

**From:** "James Middleton" [REDACTED]  
**To:** <panel\_hs@legco.gov.hk>  
**Cc:**

**Date:** Saturday, May 06, 2017 11:54AM  
**Subject:** CTacommentson SCMPart

History: → This message has been forwarded.

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

	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>(i) Quantity of Duty-paid Cigarettes (Sticks)</b>	3,134,718,00 0	3,148,590,00 0	3,269,766,00 0	3,333,569,00 0
<b>(ii) Revenue Collected from Tobacco (HK\$)</b>	5,404,793,50 8	5,840,904,94 0	6,301,625,22 4	6,412,955,85 2
<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

Attachments:

CTAcommentsonSCMPart.pdf

GraphWarnUruguayBMJ.PDF

Heat rising in Hong Kong's war on  
tobacco(1).pdf



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>

# 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>).

For numbered affiliations see end of article.

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## 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= $\geq$ \$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 from 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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**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>).

### REFERENCES

- 1 Fong GT, Hammond D, Hitchman SC. The impact of graphic pictures on the effectiveness of tobacco health warnings. *Bull World Health Organ* 2009;87:640–3.
- 2 Hammond D. Health warning messages on tobacco products: a review. *Tob Control* 2011;20:327–37.
- 3 International Agency for Research on Cancer (IARC). *Methods for evaluating tobacco control policies*. International Agency for Research on Cancer (IARC) *Handbooks of cancer prevention, tobacco control*. Vol 12, Lyon, France, Geneva: WHO Press, 2008.
- 4 Borland R, Yong HH, Wilson N, *et al*. How reactions to cigarette packet health warnings influence quitting: findings from the ITC four-country survey. *Addiction* 2009;104:669–75.
- 5 Thrasher JF, Rousu MC, Hammond D, *et al*. Estimating the impact of pictorial health warnings and “plain” cigarette packaging: evidence from experimental auctions among adult smokers in the United States. *Health Policy* 2011; 102:41–8.
- 6 Partos TR, Borland R, Yong H, *et al*. Cigarette packet warning labels can prevent relapse: findings from the International Tobacco Control 4-Country policy evaluation cohort study. *Tob Control* 2012;22:e43–50.
- 7 Environics Research Group. The health effects of tobacco and health warning messages on cigarette packages—Survey of youth: wave 12 surveys. Prepared for Health Canada. 2007.
- 8 Createc. *Effects of modified packaging through increasing the size of warnings on cigarette packages: quantitative study of Canadian adult smokers and vulnerable*

- non-smokers. HC POR-07-47*. Ottawa: Health Canada, 2008. <http://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/health/2008/254-07a-e/report.pdf> (accessed 23 Sep 2014).
- 9 Hoek J, Gendall P, Gifford H, *et al*. Tobacco branding, plain packaging, pictorial warnings, and symbolic consumption. *Qual Health Res* 2012; 22:630–9.
  - 10 Yong HH, Fong GT, Driezen P, *et al*. Adult smokers' reactions to pictorial health warning labels on cigarette packs in Thailand and moderating effects of type of cigarette smoked: findings from the international tobacco control southeast Asia survey. *Nicotine Tob Res* 2013;15:1339–47.
  - 11 Thrasher JF, Villalobos V, Szklo A, *et al*. Assessing the impact of cigarette package health warning labels: a cross-country comparison in Brazil, Uruguay and Mexico. *Salud Publica Mex* 2010;52(Suppl 2):S206–15.
  - 12 Thrasher JF, Perez-Hernandez R, Arillo-Santillan E, *et al*. Impact of cigarette package health warnings with pictures in Mexico: results from a survey of smokers in Guadalajara. *Salud Publica Mex* 2012;54:254–63.
  - 13 Fathelrahman AI, Li L, Borland R, *et al*. Stronger pack warnings predict quitting more than weaker ones: finding from the ITC Malaysia and Thailand surveys. *Tob Induc Dis* 2013;11:20.
  - 14 Global Adult Tobacco Survey (GATS). Fact Sheet Uruguay. 2009. [http://www.who.int/tobacco/surveillance/fact\\_sheet\\_of\\_gats\\_uruguay\\_2010.pdf](http://www.who.int/tobacco/surveillance/fact_sheet_of_gats_uruguay_2010.pdf) (accessed 23 Sep 2014).
  - 15 World Health Organization. Guidelines for implementation of Article 11 of the WHO Framework Convention on Tobacco Control (packaging and labelling of tobacco products). [http://www.who.int/fctc/guidelines/adopted/article\\_11/en/index.html](http://www.who.int/fctc/guidelines/adopted/article_11/en/index.html) (accessed 23 Sep 2014).
  - 16 Tobacco Tactics. Philip Morris vs the Government of Uruguay. [http://www.tobaccotactics.org/index.php/Philip\\_Morris\\_vs\\_the\\_Government\\_of\\_Uruguay](http://www.tobaccotactics.org/index.php/Philip_Morris_vs_the_Government_of_Uruguay) (accessed 23 Sep 2014).
  - 17 Philip Morris International. Health Warning Labels. [http://www.pmi.com/eng/tobacco\\_regulation/regulating\\_tobacco/pages/health\\_warning\\_labels.aspx](http://www.pmi.com/eng/tobacco_regulation/regulating_tobacco/pages/health_warning_labels.aspx) (accessed 23 Sep 2014).
  - 18 Thompson ME, Boudreau C, Driezen P. Incorporating time-in-sample in longitudinal survey models. Needs. Statistics Canada 2005; Session 12(2005). [http://www.itcproject.org/files/Thompson\\_et\\_al\\_2005\\_Incorporating\\_timeinsample\\_in\\_longitudinal\\_survey\\_ABSTRACT.pdf](http://www.itcproject.org/files/Thompson_et_al_2005_Incorporating_timeinsample_in_longitudinal_survey_ABSTRACT.pdf) (accessed 23 Sep 2014).
  - 19 Stead M, Moodie C, Angus K, *et al*. Is consumer response to plain/standardised tobacco packaging consistent with framework convention on tobacco control guidelines? A systematic review of quantitative studies. *PLoS One* 2013;8: e75919.
  - 20 Environics Research Group. Testing the size of cigarette package health warnings: an online survey of Canadians study 1 2011; prepared for: Canadian Cancer Society.
  - 21 Environics Research Group. Testing the size of cigarette package health warnings: an online survey of Canadians study 2 2011; prepared for: Canadian Cancer Society.
  - 22 Bansal-Travers M, Hammond D, Smith P, *et al*. The impact of cigarette pack design, descriptors, and warning labels on risk perception in the U.S. *Am J Prev Med* 2011;40:674–82.
  - 23 Hoek J, Wong C, Gendall P, *et al*. Effects of dissuasive packaging on young adult smokers. *Tob Control* 2011;20:183–8.
  - 24 Hammond D. Proposed cigarette product warning labels. 2011;Docket No. FDA-2010-N-0568. <http://www.madeans.ca/wp-content/uploads/2011/06/hammond-fda-submission-main-report.pdf> (accessed 23 Sep 2014).
  - 25 Canadian Cardiovascular Society. Cigarette package health warnings. International status report. 3rd edn. <http://www.ensp.org/node/817> (accessed 23 Sep 2014).
  - 26 Hammond D, Thrasher J, Reid JL, *et al*. Perceived effectiveness of pictorial health warnings among Mexican youth and adults: a population-level intervention with potential to reduce tobacco-related inequities. *Cancer Causes Control* 2012;23 (Suppl 1):57–67.
  - 27 Thrasher JF, Carpenter MJ, Andrews JO, *et al*. Cigarette warning label policy alternatives and smoking-related health disparities. *Am J Prev Med* 2012;43:590–600.
  - 28 Thrasher JF, Reynales-Shigematsu LM, Lazcano-Ponce E, *et al*. Cigarette labeling policies in Latin America and the Caribbean: progress and obstacles. *Salud Publica Mex* 2010;52:S233–43.
  - 29 Cameron LD, Pepper JK, Brewer NT. Responses of young adults to graphic warning labels for cigarette packages. *Tob Control* 2015;24:e14–e22.
  - 30 Thrasher JF, Hammond D, Fong GT, *et al*. Smokers' reactions to cigarette package warnings with graphic imagery and with only text: a comparison between Mexico and Canada. *Salud Publica Mex* 2007;49(Suppl 2):S233–40.

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## 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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HEALTH NEWS | Fri Jul 8, 2016 | 8:02pm EDT

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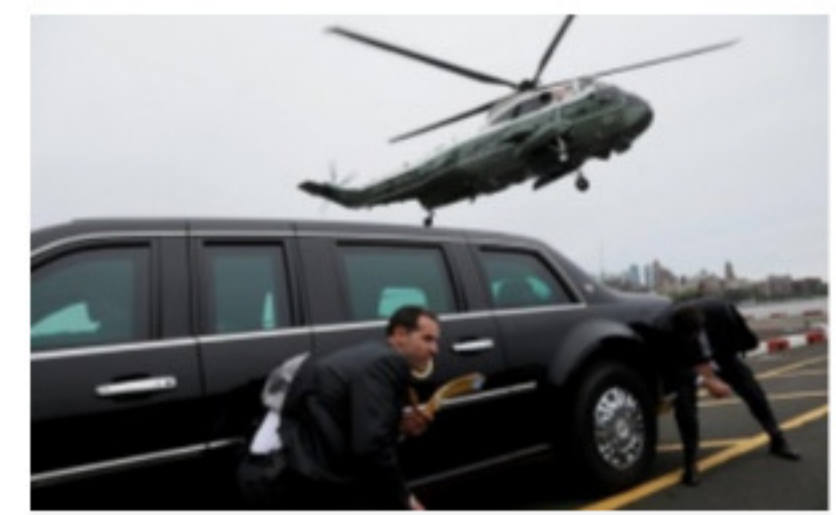
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## Heat rising in Hong Kong's war on tobacco

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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.

She said health warnings, higher tobacco duty and smoke-free areas were the top three

"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.

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