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Panel on Health Services
Legislative Council
Hong Kong Special Administrative Region, China

cc: Dr. Judith Mackay

Dear Panel Members:

I am writing to you in my capacity as Founder and Principal Investigator of the International Tobacco Control Policy Evaluation Project (The ITC Project) at the University of Waterloo to applaud the government of Hong Kong for taking steps to strengthen its tobacco health warnings.

Based on evidence from tobacco labelling evaluation studies conducted by the ITC Project across many countries throughout the world, I express my strong support for swift implementation of the proposed amendments to the Smoking (Public Health) Ordinance of 2006 without revision to increase the size of pictorial warnings from 50% to 85% of two largest surfaces of the pack or retail container; to increase the number of health warnings from six to twelve warnings; and to provide a quitline number on tobacco packaging.

The ITC Project is the world's largest tobacco research program, involving 150 researchers across 28 countries. It is the first-ever international cohort of tobacco use, and a primary objective is to conduct rigorous evaluation studies of tobacco control policies implemented under the WHO Framework Convention of Tobacco Control. We are conducting large surveys of tobacco users and non-users in 28 countries, which together are inhabited by over half of the world's population and over two-thirds of the world's tobacco users to provide governments with evidence to inform the development and implementation of strong, effective tobacco control policies. We are striving to combat the tobacco epidemic by undertaking policy surveillance and evaluation studies around the world to understand key factors underlying successful policies and share findings and best practices in policy implementation with governments. Our research findings have been used by governments in many countries, as well as by WHO and other international health organizations, as the foundation for stronger and swifter action to combat the number one preventable cause of death in the world.

The ITC Project has collected the world's most extensive policy evaluation data on the effectiveness of health warnings. We have published over 50 scientific articles on health warnings across nearly 20 of our 28 countries. The findings of our research have contributed to the *WHO Guidelines for Effective Implementation of Article 11 of the FCTC* and have demonstrated that the size, position, content, and design of health warnings play a critical role in determining their effectiveness in informing the public about the harms of tobacco use and encouraging thoughts and behaviours that lead to quitting.

The tobacco industry has claimed that there is no evidence that health warnings larger than the minimum recommended size of 50% of the principal surfaces of the package as stated in the FCTC Article 11 Guidelines are more effective. However, ITC Project evidence from



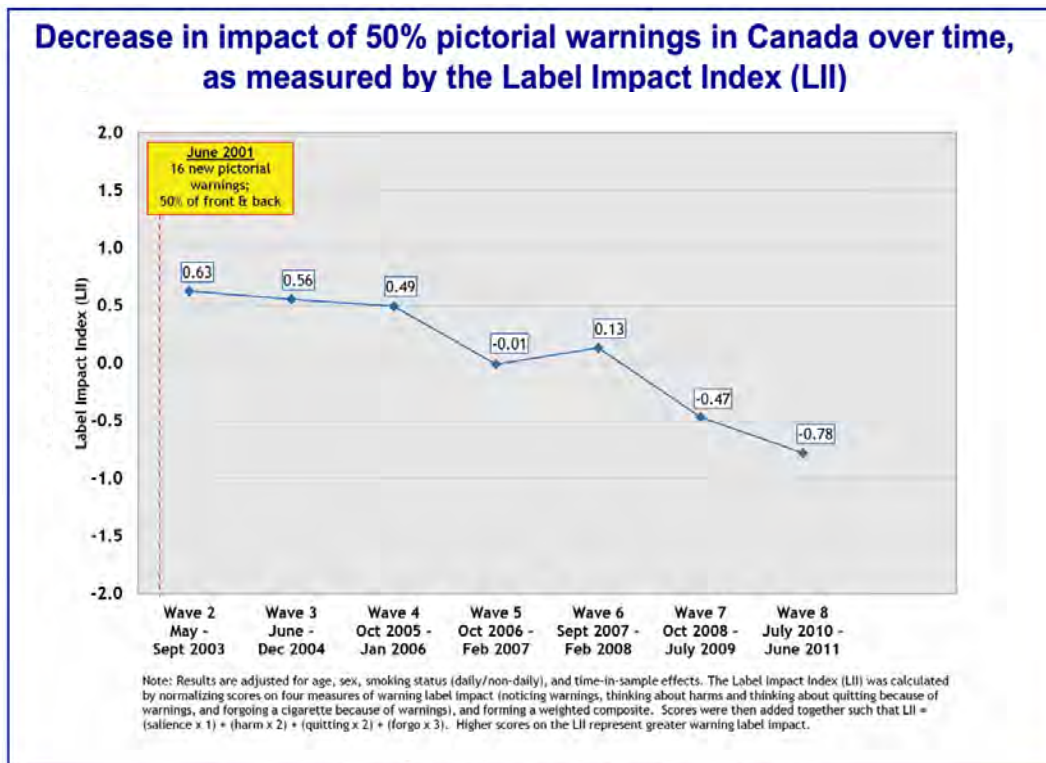
Uruguay, where pictorial warnings were increased from 50% of the principal surfaces to 80%, and from Canada, where pictorial warnings were increased from 50% to 75% of the principal surfaces, has proven otherwise. Our ITC Uruguay findings were critical to the Government of Uruguay’s landmark legal victory against Philip Morris International’s (PMI) to uphold the larger warnings. In addition, ITC studies of the impact of adding a quitline number to tobacco packaging in Australia, New Zealand, and Canada point to why it is important for Hong Kong to proceed with implementing the new larger pictorial warnings along with the quitline number as proposed. This evidence is summarized below.

A. The impact of health warnings decreases over time: Evidence from Canada

In December 2000, Canada became the first country in the world to implement graphic pictorial warnings on tobacco products. The warnings occupied 50% of both the front and the back of the package. However, consistent with many studies demonstrating that messages decline in their impact over time, known as *wear-out*, And so researchers and public health experts all recognize the importance of revising health warnings often. Accordingly, the FCTC Article 11 Guidelines suggest that new warnings be introduced every 12-36 months.

Evidence from the ITC Canada Survey, a nationally representative cohort survey of over 1,500 adult smokers, shows the significant wear-out effect of the 2000 pictorial warnings

Figure 1—Wear out in the impact of the Canadian health warnings over 8 years (Label Impact Index: combination of key indicators of warning effectiveness)



The current pictorial warnings in Hong Kong were introduced in 2006, and thus, it is very likely that a similar dramatic decrease in the effectiveness of those warnings has been experienced in Hong Kong as it has in Canada and in other countries where the ITC Project has conducted evaluation studies of the impact of warnings over time (including the United States, Australia, Malaysia, and Mauritius).

These results support Hong Kong’s initiative to revise and enhance their health warnings. We now turn to the evidence supporting increasing the size of warnings.

B. Increasing warning size above 50% increases impact of the warnings: Evidence from Canada

In 2012, Canada increased the size of their pictorial warnings from 50% of the front and back of the pack to 75%. The ITC Project evaluated the impact of this revision of the health warnings, demonstrating that the new, larger warnings led to an increase in effectiveness.¹

Figure 2—Canada’s lung cancer pictorial health warning in 2001 (50% front and back) compared to 2012 (75% front and back)

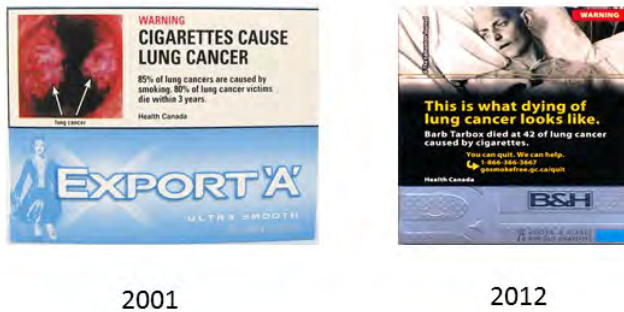
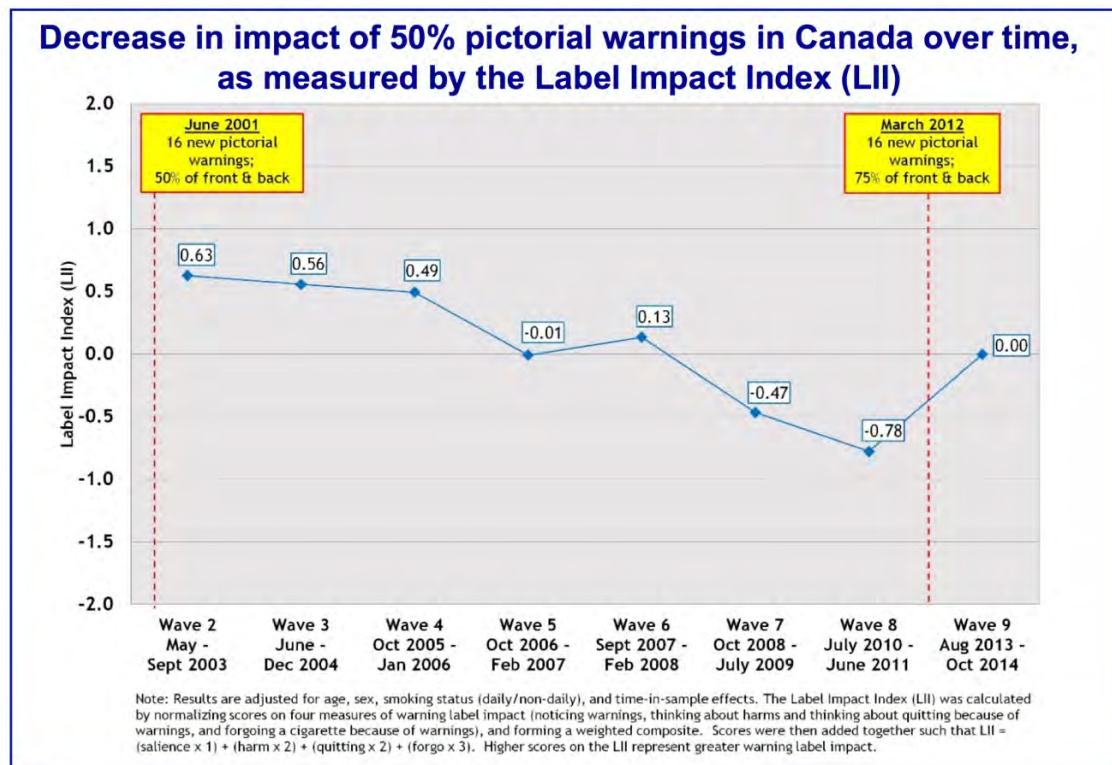


Figure 3—Label Impact Index (LII) as a measure of effectiveness of pictorial health warnings in Canada over time (2003-2014), showing the significant increase in effectiveness after the increase in size of warnings from 50% to 75%.



¹ Green, A.C. (2017). Doctoral dissertation in progress, University of Waterloo.

C. Increasing warning size above 50% increases impact of the warnings: Evidence from Uruguay

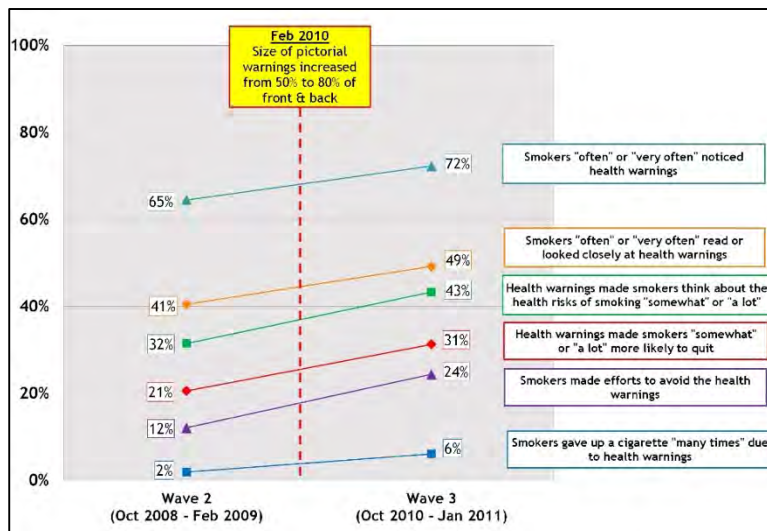
In 2009-10, Uruguay increased the size of its pictorial warnings from 50% of the front and back of the pack to 80% on the front and back of the pack.

Figure 4—Example of Uruguay’s 2014 pictorial health warnings (80% front, 80% back)



The ITC Project evaluated the impact of this increase in warning size in a large-scale cohort survey of about 1,400 smokers randomly sampled in Montevideo, the capital city, and in four other cities. The ITC Uruguay data found that the increase in size led to increases across all indicators of warning effectiveness (noticing health warnings, reading health warnings, thinking about risks of smoking, thinking about quitting, avoiding looking at the warnings, forgoing a cigarette)—indicators that have been shown to predict future quit attempts.²

Figure 5—Impact of the increase in pictorial health warning label size from 50% to 80% of the front and back of the pack in Uruguay



² Gravely, S., Fong, G. T., Driezen, P., McNally, M., Thrasher, J. F., Thompson, M. E., Boado, M., Bianco, E., Borland, R., & Hammond, D. (2014). The impact of the 2009/2010 enhancement of cigarette health warning labels in Uruguay: longitudinal findings from the International Tobacco Control (ITC) Uruguay Survey. *Tobacco Control*, 25, 89-95. doi:10.1136/tobaccocontrol-2014-051742

These findings from Canada and Uruguay demonstrate clearly that the tobacco industry's claims that increasing the size of health warnings above 50% are not justified are simply incorrect. Size DOES matter, and increasing the Hong Kong warnings from 50% to 80% would definitely lead to increases in impact.

D. Adding quitline phone number to the health warning greatly increases quitline calls: Evidence from Australia

In Australia, after text-only warnings on cigarette packs were replaced in 2006 with pictorial warnings (30% front, 90% back) that also included a prominent display of the quitline number, there was a sustained increase in the number of calls to the quitline, with the increase exceeding that explained by accompanying mass media campaigns alone.³

Figure 6—Example of Australia's 2006 pictorial health warnings (30% front, 90% back) including the quitline number



In New Zealand, text-only warnings on cigarette packs in New Zealand were replaced with pictorial warnings (30% front, 90% back) that included quitline information in 2008. The percentage of new quitline callers increased from 12% to 27% over the first month after the new pictorial warnings were introduced, and has remained steady from 2008 to 2011.⁴

E. Adding quitline phone number to health warnings greatly increases quitline calls and treatment reach, including hard-to-reach population groups: Evidence from Canada

In 2012, Canada introduced new larger pictorial health warnings including a toll-free quitline number. The introduction of the quitline number led to substantial benefits in the promotion of quitting among smokers. There was a relative increase of 160% in the average monthly call volume during the 7 months after the introduction of the new warnings and a sustained increase of 43% in the subsequent months. In addition, there was a relative increase of 174% in the number of new callers and a sustained increase of 80% in the subsequent months. The call volume and number of new callers peaked in the fourth month, and third month, respectively, after the new warnings were introduced; the effect lasted for 7 months and was sustained for an additional 15 months.⁵

³ Miller CL, Hill DJ, Quester PG, Hiller JE. Impact on the Australian Quitline of new graphic cigarette pack warnings including the Quitline number. *Tob Control* 2009 Jun;18(3):235-237

⁴ Wilson N, Li J, Hoek J, Edwards R, Peace J. Long-term benefit of increasing the prominence of a quitline number on cigarette packaging: 3 years of Quitline call data. *N Z Med J* 2010;123(109-11).

⁵ Baskerville NB, Brown KS, Nguyen NC, Hayward L, Kennedy RD, Hammond D, Campbell HS (2016). Impact of Canadian tobacco packaging policy on use of a toll-free quit-smoking line: an interrupted time-series analysis. *Can Med Assoc J Open* 2016; 4:E59-E65. [doi: 10.9778/cmajo.20150104cmajo]

In a second evaluation study, in the 6 months after the introduction of the new warnings with the quitline number, 86% of quitline callers reported seeing the quitline number on the warnings. But importantly, treatment reach (proportion of smokers in the country who received treatment from the quitline) nearly tripled (2.7 times).⁶ Moreover, the increase in treatment reach was very strong among young males and among those with high school education or less—two population subgroups for which smoking rates are high AND are particularly hard to reach in attempts to promote cessation.

Figure 7—Example of Canada’s pictorial health warning introduced in 2012 (75% front, 75% back) including the quitline number



F. Conclusions

Together, the international evidence (from the ITC Project and other researchers) provide very strong support for Hong Kong’s proposed amendments to the Smoking (Public Health) ordinance. Increasing the size of pictorial warnings from 50% to 85% of the principal display areas would establish Hong Kong’s global leadership in tobacco control by implementing the world’s third-largest health warnings. Research shows that doing so would: (1) increase public awareness of the harms of tobacco use, and (2) increase thoughts and behaviours that have been shown to lead to quitting. Introducing the quitline number on the pack would significantly increase awareness and use of the quitline among smokers interested in quitting, particularly among those who are difficult to reach.

I applaud your commitment to strengthening the implementation of FCTC Article 11 and for demonstrating global leadership in this important area of tobacco control. I welcome the opportunity to address any issues that may arise in the course of your deliberations.

Sincerely,

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⁶ Baskerville NB, Hayward L, Brown KS, Hammond D, Kennedy RD, Campbell HS. Impact of Canadian tobacco packaging policy on quitline reach and reach equity. *Prev Med* 2015; 81:243-250.

Biosketch of Geoffrey T. Fong, Ph.D., FCAHS

Dr. Geoffrey T. Fong is Professor of Psychology and of Public Health and Health Systems at the University of Waterloo and Senior Investigator at the Ontario Institute for Cancer Research. Dr. Fong is Founder and Chief Principal Investigator of the International Tobacco Control Policy Evaluation Project (ITC Project). He received his B.A. in psychology from Stanford and his Ph.D. in social psychology from the University of Michigan, and has held faculty positions at Northwestern and Princeton.

For the past 15 years, Dr. Fong has focused his research on tobacco use and on evaluating tobacco control policies. In 2002, he founded the International Tobacco Control Policy Evaluation Project (the ITC Project), a research consortium of over 150 researchers across 28 countries: Canada, United States, United Kingdom, Australia, Ireland, France, Germany, Netherlands, Mexico, Uruguay, Brazil, Republic of Korea, China, Thailand, Malaysia, New Zealand, Bhutan, India, Bangladesh, Mauritius, Kenya, Zambia, Romania, Poland, Greece, Hungary, Spain, and Abu Dhabi (UAE). In each country, the ITC Project has conducted large-scale longitudinal cohort surveys to evaluate the impact of tobacco control policies of the WHO Framework Convention on Tobacco Control (FCTC). ITC Surveys are being conducted in countries inhabited by over 50% of the world's population and over 70% of the world's tobacco users. The ITC Project has received over \$100 million in research grants. Dr. Fong has published 277 journal articles and has contributed to major reports from the International Agency for Research on Cancer (IARC), US Institute of Medicine, US National Academy of Sciences, and US Surgeon General. He is one of the three editors of the recent monograph of the US National Cancer Institute and WHO, *The Economics of Tobacco and Tobacco Control*. He has served as an expert consultant to a number of countries, including Australia, Brazil, Canada, and Uruguay on a diversity of issues relating to tobacco use and tobacco policy including additives, health warnings, plain packaging, smoke-free laws. He is an expert for the Australian government in their defense of plain packaging at the World Trade Organization and was an expert for Uruguay in the successful defense of their policies that were challenged by Philip Morris International via a bilateral investment treaty. Recently, Dr. Fong was a member of the 7-member Expert Group formed by the FCTC Conference of the Parties that conducted the official impact assessment of the treaty over its first decade.

In 2007, Dr. Fong received a Senior Investigator Award from the Ontario Institute for Cancer Research. In 2009, he received the "Top Canadian Achievement in Health Research Award" from the Canadian Institutes for Health Research and *Canadian Medical Association Journal*, and a Prevention Scientist Award (2011–16) from the Canadian Cancer Society. Dr. Fong received the 2011 CIHR Knowledge Translation Award for his international work in disseminating ITC findings to governments, researchers, and advocates. In 2012, Dr. Fong was a recipient of the Statistical Society of Canada's Lise Manchester Award for "the unique and historic research effort of the ITC Project." In May 2013, Dr. Fong was awarded a WHO World No Tobacco Day Award for his work "which has been instrumental for the advance of the implementation of the WHO Framework Convention on Tobacco Control, not only in the Region of the Americas but worldwide." In March 2015, Dr. Fong received a Luther R. Terry Award for Outstanding Research Contribution at the World Conference on Tobacco or Health, a global award given every three years. In May 2015, Dr. Fong was elected a Fellow of the Canadian Academy of Health Sciences.