessary, clear guidance on how and when any public official should interact with the tobacco industry is an essential component of implementation of Article 5.3. Several models exist (Table 3).

A few governments require the tobacco industry to disclose limited information on lobbying activities, campaign contributions, advertising and promotional expenditures (e.g. the United States of America), smoke emissions and additives (e.g. Canada), demonstrating that this is an invaluable mechanism for collecting relevant information on new marketing strategies and trends of products offered to consumers. For example, in its Law on Tobacco Control, the Lao People's Democratic Republic obliges the tobacco industry to comply with principles of transparency (see Annex 3).

Table 3. Examples of countries with established guidelines for interaction with the tobacco industry

Country	Guideline
Australia	Meetings held between the Australian Department of Health and Ageing and the tobacco industry are notified on the Australian Government Web site.
Canada	The primary channels of communication between government and the tobacco industry are limited to (i) technical discussions as required by national law with regard to both health and tax-related regulations and (ii) litigation-related responses, as required by national law and practice.
Finland	Interaction with the industry is limited mainly to open requests for comment.
Mexico	The public has access to details on meetings between government and the tobacco industry through the Instituto Federal de Acceso a la Información (Federal Institute for Access to Information).
Panama	All meetings between the Ministry of Health and the tobacco industry take place on the premises of the Comisión Nacional para el Estudio del Tabaquismo (National Commission for the Study of Tobacco Use) and the meetings are minuted.
Philippines	Adopted a policy limiting health department interaction with the tobacco industry.
Singapore	The Health Promotion Board has guidelines governing interaction with the tobacco industry. Meetings are minuted and discussions follow a previously agreed agenda.
Thailand	The Department of Disease Control of the Ministry of Public Health issued a regulation on how to interact with the tobacco industry, “in order to prevent the sanction of public policy on tobacco control by tobacco entrepreneurs and related persons, and to determine measures for contacting and coordinating with tobacco entrepreneurs and related persons to ensure transparency”. All correspondence is recorded, discussions follow a previously agreed agenda, and meetings are minuted and made public.

Note: While these measures represent progress, most apply only to health departments’ interactions with the tobacco industry, whereas the Article 5.3 Guidelines should be applied to all governmental sectors which interact with the tobacco industry.

Additionally, several countries have codes of conduct for civil servants, which could be applied to the implementation process for Article 5.3.<sup>19</sup>

At the intergovernmental level, WHO has distributed Organization-wide *Guidelines for responding to requests made by the tobacco industry to meet with WHO* (see Annex 4) to ensure the integrity of health policy development at any WHO meeting.

WHO has published a guide on identifying conflicts of interest between its Collaborating Centres and the tobacco industry, as well as a declaration of interests for experts providing consultation services for WHO (see Annexes 5 and 6). As per the Article 5.3 Guidelines, Parties should ensure that such conflict-of-interest disclosures are included in the bidding and contractual process with all companies and groups with whom the government does business.

<sup>19</sup> For one example, see the Code from New Zealand available at <http://www.ssc.govt.nz/code>, accessed 7 May 2012.

### **b) Coordinating Article 5.3 implementation within the government and with civil society and the public**

It is fundamental to identify a focal point in the government with a mandate to integrate initiatives from different sectors to ensure that Article 5.3 is implemented and that a firewall is established between the government and the tobacco industry. It is also important to identify the agency or institution that will be in charge of monitoring tobacco industry activities and strategies and will disseminate information regularly to tobacco control stakeholders. The Article 5.3 focal point and the agency or institution in charge of monitoring tobacco industry activities (which may or may not be the same, but should coordinate closely in any case) could link to, or be part of, an interagency or interministerial advisory group or steering committee, such as the ones established in many countries in order to implement the WHO FCTC.

The focal point can engage in consultations with and within the government and with civil society to collect information from governmental agencies engaging in direct tobacco-related activity and all others, and provide feedback and guidance on ways of preventing tobacco industry interference and ensuring compliance with Article 5.3.

## **Section 3.4** Taking action

According to Article 5.2.b of the WHO FCTC, every Party has the obligation to adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke. A tobacco control act usually includes provisions regulating the manufacture, distribution and marketing of tobacco products, as well as other specific provisions for protecting public health (e.g. comprehensive bans on indoor smoking, tobacco advertising, promotion, sponsorship, etc.). When considering these legislative, executive, administrative and/or other measures, Parties need to take into account Article 5.3 and the recommendations included in its Guidelines. Some of these considerations are discussed below. Additionally, some Parties may need to adopt legislation to ensure that all sectors of government comply with all recommendations of the Article 5.3 Guidelines.

### **a) Monitoring the strategies of the tobacco industry**

When Parties possess the necessary information about the tobacco industry presence in the country, with the links and other background materials listed above, they can identify the different strategies used by the tobacco industry and monitor its activities regularly. The Article 5.3 Guidelines recommend that Parties institute measures whereby the tobacco industry is required fully to disclose its activities and the amount it spends on each activity.

In Canada, the tobacco industry must report to the Government on its research and marketing activities under regulations of the Tobacco Act. Public access to information about the tobacco industry which is reported to the Government is controlled by these regulations and by the Access to Information Act and Privacy Act, which take into consideration confidential business information, among other things. Table 4 provides suggestions for setting up industry monitoring in some areas, but Parties should identify any additional areas which need to be monitored.

Table 4. Monitoring of tobacco industry strategies and interference

<b>a) Marketing mapping</b>		
	Examples of information gathered	Examples of sources of information
1. Price marketing strategies	Interference with tax and price policies, price promotions, distribution of free samples, etc.	Finance ministry Web site, regulatory agency Web site, point-of-sale information sheets and advertisements, Google, media news
2. Product marketing strategies	Interference with product regulation, new product designs, new brands	Regulatory initiatives in the legislative authority or regulatory agency, industry Web sites, advertising agencies, newspapers, search engines
3. Placement marketing strategies	Interference with placement regulation, media news about interference, placement promotion strategies	Retailers' Web sites, industry Web sites, advertising agency Web sites
4. Publicity marketing strategies	Interference with legislation banning tobacco advertising, promotion and sponsorship, industry arguments and marketing strategies in countering tobacco control measures	Advertising agencies Web sites, media news, Google, corporate marketing
<b>b) Political mapping</b>		
1. Legislators, ministries, judges and other authorities	Government and elected officials funded by the industry; activities in legislative authority and government; key parliamentarians, judges and government officials favouring the tobacco industry	Congress and parliamentarians' Web sites, government Web sites, media, Google
2. Organizations receiving contributions from the tobacco industry	Who, where and what has been funded; use of arguments by front groups to oppose tobacco control measures	Web sites, university or charity Web sites, tobacco industry, media, political party information, seminars and meetings on selected topics
<b>c) Mapping of tobacco-growing regions</b>		
	Types of information conveyed to tobacco growers, how they are reacting to tobacco control measures; key players on the side of the tobacco industry	Tobacco-growing region Web sites, tobacco growers' associations, tobacco industry Web sites, Google, media, interviews with tobacco growers
<b>d) Mapping of State-owned tobacco companies</b>		
	Influence of the tobacco sector on tobacco control measures; key players who promote misleading information	Government Web site (trade sector), transnational tobacco companies' Web sites, Google

## **b) Preparing the legal framework and instruments**

### ***b.1 Establishing policies prohibiting any collaboration with the tobacco industry***

Any government initiatives that do not comply with Article 5.3 should be identified, specifically relating to provisions in formal and informal agreements or collaboration with the tobacco industry, including State-owned tobacco companies. This includes collaborations that may not be perceived as being in flagrant opposition to Article 5.3 provisions and Guidelines, such as endorsement of industry-funded youth programmes, scholarship initiatives, etc. Also policies that make compliance with Article 5.3 provisions and Guidelines mandatory should be introduced as part of the code of conduct of public servants, policy-makers, decision-makers and dignitaries. This includes the disclosure and management of conflicts of interest (including a Conflict of Interest form for governmental meetings, government employees and elected officials) and policies for any sort of interaction with the tobacco industry or any entity working to further its interests, as previously discussed. Thailand has developed a policy on interaction with the tobacco industry (see Annex 7).

Canada has adopted administrative measures, such as Health Canada's policy of not collaborating with the tobacco industry on tobacco control programming (the Article 5.3 Guidelines recommend that no sector in government should make a partner of the tobacco industry, so the Health Canada policy would need to be expanded to other governmental agencies).

### ***b.2 Establishing accountability mechanisms for compliance with Article 5.3 provisions and Guidelines within the Government***

- Code of conduct for public servants, policy-makers, decision-makers and dignitaries.

### ***b.3 Setting up a firewall between government and the tobacco industry***

- *Countries that do not have State-owned tobacco companies.*

Establishment of clear and well-framed firewall mechanisms to avoid interference by the tobacco industry is paramount in facilitating the implementation of sound tobacco control measures, activities and regulations and ensuring compliance with Article 5.3 provisions and Guidelines. Several countries have established policies excluding tobacco industry participation in certain policy-making arenas. The Seychelles' Tobacco Control Act, 2009 (Act No. 14 of 2009) creating the National Tobacco Control Board specifically excludes from participating in the Board anyone with interests in the tobacco industry ("A person shall not be appointed as a member of the Board if the person is – (a) a representative of, or a person involved in the business of manufacturing, importing, exporting or selling of tobacco or tobacco products or smoking accessories; (b) an owner or shareholder or representative of, or has any other interest in, an entity that manufactures, imports, exports, or sells tobacco or tobacco products or smoking accessories").<sup>20</sup> Latvia excluded the tobacco industry's representative from the State Committee on Restriction of Smoking, amending previous legislation that included such a representative.<sup>21</sup>

<sup>20</sup> Available at <http://www.tobaccocontrolaws.org/legislation/country/Seychelles>, accessed 7 May 2012.

<sup>21</sup> The Latvia WHO FCTC implementation report is available at: [http://www.who.int/fctc/reporting/party\\_reports/lva/en/index.html](http://www.who.int/fctc/reporting/party_reports/lva/en/index.html), accessed 7 May 2012.



Several research and civil society organizations (for example, Cancer Research UK, Finnish Lung Health Association) have implemented policies of no interaction with the tobacco industry – such initiatives should be expanded to governmental sectors.

- *Countries with State-owned tobacco companies*

These countries should ensure a separation of roles, so that the agency responsible for management or oversight of the goal of ensuring a commercial return from tobacco businesses for the government is completely separate from the agency responsible for regulatory control of the industry and for implementing the national tobacco control programme (e.g. corporate governance, tobacco control). (See Box 6.)

Box 6. Proposed framework for implementation of Article 5.3 Guidelines in countries which have ownership in the tobacco industry

The following approaches should be considered by countries to implement the Article 5.3 Guidelines as they relate to the protection of governmental decision-making, policy-making and implementation from tobacco industry and similar conflicting interests.

- ✓ Ensure that separate State agencies are made responsible (preferably through legislation, with a clear division of roles) for each of the following:
  - oversight, management or promotion of the commercial goals of government aimed at ensuring a return on the State-owned tobacco industry;
  - regulation of industry and in particular, tobacco control.
- ✓ Consider implementing, through legislation, parameters within which State-owned tobacco companies must act, e.g. the ability of the Government, via the agency that oversees the commercial mandate of State-owned tobacco companies (“the regulator”), to impose a requirement to consider social and environmental consequences and to take certain steps to address those consequences.
- ✓ Ensure that any ministerial directions to State-owned tobacco companies are declared to a representative body (e.g. Parliament) and are otherwise made public.
- ✓ Establish clear reporting requirements by all State-owned tobacco companies to the regulator.
- ✓ Consider means by which freedom-of-information legislation could enable nongovernmental organizations and civil society to secure further information (with appropriate safeguards for commercially-sensitive information).
- ✓ Ensure that the regulator provides an annual report to a representative body on its directions and guidance to those companies and all policies relating to the expectations placed on, and the monitoring of, those companies.
- ✓ Exclude the regulator from participation in any committees overseeing the implementation of the WHO FCTC or the development of policy and legislation on tobacco control and from participation in delegations to the Conference of the Parties of the WHO FCTC or other meetings related to the treaty.
- ✓ Otherwise ensure that all requirements are applied to all State-owned tobacco companies in the same way as they are applied to private industry interests.

Source: Matt Allen, 2009

### **Section 3.5** Including Article 5.3 as a strategic point in tobacco control programmes and plans of action

The Article 5.3 provisions and Guidelines should not only be taken into account in all areas of the national plan of action, but should also have their own separate area in the workplan, showing the various activities needed to implement Article 5.3.

Including tobacco industry monitoring activities as part of the tobacco control surveillance system is crucial in order to ensure that a structured mechanism for collecting information is in place.

Any organization (regardless of governmental or nongovernmental status) working in any form of tobacco control partnership or alliance and/or implementing common programmes, plans of action, etc. should consider adopting internal policies for preventing tobacco industry interference, including codes of conduct and accountability mechanisms.

### **Section 3.6** Communicating with stakeholders and the public

Communicating relevant information to policy-makers, decision-makers, tobacco control stakeholders and the public is essential in order to address the interference of the tobacco industry in tobacco control policies. Suggested actions include the following.

- Provide regular and relevant information to show what the industry is doing against the interests of public health. A dedicated Web site will ensure that information is available and accessible to the various target groups.
- Establish a mechanism for regular dissemination of information. Industry watches, news bulletins and mailing lists are among the existing ways to keep relevant stakeholders informed.
- Conduct awareness-raising and media campaigns about the strategies the industry is using to mislead the public about its products and the strategies it is using to interfere with, delay or prevent tobacco control measures. Use blogs, social media and various information tools to ensure that the information reaches the intended audience.
- Use the media to disseminate information every time a new tobacco industry strategy is identified.
- Conduct public consultations and hearings when there is a mandatory consultation process. This will ensure the transparency and visibility of the opposing strategies of the tobacco industry.

### **Section 3.7** Building capacity to implement the Article 5.3 provisions and Guidelines

It is fundamental to introduce information and action plans for the Article 5.3 provisions and Guidelines into all initiatives intended to build capacity in tobacco control. These include training workshops, distance learning materials, tobacco control courses and all other capacity-building initiatives.

It is relevant to include both national and international strategies of the tobacco industry to derail tobacco control measures. Scientific papers, guidelines and handbooks and “How to” publications should be used as background materials. WHO information materials on countering tobacco industry interference should be also made available as part of the background materials prepared for capacity-building activities.

### **Section 3.8** Monitoring overall Article 5.3 implementation

The focal point for implementation of Article 5.3 should prepare a plan for monitoring the enforcement of Article 5.3 provisions and Guidelines. This includes enforcement of codes of conduct, monitoring of any partnerships and collaboration between the tobacco industry and government and other relevant regulations or legislation.

One important component of enforcement and compliance with Article 5.3 is for the government focal point to conduct a periodic assessment of how well existing policies and regulations address implementation of Article 5.3. Table 5 offers examples of self-assessment questions, with their rationale.

Table 5. Examples of self-assessment questions and rationale for determining compliance with Article 5.3 provisions and Guidelines

Self-assessment questions	Rationale
<p>Are there government employees, elected officials, journalists, and members of the public who are unaware that the tobacco industry is an obstacle to achieving public health?</p> <p>Are there government employees, elected officials, journalists, and members of the public who are unaware of the role of the industry in financing front groups and building alliances?</p>	<p>At present, the vast majority of the public, civil servants, elected officials, and the media in many countries are not aware of the fact that the tobacco industry exerts a negative influence on the development of public health policies and are, therefore, more vulnerable to such influence. Furthermore, the role of the tobacco industry in creating and/or financing front groups and building alliances with other business and groups in order to foster its interests and interfere with tobacco control is equally unknown to the majority of the public, civil servants, elected officials and the media. Awareness of the role of the industry and its history of interfering with tobacco control will assist in the enforcement and promotion of measures to promote public health and protect these measures against undue industry influence.</p>
<p>Do tobacco industry representatives have wide-ranging access to government personnel and elected officials?</p> <p>Are the context and content of such interactions made public?</p>	<p>Evidence demonstrates that the tobacco industry takes advantage of access to elected officials and government employees, through business, administrators or any other connection, to provide input into public policies and measures. Such input aims to protect the industry's interests and not the public's health. Interactions that are limited to matters on public record and full disclosure of the content and context of such interactions will allow those who work for the public's health and tobacco control to counter any negative interference created by the tobacco industry. It will also remove the element of secrecy in interactions between the industry and government.</p>
<p>Is there a partnership or voluntary agreement between the government (any department or sector) and the tobacco industry?</p> <p>Has the tobacco industry in your country ever launched any kind of youth smoking prevention campaign or public education campaign?</p> <p>Have representatives of the tobacco industry ever helped to write legislation or offered language advice?</p>	<p>Evidence demonstrates that voluntary agreements with the tobacco industry, in any aspect of tobacco control, are detrimental to public health in the short or long term. The main objective of these agreements, from the industry's perspective, is to delay or avoid legislation and regulations that promote effective tobacco control (and subsequently decrease industry sales and profits). Examples abound in the area of voluntary marketing codes, youth smoking prevention programmes and other public campaigns that serve to enhance the industry's image with no positive health impact. This negative impact of voluntary agreements and partnerships extends to non-tobacco-related campaigns and efforts, where at first they may be perceived as positive but in the long term will serve to foster tobacco industry interference in public health policy.</p> <p>Similarly, experience shows that legislative or regulatory language proposed by the tobacco industry, or those acting on its behalf, promotes weaker tobacco control legislation and regulations that are not in compliance with the evidence-based articles of the WHO FCTC.</p>
<p>Has any government employee or elected official received any financial benefits from the tobacco industry, through previous employment or other means?</p> <p>Has a university, research or a government institute report been funded by the tobacco industry and such funding been disclosed?</p> <p>Are there situations where a government contract was issued to a company or consultant that may also perform services for the tobacco industry?</p> <p>Has any political party, candidate for office or elected official received contributions from the tobacco industry?</p> <p>Has any government body, committee, or advisory board that discussed tobacco control or public health policy included members of the tobacco industry?</p>	<p>Research demonstrates that the tobacco industry has frequently used its significant economic power to fund political campaigns, research and social causes espoused by elected officials. Disclosure, at a minimum, of some of these contributions will facilitate the detection of pro-industry positions taken by government officials.</p> <p>Additionally, the tobacco industry has used its power and influence to infiltrate government bodies with the twin intent of gathering information and influencing decision-making in such a way that any regulatory or legislative measures do not negatively impact its sales and profits. Such access to power is gained by hiring or otherwise engaging former government officials as members of boards and in other capacities within the industry.</p> <p>Real and perceived conflicts of interest of government officials must be publicly disclosed, and these officials should not participate in the development of tobacco control measures or policies that affect tobacco control. Officials with a fiduciary interest in the financial well-being of the industry should never participate in the development of tobacco control policies.</p>

Self-assessment questions	Rationale
<p>Do the government and the public know how much money the tobacco industry spends on marketing (for example, advertisements, promotion or sponsorship, if these are not yet banned)?</p> <p>Do the government and the public know how much money the tobacco industry spends on corporate social responsibility (CSR) programmes, if these are not yet banned?</p> <p>Do the government and the public know how much money the industry makes in your country, and from what brands and what population segments?</p>	<p>Even in countries with comprehensive bans on tobacco marketing, marketing in some forms still occurs, for example, through retailer incentives or CSR activities, and the promotion of such activities. Knowledge of the amount of money spent on marketing offers a measure of the importance of the market for the industry and the need for funds to counter the industry through tobacco control. Knowledge of the areas on which marketing is focused also provides information on loopholes and other segments of tobacco control where legislation or regulation need to be revised. Similarly, knowing the brands and population segments that generate revenue on a country basis helps when targeting counter-measures and holding the industry accountable for differences in smoking prevalence, for example, in the case of brands largely consumed by minors and young people, subgroups, etc.</p>
<p>Does one or more branches of government approve of the tobacco industry's CSR activities (to the extent that it promotes/supports such activities)?</p> <p>Does any government sector or official endorse and/or act as a partner in tobacco industry programmes and initiatives?</p> <p>Do tobacco industry press releases and other marketing materials about contributions to "worthy" causes amount to promotion of the tobacco industry as a "good" or responsible industry?</p>	<p>Research has demonstrated that the tobacco industry engages in CSR activities with the intent of presenting itself as "just" another good corporation and that these activities amount to no more than another form of marketing. There is an inherent contradiction between the tobacco industry and social responsibility, given the global scope of the harm caused by tobacco products. While on the surface some of these activities might appear to promote social welfare, environmental and other causes, in essence the tobacco industry engages in these activities in order to infiltrate a country's social fabric, building alliances that are called upon to side with the tobacco industry when government promotes regulatory measures that restrict such marketing activities.</p> <p>The tobacco industry, in its promotional materials, takes ample advantage of any government support provided for its CSR activities and reinforces its image as a partner of government. Such partnerships, however, are inherently contradictory.</p>
<p>Does the tobacco industry receive government subsidies, tax breaks and other forms of relief or incentive?</p>	<p>The tobacco industry is highly profitable and in a position to pay the same taxes and tariffs as any other industry. Additionally, as an industry whose products cause immense harm to the health, economic and environmental well-being of nations, it should not be granted any special favours.</p> <p>Often such relief and incentives are granted in exchange for promises of job creation. Experience demonstrates that such promises are often short-lived – as a globalized industry, tobacco companies often move to regions or countries where the market economy will minimize their costs and enhance their profits.</p> <p>Government investment in tobacco companies creates a perverse incentive, where success of tobacco control measures will adversely affect revenues, creating a conflict of interest that needs to be avoided.</p>
<p>Does the State-owned tobacco company or its products receive any advantage or protection not granted to non-State tobacco companies?</p> <p>Do the governmental agency or employees in charge of State-owned companies have a role in setting tobacco control policy or participate in the Conference of the Parties of the WHO FCTC?</p> <p>Has the government established any mechanisms to prevent the setting and implementing of tobacco control policies by the State-owned tobacco company management?</p>	<p>Parties that have fully or partly State-owned tobacco companies have to take additional care to ensure that their tobacco control and public health policy-setting and decision-making have a mechanism to protect them from the interests of the tobacco industry. Tobacco products manufactured by State-owned tobacco companies are as harmful as products manufactured by private companies, and should receive the same treatment when the public's health is at stake. Similarly, employees of State-owned tobacco companies have their companies' best interests to protect, and any regulatory or legislative measures for tobacco control that may affect the economic well-being of the company will be opposed, therefore creating a conflict of interest that is similar to that of employees of private companies. Therefore, under the Guidelines, State-owned companies and employees should be treated in the same manner as their privately owned counterparts, and policies affecting the behaviour of government officials in relation to conflict of interests, for example, are equally applicable.</p>

# Annex 1.

## Where to find additional information about tobacco industry interference with public health

### World Health Organization

*Tobacco industry interference with tobacco control*. Geneva, World Health Organization, 2009 (<http://www.who.int/tobacco/publications/industry/interference/en/index.html>)<sup>22</sup>

World Health Organization. Watching and countering the industry (<http://www.who.int/tobacco/industry/en/>).

Pan American Health Organization/WHO Region of the Americas tobacco-industry-related publications (<http://www.paho.org/english/ad/sde/ra/Tobindustry.htm>)

WHO Regional Office for the Eastern Mediterranean publications (<http://www.emro.who.int/tfi/InPrint.htm>)

WHO Regional Office for Europe publications (<http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/tobacco>)

WHO Regional Office for the Western Pacific tobacco materials (<http://www.wpro.who.int/topics/tobacco/en/>)

### Academic articles

This is a collection of articles and reports that discuss tobacco industry interference in different realms of public health policy-making and provide examples of a vast array of strategies in different areas and countries. University of California at San Francisco, Tobacco Control Archives, Research into Tobacco Industry Activity (<http://www.library.ucsf.edu/tobacco/activity>, accessed 7 May 2012).

### Civil society

A large number of civil society groups produce regular reports on tobacco industry activities from different countries and regions. A few examples are provided below.<sup>23</sup>

Action on Smoking and Health – United Kingdom (<http://www.ash.org.uk/>)

Action on Smoking and Health – Australia (<http://www.ashaust.org.au/>)

Action on Smoking and Health – New Zealand (<http://www.ash.org.nz/?t=25>)

Action on Smoking and Health – Scotland (<http://www.ashscotland.org.uk/>)

Campaign for Tobacco Free Kids Tobacco Industry Watch ([http://www.tobaccofreekids.org/what\\_we\\_do/industry\\_watch/](http://www.tobaccofreekids.org/what_we_do/industry_watch/))

Campaign for Tobacco Free Kids International Issues – Advertising and Promotion ([http://www.tobaccofreekids.org/what\\_we\\_do/international\\_issues/advertising\\_promotion/](http://www.tobaccofreekids.org/what_we_do/international_issues/advertising_promotion/))

Corporate Accountability International tobacco campaign (<http://www.stopcorporateabuse.org/tobacco-campaign>)

Framework Convention Alliance (including publications on tobacco industry activities from member organizations) ([http://www.ftc.org/index.php?option=com\\_content&view=article&id=313&Itemid=20](http://www.ftc.org/index.php?option=com_content&view=article&id=313&Itemid=20))

International Union Against Tuberculosis and Lung Disease (The Union) (<http://www.tobaccofreeunion.org/>)

Southeast Asia Tobacco Control Alliance (SEATCA) (<http://www.seatca.org/>)

SEATCA Industry Surveillance ([http://www.seatca.org/index.php?option=com\\_content&view=section&layout=blog&id=14&Itemid=48](http://www.seatca.org/index.php?option=com_content&view=section&layout=blog&id=14&Itemid=48))

SEATCA. Preventing tobacco industry interference: a toolkit for policy-makers and advocates (<http://seatca.org/dmdocuments/Article%205.3%20Toolkit%20Oct%202010.pdf>)

<sup>22</sup> All sites accessed 7 May 2012.

<sup>23</sup> All sites accessed 7 May 2012.



## Annex 2.

# Canada Lobbying Act, Regulations and Code of Conduct, 2008

On 30 April 2008, the Designated Public Office Holder Regulations and proposed Lobbyists Registration Regulations relating to the new Lobbying Act<sup>24</sup> were published in the Canada Gazette, Part II. A preliminary version of the Regulations was published for consultation in Part I of the Canada Gazette on 5 January 2008. Interested individuals had until 4 February 2008 to submit their views on the proposed regulations.

The draft regulations concern changes to the registration system and reporting requirements for lobbyists communicating with the federal Government. They include, but are not limited, to:

- the form and manner of all returns to be filed, including the new monthly returns for consultant and in-house lobbyists;
- the type of lobbying activity to be reported on in a monthly return;
- the details on the subject-matter and other information that may be required in a monthly return.

The only parts of the Federal Accountability Act relating to lobbyists that came into force when the Act received Royal assent on 12 December were sections 88.1, 88.11 and 88.2, which contained provisions concerning members of transition teams.

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<sup>24</sup> Available at: <http://laws-lois.justice.gc.ca/eng/acts/L-12.4/>, accessed 7 May 2012.

See also: [http://www.ocl-cal.gc.ca/eic/site/lobbyist-lobbyiste1.nsf/eng/h\\_nx00269.html](http://www.ocl-cal.gc.ca/eic/site/lobbyist-lobbyiste1.nsf/eng/h_nx00269.html), accessed 7 May 2012.

## Annex 3.

### Lao People's Democratic Republic Law on Tobacco Control (26 November 2009)

In Section 3, Obligation of Manufacturers, Importers, Distributors and Users of Tobacco Products, Article 21 (General Obligation) states: “Manufacturers, importers, and distributors of tobacco products shall have the following general obligation: 1. To strictly comply with Tobacco Control Law; 2. To contribute a sum of money into Tobacco Control Fund mentioning in clause 2 of Article 46 of this Law; 3. To run a business transparently and in an accountable manner. For the buyers-sellers of tobacco products, they shall comply with clause 1 of this Article.”<sup>25</sup> Also Article 22, Obligation of Manufacturers, states that “... the manufacturers of tobacco products shall also have the following obligation: 1. To print label and health warning in texts on tobacco product packaging; 2. To protect the environment, especially in their production area; 3. To protect and promote the health of workers in the production of tobacco, according to regulations.” Article 23, Obligations of Importers, obliges importers: “to ensure that imported tobacco products are bearing the printed label and health warning in texts on tobacco product packaging, in accordance with regulations”. The distributors of tobacco also have obligations, stated in Article 24 (Obligation of Distributors): “... distributors, buyers-sellers shall also have the following obligation: 1. To ensure that suitable places for the distribution and sale-purchase of tobacco products are available; 2. To distribute, sell-purchase only tobacco products with printed label and health warning in texts mentioning in regulations. “Article 25 states the obligation of tobacco product users: “1. To smoke only in authorized areas; 2. To protect the environment, e.g. by do not throw cigarette butts in a disorderly manner; 3. To respect the rights of non-smokers and neighbors.”

According to Article 49 (Prohibition for Civil Servants and Officials): “Civil servants and officials are prohibited to act as follows: 1. To abuse one’s power, to use violence, coercion, threat to give or receive bribes causing losses to the interests of State, collectives and individuals resulting from tobacco control work; 2. To disclose State secrets, retain, delay or falsify documents, lack responsibility to accomplish assigned tobacco control works; 3. To protect and to be accomplices of unlawful tobacco business operators; 4. To commit other acts violating laws and regulations.”

Also, according to Article 50 (Prohibition for Individuals and other Organizations): “Individuals and other organizations are prohibited to act as follows: 1. To support advertisement for tobacco product promotion; 2. To smoke in prohibited places; 3. To induce and use others, e.g. children under eighteen years old to smoke and purchase sell tobacco products; 4. To participate in illicit tobacco product production, importation and distribution; 5. To commit other acts violating laws and regulations.”

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<sup>25</sup> [http://www.who.int/fctc/reporting/Annex4\\_Tobacco\\_Control\\_Law\\_2009.pdf](http://www.who.int/fctc/reporting/Annex4_Tobacco_Control_Law_2009.pdf), accessed 7 May 2012.

## Annex 4.

# Guidelines for responding to requests made by the tobacco industry to meet with WHO

The purposes of these guidelines are as follows:

- 1) to inform all WHO staff worldwide that any meetings with representatives of the tobacco industry should be avoided, and if unavoidable, should occur only when necessary;
- 2) that meetings are only deemed necessary when their purpose as assessed by WHO staff, is to promote public health;
- 3) to set appropriate meeting guidelines between WHO staff and those closely related to, or directly / indirectly representing the tobacco industry, and;
- 4) to inform all WHO staff that TFI/HQ should be informed in a timely manner when such a meeting request is received from the tobacco industry.

Tobacco use is one of the most significant preventable causes of premature death and disease in the world. The goals of tobacco control are to reduce tobacco-related morbidity and mortality through sustained reductions in tobacco use initiation and consumption; through a reduction in exposure of non-smokers to tobacco smoke; and through a denormalization of tobacco use. As the tobacco industry uses its power to oppose any measures that might limit its activity, the WHO FCTC warns of the threat posed by the industry to global tobacco control. This need to be wary of subversive industry efforts is both recognized in the Preamble of the Convention and in Article 5(3), which actually obligates WHO FCTC parties to protect their public tobacco control policies from industry manipulation. As befits the special gravity of this situation, the WHO FCTC is the only international Convention to explicitly address the potential for corporate undermining of the objectives of the Convention.

For the above reasons, paragraph 9 of WHO's "Guidelines on interaction with commercial enterprises to achieve health outcomes" (EB107/20, ANNEX) provides that relationships with the tobacco industry should be avoided. Furthermore, paragraph 1 of Resolution WHA54.18 urges WHO and Member States to be alert to any efforts by the tobacco industry to subvert government and WHO implementation of anti-tobacco public health policies, and to ensure the integrity of WHO and government policy-making processes.

The following guidelines should apply to the fullest extent possible, though it is recognized that all prescriptions/proscriptions cannot apply in all situations. For instance, in furtherance of public health it may sometimes be appropriate to receive certain information from the tobacco industry, and to present the industry with WHO's policy on tobacco control and WHO's views on tobacco related health issues, provided always that the interaction is strictly limited to an exchange of this nature.

For the purposes of these guidelines, and taking into account Article 1 of the WHO FCTC, the term "tobacco industry" means tobacco manufacturers, wholesale distributors, and importers of tobacco products. In addition, the term "tobacco industry" includes tobacco growers, associations or other entities representing any of the above, as well as industry lobbyists.

## Guidelines

In order to comply with Resolution WHA54.18, which calls on the Director-General to continue to inform Member States of activities of the tobacco industry that have a negative impact on tobacco control efforts, all WHO staff worldwide should report to WHO TFI/HQ any requests by the tobacco industry to meet with WHO staff -- in the case of Regional Directors, the Assistant Director General of NMH should be made aware of any requests and/or meetings between the tobacco industry and respective Regional Directors. Where possible, all such meeting requests should be denied. In order to establish a consistent response and to limit WHO exposure to the tobacco industry, those who by necessity have to meet with the industry have to do so in a manner consistent with these guidelines. WHO staff meetings with the tobacco industry should only take place for the purpose of health-related information exchange, i.e. to receive certain information relevant for public health from the tobacco industry, and to present to the tobacco industry WHO's policy on tobacco control and WHO's views on tobacco related health issues. An example of such a meeting is when representatives from the tobacco industry are invited to speak during meetings of the WHO Study Group on Tobacco Product Regulation. All other interaction with the tobacco industry should be avoided.

The types of acceptable interactions with the tobacco industry can be divided into two general categories:

*a. National level third-party mediated exchanges:* those where both national organizations and the tobacco industry are present. Such meetings can arise when WHO staff at country or regional offices meet in a common forum with tobacco monopoly representatives, and the meeting occurs with the aid of a third-party "mediator", such as a national multisectoral coordinating committee. National or regional stakeholders' meetings are an example of these types of exchanges.

*b. International mediated face-to-face exchanges:* those where WHO staff interact with tobacco industry representatives. For example where WHO staff participate in technical meetings of international bodies such as the International Standardization Organization (ISO).

At the types of meetings described in 3(a) and 3(b), the following guidelines apply to the maximum extent possible:

- i.) The goals of the meeting, and how the meeting will advance the goals of WHO, should be determined in advance via an internal WHO consultation.
- ii.) There should be a minimum of two WHO staff at these meetings.
- iii.) Before the meeting, WHO staff should clearly indicate in writing to the tobacco industry representatives that they may not mischaracterize the nature of the meeting, such that it implies that there is any relationship, collaboration or partnership between WHO and the tobacco industry.
- iv.) Official minutes should be taken and shared afterwards to ensure transparency. WHO staff should prepare and distribute the only official minutes of the meeting. This should be agreed upon in writing in advance of the meeting.
- v.) The meeting should not take place in any WHO premises, but rather, should occur at a neutral venue selected by WHO. WHO staff may terminate the meeting anytime they deem appropriate unless a unilateral termination is not feasible. Under no circumstances should a meeting take place in the offices of the tobacco industry (including the offices of the groups, persons or entities included in the definition of "tobacco industry" for the purposes of these guidelines). And, under no circumstances should a WHO staff member accept any offers of hospitality from tobacco industry representatives, for example, dinners, tickets to shows, etc.

All non-mediated exchanges (in person, phone or email) between WHO staff and the tobacco industry should be avoided. Regardless of the type of interaction as mentioned above, once the meeting is concluded, the WHO staff should:

- a) re-emphasize that the tobacco industry representatives may not mischaracterize the nature of the meeting such as to imply that there is any relationship, collaboration or partnership between WHO and the tobacco industry;
- b) decide on follow-up questions that may have to be answered after the meeting;
- c) correct via official letter any public misconception or misinformation regarding the meeting; and
- d) provide a copy of the meeting minutes or report to the Director of TFI, along with any necessary briefing notes, and contact information in the event that a follow-up or de-briefing is deemed desirable.

No WHO programme should accept any direct or indirect funding from the tobacco industry.

No WHO programme should endorse projects which are funded directly or indirectly by the tobacco industry.

All WHO staff should inform TFI/HQ in a timely manner when a meeting request is received from the tobacco industry.

These guidelines are subject to annual review in order to continuously assist WHO staff worldwide to respond appropriately to tobacco industry requests to interact with WHO.

## Annex 5.

### Guide for WHO Collaborating Centres – avoiding real or perceived conflicts of interest

Below are examples of the types of interaction that may lead to a real or perceived conflict of interest in respect of the work of the WHO Collaborating Centres (WHO CC) and should therefore be avoided:<sup>26</sup>

- a) Support from companies with incompatible business activities: The institution should not accept funding or other support (e.g. in kind or through secondment of employees) from companies whose business activities are incompatible with WHO's work (e.g. tobacco companies). This applies to both the activities of the institution as a WHO CC and any other activities of the institution as a whole.
- b) Support from companies with direct commercial interest: The WHO CC should not accept funding or other support (e.g. in kind or through secondment of employees) from a company that has, or may be perceived as having, a direct commercial interest in the outcome of that activity. For example, funds or other support should not be accepted from a manufacturer of insulin for an activity that relates (even generically) to the treatment of diabetes.
- c) Support from companies with indirect commercial interest: A WHO CC should exercise caution in accepting financing or other support from a company that has even an indirect interest in the outcome of an activity. For example, in the case of an activity relating to the epidemiology of a disease, caution should be exercised in accepting funds or other support from a manufacturer of drugs for that disease. In such cases, it is preferable to secure funding from multiple competing sources, to avoid a perceived close association with one particular company.
- d) Support for the production of WHO guidelines or recommendations: As a general rule, a WHO CC should not accept any funds or other support from companies, regardless of their business interests, for activities related to the production of WHO guidelines or recommendations.
- e) Commissioned research or other work: The activities that an institution conducts as a WHO CC (as part of the WHO CC's terms of reference or workplan) should not include any research or other work commissioned or contracted by companies.
- f) Unspecified donations from companies: In the event of an unspecified donation for the activities of a WHO CC in general (i.e. not for a specific activity), the donation should not be allocated to support activities in which the company, or group of companies, has a direct commercial interest. In the case of an indirect commercial interest, donations should be sought from various sources having a similar interest; and it is preferable that support from multiple competing sources is secured. In addition, the overall amount of unspecified support provided by the company, or group of companies, should not be so large that the WHO CC would become dependent on it for its continued operations.
- g) Support for salary of specific staff or posts: A WHO CC should not accept funds from companies to support the salary of specific staff or posts designated to the activities of the WHO CC (including short-term consultants) if the financial support could give rise to a real or perceived conflict of interest. For example, a conflict of interest would arise if the responsibilities of the staff member or post were directly or indirectly related to the business interests of the commercial contributor.
- h) Secondment of company employees: A WHO CC should not accept the secondment of company employees to work on the activities of the WHO CC if the company has a direct or indirect commercial interest in all or part of those activities.
- i) Interactions, affiliations, relations and interests of staff: The institution should ensure and attest to WHO that the head of the WHO CC and staff designated to work on the activities of the WHO CC do not have any interactions, affiliations or relations with, or financial or other interests in, companies that could give rise to, or could be seen as giving rise to, a conflict of interest in respect of any of the activities.

<sup>26</sup> See [http://www.who.int/collaboratingcentres/Guide\\_for\\_WHO\\_collaborating\\_centres\\_2011\\_FINAL\\_OCT.pdf](http://www.who.int/collaboratingcentres/Guide_for_WHO_collaborating_centres_2011_FINAL_OCT.pdf), accessed 7 May 2012, Section 7.1.



## Annex 6.

### Guide for WHO Collaborating Centres – Declaration of interests<sup>27</sup>

In these guidelines, it is mentioned that before being designated or redesignated, each institution must provide information to WHO about its interactions with the commercial private sector (e.g. tobacco industry) in the relevant sections of the designation or redesignation form. Where interactions are identified, this information includes details of any contributors; their business interests; the activities, research, staff and posts concerned; and any other details or clarification that WHO may reasonably require. In addition, the institution must ascertain whether the head of the WHO CC or staff designated to work on the activities of the WHO CC have any interactions, affiliations or relations with, or financial or other interests in, companies that could give rise to a real or perceived conflict in respect of any of the activities of the WHO CC. The institution is required to attest to WHO that the head and staff designated to work on the activities of the WHO CC have been required to declare any such interactions, affiliations, relations and financial or other interests; and either no conflicts exist, or appropriate measures have been taken to address and remove them.

Examples of the type of interactions, affiliations, relations and financial or other interests that could give rise to, or be seen as giving rise to, a conflict of interest, can be found in the declaration of interest (DOI) for WHO experts. The institution should make its own arrangements to ascertain, address and remove any possible conflicts that the head of the WHO CC or other staff may have.

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<sup>27</sup> See: [http://www.who.int/collaboratingcentres/Guide\\_for\\_WHO\\_collaborating\\_centres\\_2011\\_FINAL\\_OCT.pdf](http://www.who.int/collaboratingcentres/Guide_for_WHO_collaborating_centres_2011_FINAL_OCT.pdf), accessed 7 May 2012, Appendix A.

## Annex 7.

### Thailand – Regulation of Department of Disease Control B.E. 2553 (2010)<sup>28</sup>

This regulation, entitled “How to Contact Tobacco Entrepreneurs and Related Persons”, has been established specifically for implementation of WHO FCTC Art 5.3, “in order to prevent the sanction of public policy on tobacco control by tobacco entrepreneurs and related persons and to determine measures for contacting and coordinating with tobacco entrepreneurs and related persons to ensure transparency”.

The regulation requests that in the event of a contact with an entrepreneur or related person, any official (i.e. civil servants, civil staff, and Disease Control Department employees, including those persons under other entities coming to perform their civil service within the Department) shall procure that their correspondence be recorded as evidence with at least Date and time of contact; Name and title of the responsible official; Name, title and address of the entrepreneur or related person; and (4) Record of summarized issues of contact (Article 6). In case an entrepreneur (tobacco entrepreneurs or agents comprising manufacturers, suppliers, importers, and exporters of tobacco products) or related person “wishes to make a contact to meet with an official for an action in pursuant of the tobacco products control law or for whatsoever purposes, with the exception of some cases specifically mentioned in the regulation, the entrepreneur or related person shall send a letter of intent describing the purposes of the requested meeting to the Director of Office of Tobacco Control or the Director of Office of Disease Prevention Control, as the case may be” (Article 7).

Also, “in the event of permitted meeting, the official shall have a letter of appointment in appropriate time to the entrepreneur or related person detailing at least the day, time, venue and agendas of the meeting. The official shall fix a date and time within governmental working hours, and the appointment shall be made at a governmental venue.” (Article 9). Strict instructions are provided on how a meeting between an official and an entrepreneur or related person shall be conducted: (1) The official shall fix the agendas and attendees clearly. (2) The entrepreneur or related person shall notify its name together with personnel identification evidence. (3) Before the meeting starts, the official shall have the entrepreneur or related person sign a letter certifying that they will neither take a photograph, record sounds in the meeting, nor put the meeting essence into publicity for commercial benefits. (4) The official shall produce the minutes of meeting. (5) The meeting essence shall, by the official, be revealed and made available to the public.” The form of the certificate is also laid down in the regulation.

28 Department of Disease Control, Thailand. Re: *How to Contact Tobacco Entrepreneurs and Related Persons* (Regulation of Department of Disease Control B.E. 2553 (2010)) ([http://btc.ddc.moph.go.th/cms/uploads/content/doc/Regulation\\_of\\_DDC\\_Eng.pdf](http://btc.ddc.moph.go.th/cms/uploads/content/doc/Regulation_of_DDC_Eng.pdf), accessed 7 May 2012).

## Annex 8.

### Philippines' regulatory framework to prevent tobacco industry interference

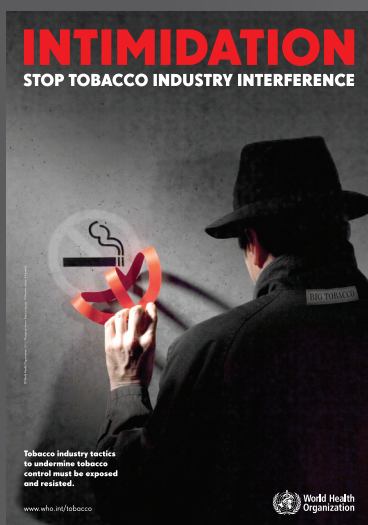
Documents and policies related to the coordination of tobacco control in the Philippines, with an emphasis on measures that prevent interference from the tobacco industry.<sup>29</sup>

Year	Document	Detail
2003	RA 9211	Establishes the Interagency Tobacco Committee.
2008	DOH Health Policy Notes 3:2	Recommends the creation of the Sector-Wide Anti-Tobacco Council.
2009	AO 2009-0004 (administrative order)	Revised DOH policy - Code of Conduct stipulating that DOH officials and employees should not accept any direct or indirect offer (gift, donation, sponsorship) from tobacco companies.
2009	DOH DM 2009-0142 (department memorandum)	
2010	DOH DM 2010-0126 (department memorandum)	Prohibits DOH and its attached agencies' interactions (unless strictly necessary for regulatory purpose), partnerships and contributions through corporate social responsibility activities (CSR) of the tobacco industry, and sets the frame for conflict of interest; for regulatory purpose only specific protocols for meeting tobacco industry are provided.
2010	CHED Memorandum from the Executive Director (14.01.2010)	Commission on Higher Education Executive Office directed all central and regional office directors to reject any contribution from the tobacco industry and avoid partnerships with them.
2010	CSC-DOH No. 2010-01 (Joint Memorandum Circular Civil Service Commission and DOH)	It promulgates the policy on protection of the bureaucracy against tobacco industry interference, covering all national and local government officials and employees, including government-owned and controlled corporations, original charters, state colleges and universities.
2010	DOH CHD4A and DILG 4A Joint Memorandum Circular No. 2010-01	First memorandum circular jointly issued by the DOH and Department of Interior and Local Government Unit (LGU) enjoining provinces, cities and municipalities in Region 4A to address the inadequacies of the national law on tobacco control to make it more protective of public health.
2011	DOH DO 2011-0029 (department order)	Appoints the National Centre for Health Promotion (NCHP) as the lead office for the newly established National Tobacco Control Coordinating Office (NTCCO). Establishes Sector Wide Anti Tobacco Committee (SWAT) which is responsible for implementing the WHO FCTC provisions and its sub-committees (some of which are already operational, e.g. Subcommittee for Art. 5.3). The members of SWAT are government stakeholders, civil society and academia. The tobacco industry and its front groups were not invited to be part of the Committee.
2011	DC 2011 – 0101	Sets rules and regulations of the FDA (compliant with RA 9711 or the Federal Drug Agency (FDA) Act of 2009) tasking FDA under Article III to regulate tobacco and tobacco products.

<sup>29</sup> Joint national capacity assessment on the implementation of effective tobacco control policies in the Philippines. Geneva, WHO/Government of the Philippines, 2011 ([http://www.who.int/tobacco/control/capacity\\_building/assessments/en/index.html](http://www.who.int/tobacco/control/capacity_building/assessments/en/index.html), accessed 7 May 2012).

# Acknowledgements

This paper was developed by the WHO Tobacco Free Initiative (TFI). The lead writers were Vera Luiza da Costa e Silva and Stella Aguinaga Bialous, WHO consultants. The various stages of review of the paper, as well as the production process, were coordinated by Luminita Sanda, TFI Medical Officer with the supervision and support of Douglas Bettcher, TFI Director and Armando Peruga, TFI Programme Manager.



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ISBN 978 92 4 150373 0



**Translation: Industry's Views on Raising Tobacco Tax  
For Consideration of LegCo Members of  
"2011 Dutiable Commodities (2011) Ordinance" (16 May 2011)**

It triggers continuous discussions since the announcement of substantially raising tobacco tax in February. Representing 90% of the tobacco industry and the related industries, TCCG submits the following views for the consideration of LegCo Members of the "2011 Dutiable Commodities (2011) Ordinance".

**33,000 members of public opposed to raising tobacco tax substantially**

TCCG entrusted an independent survey company to collect the public's views on opposing to tobacco tax increase for 41.5%. The respondents were mainly smokers and the survey collected signatories from 33,000 members of the public and views from 40,000. They strongly opposed to raising of tobacco tax twice in three years, which means an accumulated increase of 110%.

Smokers are affected directly by the tobacco tax policy the most. But there is no survey in investigating their views. The survey is aimed to collect smokers' views on raising tobacco tax.

Survey results were consistent to the views of the industry which have been long addressed. Raising tobacco tax does not only lead to rampant smuggling, but also the drop of business of newspaper hawkers and convenience stores by 30%. It imposed negative impacts to the livelihoods of the 35,000 workers of the industries and their families.

**Raising tobacco tax will not deter smoking but increase smuggling**

As a legitimate industry, we totally accept regulation and agree that tobacco control should be carried out in all ways. But what concerns us is that, would raising tobacco tax achieve its purpose? TCCG believes that substantially raising tobacco tax is not an effective measure as it could intensify smuggling activities. According to the Government survey, smoking prevalence increased from 11.8% to 12% after the tax increase of 50% in 2009. It reflected that high tobacco tax is not able to reduce the smoking population.

Indeed, international survey agencies have proved the serious illicit cigarette trade



because of huge increase of tobacco tax in Hong Kong. According to the findings of Euromonitor International in 2010, illicit cigarettes accounted for 30% in the Hong Kong market and HKG ranked the second in the world. After evaluating the figures of dutiable cigarettes from the Customs and an independent survey agency - Neilson, there are about 1.6 billion sticks of illicit cigarettes in the Hong Kong market. But the Customs could only seize 76 million sticks in 2010, which was less than 5% of the illegal market.

### **Smuggling weakens the effectiveness of tobacco control and makes youth start smoking.**

The industry noted that the community is worried that the youth smoking problem would be getting more serious if tobacco increase is banned this year. But it is widely recognized that our youth smoking problem is now under control and the smoking population remains low with the smoke-free effort of the Government, schools and teachers. Such attainment could be reflected by the figures of the Government survey.

We do not deny that there is smoking behavior among some students. But it is unpractical to push them to give up smoking by substantially raising tobacco tax. We observed that smoking students viewed possessing dutiable cigarettes as an image projection after the two tobacco tax increases in three years. On the other hand, the “poorer” students will smoke illicit cigarettes. In other words, raising tobacco tax is not the measure for dealing with youth smoking.

### **Conclusion**

It is also a misgiving in the society about the way to handle to extra tobacco duty revenue. In 1991, the Government also adjusted the tobacco tax increase rate from 200% to 100% and finally allocated the extra collected tobacco duty revenue to the Treasury. It could likewise follow today.

TCCG proposes to the Government to adopt a moderate and progressive tobacco tax increase policy in order to reduce smuggling and the negative impacts to the related business. We hope that the LegCo members could consider the problems of the tobacco industry, the related business, smuggling, smokers and other community problems while making decisions. To lower the increased rate of tobacco tax does not mean to support smoking, but to adjust the policy that meets the public opinion.

**Info of TCCG**

TCCG was established in 2009. It supports the legitimate regulation on tobacco. It aims to raise the public concern on the smuggling which is caused by tobacco tax. Members include 7-11 (Hong Kong), OK Convenience Store, China Resources Vanguard Shops, Coalition of Hong Kong Newspaper and Magazine Merchants, BAT, Hong Kong Federation of Tobacco Industry Limited, Philip Morris, Pacific Cigar Company and a tobacco trader. **Honorary consultant: LegCo members - Vincent Fang Kang and Wong Ting-kwong**

Annex: Signatories and Views of “Oppose to Substantially Raising Tobacco Tax” – 32,917 signatories.

Place	Wanchai & Central	Mongkok	Tsimshatsui & Yaumatei	Causeway Bay & Quarry Bay	Tsuen Wan, Kwun Tong & Kowloon Bay
Total	3856	9344	6535	10539	2643
Strengthening education is more effective than raising tobacco tax	1167	2838	1697	2771	703
Raising tobacco tax would cause more smuggling activities, and more high-return	1512	3576	2241	3701	812
Raising tobacco cause negative impacts to the business	1407	3614	2232	3501	917
Smokers will turn to the cheap illicit cigarettes	1377	3043	1899	3432	827

**From:** James Middleton [REDACTED]  
**Sent:** Tuesday, March 04, 2014 2:12 PM  
**To:** 'PID' Legco Secretariat  
**Subject:** Apparently Non- existent organisation allowed to attend Legco meetings and is listed on Legco website : search\_company\_name.do.pdf

Dear Legco Secretariat,  
4<sup>th</sup> March 2014

Further to my email to you yesterday please see attached HKG Business Registration Search **Tobacco Control Concern Group** is:  
Not a local Limited or listed company  
Not a local Registered Society  
Not a local Business Firm registered name and shows no valid business registration certificate

Kind regards,  
*James Middleton*  
Chairman  
[www.cleartheair.org.hk](http://www.cleartheair.org.hk)

... but which shows two current public servant Legco Members as its 'honorary consultants'

立法會 CB(1)2207/10-11(01)號文件  
(只備中文本)



**關注控煙工作委員會簡介**

關注控煙工作委員會（「關注控煙會」）於 2009 年成立。該會支持合理的煙草法規，其成立的主要目的之一是要引起公眾關注大幅增加煙草稅會導致私煙活動顯著增長。  
關注控煙會的成員包括 7-Eleven（香港）、OK 便利店有限公司、華潤萬家（香港）有限公司、全港報販大聯盟、英美煙草（香港）有限公司、香港煙草業聯合商會有限公司、菲利普莫里斯亞洲集團有限公司、太平洋雪茄有限公司和香煙經銷商新連（香港）有限公司。兩位擔任關注控煙會名譽顧問的立法會議員為方剛議員及黃定光議員。

**Translation:**

**Info of TCCG**

**TCCG was established in 2009.** It supports the legitimate regulation on tobacco. It aims to raise the public concern on the smuggling which is caused by tobacco tax. Members include 7-11 (Hong Kong), OK Convenience Store, China Resources Vanguard Shops, Coalition of Hong Kong Newspaper and Magazine Merchants, BAT, Hong Kong Federation of Tobacco Industry Limited, Philip Morris, Pacific Cigar Company and a tobacco trader.

**Honorary consultant: LegCo members – Vincent Fang Kang and Wong Ting-kwong**

**From:** James Middleton [REDACTED]  
**Sent:** Monday, March 03, 2014 12:36 PM  
**To:** 'PID'  
**Subject:** : search\_company\_name.do.pdf

Legco Secretariat  
3<sup>rd</sup> March 2014

Dear Sir,  
On the Legco site we have seen numerous submissions from the Tobacco Control Concern Group, a supposed tobacco industry / retailer alliance /association.  
Checking with ICRIS there is no such company in Hong Kong.  
Checking with the Societies Office there is no such society listed in Hong Kong.

-----Original Message-----

**From:** [societies-office@police.gov.hk](mailto:societies-office@police.gov.hk) [<mailto:societies-office@police.gov.hk>]  
**Sent:** Monday, March 03, 2014 11:52 AM  
**To:** [REDACTED]  
**Subject:** RE: registered HK society

Dear Sir,

According to our records, "TOBACCO CONTROL CONCERN GROUP" is not a society registered under the Societies Ordinance (Cap. 151), Laws of Hong Kong.

Regards,

TANG Yuen-chi, Cola  
for Commissioner of Police

example:

[Minutes - 立法會](#)

[www.legco.gov.hk/yr10-11/english/hc/sub\\_leg/.../sc1020110402.pdf](http://www.legco.gov.hk/yr10-11/english/hc/sub_leg/.../sc1020110402.pdf)

o [Cached](#)

2 Apr 2011 - in the Chamber of the **Legislative Council** Building. Members ... **Tobacco Control Concern Group** ... Asian Consultancy on **Tobacco Control**.

1. †

[\(Dutiable Commodities\) Order 2011 to the House Committee - 立法會](#)

[www.legco.gov.hk/yr10-11/english/hc/papers/hc0415cb1-1883-e.pdf](http://www.legco.gov.hk/yr10-11/english/hc/papers/hc0415cb1-1883-e.pdf)

o [Cached](#)

16 Mar 2011 - The Framework Convention on **Tobacco Control** (FCTC) of the World Health ... approves of the introduction into the **Legislative Council (LegCo)** of a bill whereby, if the bill .... **Tobacco Control Concern Group**. 6. Coalition of

**Can you please clarify how the said alliance is able to submit documents and papers of relevance that are listed on the Legco website and that they have been invited to present their case in Legco when prima facie they are not a legal entity ?**

Kind regards,

*James Middleton*

Chairman

[www.cleartheair.org.hk](http://www.cleartheair.org.hk)



Legislator

Wong Ting-Kwong Chinese characters 黃定光

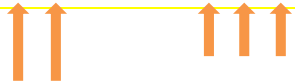
Vincent Fang Kang Chinese characters 方剛

Paragraph at bottom of page 2 of document

### 關注控煙工作委員會簡介

關注控煙工作委員會（「關注控煙會」）於 2009 年成立。該會支持合理的煙草法規，其成立的主要目的之一是要引起公眾關注大幅增加煙草稅會導致私煙活動顯著增長。

關注控煙會的成員包括 7-Eleven（香港）、OK 便利店有限公司、華潤萬家（香港）有限公司、全港報販大聯盟、英美煙草（香港）有限公司、香港煙草業聯合商會有限公司、菲利普莫里斯亞洲集團有限公司、太平洋雪茄有限公司和香煙經銷商新連（香港）有限公司。兩位擔任關注控煙會名譽顧問的立法會議員為方剛議員及黃定光議員。







## 業界就香港煙草稅問題的意見 供《2011年應課稅品(修訂)條例草案》委員會議員參考 - 2011年5月16日 -

自從政府於今年2月底宣佈大幅加煙稅以來，社會上對煙稅的討論一直不絕，可見問題複雜富爭議性。鑒於立法會即將就《2011年應課稅品(修訂)條例草案》展開全局辯論，代表90%煙草業以及其關連的行業的關注控煙工作委員會（「關注控煙會」）提出下列的意見供各位議員參考。

### 33,000名市民簽名反對大幅度提高煙稅

「關注控煙會」在今年4月，通過獨立調查公司在全港不同地區收集市民反對增加煙草稅41.5%的意見。接受調查的市民以煙民為主。調查收集到33,000名市民的簽名和40,000多意見，對於政府三年兩度提高煙草稅，而累積加幅更超過110%，表示強烈不滿〔詳情見附件〕。

誘發業界進行意見調查的原因是想探求我們的看法是否有代表性，更重要的是煙民是直接受到政府加煙稅影響的一羣，但社會看不見政府或受政府委托民意調查機構，有一項收集和分析煙民意見的調查。

接受調查的市民當中超過一半表示大幅增加煙草稅會令私煙猖獗；另有受訪者表示加煙稅會對合法經營者構成不公，打擊他們的生意。

調查結果與業界一直向議員提出的看法是一致。業界早前向各位議員表達，大幅增加煙草稅不但導致私煙活動更為猖獗，更令合法經營的報販和便利商店生意下跌近三成，對超過35,000名從業員、及其家庭成員生活構成壓力。

### 加煙稅無礙煙民吸煙意欲，反令私煙猖獗

作為一個合法的行業，我們完全接受政府的規管，更認同社會要用盡可行的途徑去控煙，但值得細心思考的是加稅能否是達到政策期望。「關注控煙會」相信，大幅增加煙草稅助長私煙活動，因此並非有效的控煙措施。事實上，根據政府所作的調查顯示，在2009年大幅增加煙草稅50%後，香港的吸煙人口反而由11.8%微升至12%。這說明了一個不爭的事實－政府採取的高煙稅政策並不能有效達至降低吸煙人口的目標。

香港私煙貿易因大幅增加煙草稅而日趨嚴重的問題得到國際調查機構所證實。根據 **Euromonitor International** 於 2010 年的調查數據顯示，香港的私煙市場佔有率為 30%，在比較世界各地私煙貿易水平的排行榜上，排行第二。綜合由海關公佈的完稅煙數量和由尼爾森公司進行有關香港煙草市場的獨立調查，我們可以推算 30% 的私煙市場佔有率大約相等於每年 16 億支香煙。令人擔憂的是，海關於 2010 年緝獲私煙只是 7 千 6 百萬支，這只佔龐大私煙市場的總數量不足 5%。

### 私煙猖獗削弱控煙成效，令青少年更容易接觸香煙

業界留意社會上憂慮，假如今次大幅度加煙稅不獲通過，會令青少年的吸煙問題惡化。相信大家認同在政府、校長和老師三方齊手推動校園無煙計劃下，青少年吸煙問題已受到控制，青少年吸煙人數一直維持在一個低水平。政府統計署的數字可以証實學界努力的成效。

雖然如此，我們不否認仍有一些學生是有吸煙的行為，但藉大幅度加煙稅逼使他們放棄吸煙是不切實際的做法。我們察覺自政府三年兩度大幅加煙稅後，吸煙學生的反應是以擁有一包完稅香煙作為身份的象徵，而經濟能力稍遜的則轉向私煙，換言之加煙稅不是對付在學青少年吸煙問題的方法。

### 總結

社會上亦有顧慮若降低煙稅多收的稅款怎樣處理，1991 年政府曾將煙草稅由原先提出的 200% 加幅減為 100%，而當年政府將這四月多收的煙草稅款撥歸庫房，這個做法相信今天亦可以適用。

「關注控煙會」一直以來均建議有關當局採用溫和和有序的方式（例如按照消費物價指數）來調整煙草稅，以減低對私煙的影響和對合法經營者的打擊。我們希望議員將大幅度加煙稅從業界和煙草業的相關行業、私煙問題、吸煙者，以至因為高煙稅衍生的社會階層的標籤效應等等問題作全盤考慮。議員同意降低煙稅的加幅不是支持吸煙，而只是調整政府的政策提議，讓政策更合民意。

- 完 -

如有查詢，請與梁詠詩小姐聯絡，電話：6446-7187。

#### 關注控煙工作委員會簡介

關注控煙工作委員會（「關注控煙會」）於 2009 年成立。該會支持合理的煙草法規，其成立的主要目的之一是要引起公眾關注大幅增加煙草稅會導致私煙活動顯著增長。

關注控煙會的成員包括 7-Eleven（香港）、OK 便利店有限公司、華潤萬家（香港）有限公司、全港報販大聯盟、英美煙草（香港）有限公司、香港煙草業聯合商會有限公司、菲利普莫里斯亞洲集團有限公司、太平洋雪茄有限公司和香煙經銷商新連（香港）有限公司。兩位擔任關注控煙會名譽顧問的立法會議員為方剛議員及黃定光議員。



《反對政府大幅調高煙草稅》簽名運動及意見調查

簽名總數 32,917

地點:	灣仔 及 中環		旺角		尖沙咀 及 油麻地		銅鑼灣 及 鯉魚涌		荃灣 及 觀塘 及 九龍灣												
簽名數量:	3856		9344		6535		10539		2643												
加強教育和防止向未成年人銷售香煙等方法, 較增加煙草稅更能有效控煙	1167		2838		1697		2771		703												
這會誘發更多私煙活動, 不法份子將可獲取更高回報	1512		3576		2241		3701		812												
這會嚴重打擊合法商販的生意, 影響從業員生計	1407		3614		2232		3501		917												
普羅煙民或會轉向廉價私煙市場	1377		3043		1899		3432		827												
*其他	105		178		149		180		35												
太貴	44	違背稅收原意	1	太貴	57	因為煙貴, 無法負擔	2	想迫死我地d煙民	1	唔食煙, 吸毒咩	1	太貴	61	窮人沒有錢食煙	1	太貴	115	食煙不是吸毒	1	太貴	16
官迫民反	4	稅收不能改善煙民健康	1	貴	12	再加食唔起	2	私煙! 買硬! 再加!"粗口"	1	食窮死d煙民都未食死	1	應全面禁煙	13	有理由加價	1	貴	6	打擊市民	1	負擔不起	3
不公平, 歧視煙民	5	有可能轉食軟性毒品	1	應全面禁煙	5	政府無能/無良	2	影響消費	1	幫富不幫窮	1	無意見	8	不要讓煙草入口	1	不易戒	6	增加市民怨氣	1	煙民無自由	3
政府無能	3	加稅不能減少煙民	1	應先加酒稅	5	私煙萬歲!	2	唔比我地食煙	1	愈加, 市民愈反叛	1	不能輕易戒煙	7	應教育市民注意健康	1	索性立例禁煙	4	減煙稅	1	未有顧及所有人意見	3
不如禁煙	3	令低收入吸煙人仕增加負擔	1	無意見	4	即使加到\$1000一包, 市民也不能戒煙	1	影響市民情緒	1	曾俊華不了解煙民心態	1	公民有自由權利	6	應煙酒齊加	1	不可不食煙	4	私煙有雜質, 影響人健康	1	加幅太大	2
有錢人有得食, 冇錢人有得食	3	白痴	1	"粗口"	4	我兼職一個鐘\$28, 一包煙用我2個鐘人工	1	government hate us	1	政府垃圾	1	政府貪錢	5	令市民偷煙	1	應加酒稅	3	本人只買私煙	1	不如加到 \$100	1
窮人負擔不來	3	吸煙對香港人黎講係必需品	1	煙很難戒	4	OMG	1	吸煙只是消費, 沒有罪	1	設立可加可減系統	1	貴	3	高官飲靚酒, 市民食貴煙	1	引發通漲	3	"粗口"	1	人們點都會食	1
太過份喇	2	就黎要乞錢買煙	1	禁賣	3	我地唔食煙, 你點搵錢	1	死左都要食煙	1	引起公眾不滿	1	不公平	3	影響食港煙的人	1	增加市民負擔	2	沒有煙的日子很難過	1	應煙酒齊加	1
加重稅煙更有錢買	2	不想食私煙	1	唔加最好	3	你有壓力, 我都有壓力	1	市民生活更苦	1		1	令窮人更窮	3	dislike	1	唔好加!	2	打擊消費者	1	煙比毒品貴, 易助長青少年吸毒	1
應加酒稅	2	老人家負擔不來	1	欺壓小市民	3	私人享受	1	還富於民	1		1	治標不治本	2	增加罪案	1	總之就反對	2	Government Failure	1	攞到阿伯要執煙頭食	1
市民冇晒錢	2	逼市民戒煙	1	令市民更窮	3	反對	1	要禁煙, 倒不如全面禁止煙草入口	1		1	不合邏輯	2	本人新酬達\$25,000, 但也好X溶	1	令煙成毒	2	不知所謂	1	市民冇錢	1
Pls just add as much Taxes as you can!	2	好唔頂纏	1	政府應減稅	3	so bad	1	沒有人會買香港煙	1		1	有可能\$50一包	2	趕市民入絕路	1	市民沒有錢	2	私煙好	1	煙定會難入水物品, 反而紅酒卻沒有加稅, 不公平	1
不應加煙稅	2	劫貧濟富	1	請給煙民餘地	2	give a period to adapt	1	私煙很難食	1		1	應加酒稅	2	建議食電子煙	1	食唔起喇!<	1	官商勾結	1	香港玩完	1
會導致社會非法活動增加	2		1	仿倣外國加強教育	2	政府十分蠢	1	引發通漲	1		1	增加吸毒問題, 因煙比毒品貴	2	加大貧富懸殊	1	為何只打壓煙民	1	治標唔治本!	1		
"粗口"	2		1	公民有自由權利	2	索k比煙更平	1	加幅不合理	1		1	反通漲	2	影響生活	1	香港貧富懸殊會更嚴重?	1	政府獲利	1		
食煙有罪嗎?	2		1	加得太過分	2	令市民減少一個重要的減壓方式, 置我們於死地	1	市民不能儲錢	1		1	我唔食煙也反對	2	加重年老煙民負擔	1	歧視低下階層	1	唔賣最好	1		
不能輕易戒煙	2		1	政府有盈餘	2	將煙列為毒品	1	no!~~~plz~~	1		1	please do not 加價	1	煙包裝上已有教育	1	打壓娛樂	1	冇意見	1		
不合理	2		1	我想食煙	2	應禁酒	1	貴到優	1		1	乜都加價架! 唔係化?!	1	港煙不應比大陸煙貴	1	反政府	1	稅收回饋市民	1		
公民有自由權利	2		1	有用	2	令煙的售價提高	1	吸煙無罪	1		1	加稅無效	1	加重稅比買煙犯法更差	1	使煙民轉食較便宜的毒品	1	加幅太大	1		
吸煙係自由	2		1	no money	2	食市民錢	1	食窮死d煙民都未食死	1		1	no way >!!<	1	應把煙稅回饋老人	1	加強中小學教育	1	減煙稅	1		
通漲	1		1	稅收回饋醫療	2	不公平	1	我地係死窮鬼	1		1	仲加, 食窮人啦	1	應把煙稅回饋市民	1	無理	1				