From: "James Middleton" [redacted]
To: <panel_hs@legco.gov.hk>
Cc: [redacted]

Date: Tuesday, December 20, 2016 11:50AM
Subject: ITC-GHW-CHI NA.pdf

Dear Panel on Health Services,

Pls find attached a bilingual report on Health Warning messages in China for circulation to Panel members.

Kind regards

James Middleton

Chairman

http://cleartheair.org.hk

Attachments:
ITC-GHW-CHINA.pdf

中国烟盒健康警示

效果评估及政策建议

World Health Organization
Western Pacific Region

itc
International Tobacco Control Policy Evaluation Project

UNIVERSITY OF WATERLOO

ThinkTank

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目录

图表目录

致谢

本报告由加拿大滑铁卢大学国际烟草控制政策评估项目（ITC项目）组Thomas Agar、Lorraine Craig、Geoffrey T. Fong博士以及Anne C.K. Quah博士为世界卫生组织驻华代表处准备。感谢世界卫生组织驻华代表处无烟草行动技术官员Angela Pratt博士，在形成报告框架、校对文本以及协调同行审议中所提供的帮助及展现的领导力。感谢中国疾病预防控制中心李强博士（前ITC中国项目经理）对本报告草稿提供建议以及在翻译本报告过程中的贡献。感谢中国疾病预防控制中心冯国泽（现任ITC中国项目经理）在翻译本报告过程中的贡献。感谢中国疾病预防控制中心王聪晓以及Michael C. Fong博士核对中文报告。本报告经费主要由世界卫生组织驻华代表处在彭博慈善基金会支持下提供。本报告还得到Geoffrey T. Fong博士获得的安大略癌症研究所高级研究员奖、加拿大癌症协会研究所预防科学家奖、2011年加拿大卫生研究院知识传播奖等奖项的支持。

此外，感谢Sonya Lyon在报告准备过程中提供协助。

“中国摆脱吸烟陋习正当其时，而这关系到中国未来经济与社会的繁荣。本报告中的证据及建议如能得到有效实施，无疑将对中国大有裨益。”

Bernhard Schwartländer博士
世界卫生组织驻华代表
2013年12月

序

全球非传染性疾病 (NCD) 的发病及死亡负担正在快速增长，在中国这样快速发展的大国中更是如此：全球范围内63%的死亡可归因于非传染性疾病，而在中国这一数字超过80%。全球疾病负担的这一改变是我们现在面临的最大公共卫生挑战之一。

认识到非传染性疾病对健康、经济以及社会发展的巨大威胁，2011年联合国召开了联合国大会预防和控制非传染性疾病高级别会议 –这也是联大历史上第二次为健康问题而召开的特别会议（第一次是因艾滋病问题）。高级别会议的政治宣言承认非传染性疾病带来的挑战，并承诺要加速履行世界卫生组织《烟草控制框架公约》，以显著降低烟草消费，遏制非传染性疾病的上升趋势。

在这样的背景下，世界卫生组织驻华代表处非常愿意支持这一重要的政策报告，为中国实施更强有力的烟盒健康警示提供循证依据。全面履行《公约》及其实施准则是各国遏制非传染性疾病流行的最佳投资之一；而在烟盒上使用大幅的图形健康警示则是政府可使用的最有效控烟措施之一。

其原因正如本报告所述，大幅的图形健康警示是向吸烟者警示危害并鼓励其戒烟的最有效方式之一。同时，这也是政府可使用的最具成本效益的干预措施之一，因为实施图形警示几乎不需要财政资源。

烟草使用已经对中国人民健康造成严重危害，每年有超过100万中国人死于烟草导致的疾病。目前，中国10亿成年人中的28%为吸烟者，而5.7亿成年男性中更有超过一半吸烟。每两个吸烟者中会有一个死于烟草导致的疾病，其中多数为过早死亡，因此，如果中国目前的高吸烟率不能得到有效控制，烟草消费将对中国未来的社会和经济造成灾难性的后果。

中国摆脱吸烟陋习正当其时，而这关系到中国未来经济与社会的繁荣。本报告中的证据及建议如能得到有效实施，无疑将对中国大有裨益。

Bernhard Schwartländer博士
世界卫生组织驻华代表
2013年12月

序

烟草危害是当今世界最严重的公共卫生问题之一。中国吸烟者总数超过3亿，占全球吸烟者总数近三分之一。烟草使用是导致肺疾患的主要因素，包括慢性阻塞性肺疾患、心血管疾病，直至肺癌等恶性肿瘤。烟草使用是中国首位死因，每年导致超过100万人死亡。如果目前的烟草流行趋势不能得到有效控制，到2020年，这一数字将翻番。烟草相关慢性病严重威胁我国人民的健康和幸福生活，会迅速成为我国经济社会发展的沉重负担。

吸烟是一种不健康的社会行为。经过长期的探索实践，我们逐渐认识到，控制吸烟，实现戒烟，仅靠一般性宣传难于奏效，还要结合国家法律、经济手段等多种渠道、多管齐下，形成有利于控烟的社会氛围，才能取得进展。

世界卫生组织制定的《烟草控制框架公约》（《公约》）第11条实施准则，要求加强烟盒健康警示，对烟盒包装有着具体的要求。多个国家的实践表明，烟草制品包装上的健康警示，特别是醒目的图形方式的健康警示和警语标志是警示烟草使用危害，鼓励吸烟者戒烟的最有效手段之一。特别是在我国，历来有用烟送礼、相互敬烟的不好习俗，在烟盒包装上实行警示图片宣传烟草的真正危害，是减少烟草使用最直接、最有效的警示方式。

《烟草控制框架公约》于2006年1月在中国正式生效。几年来我国实施《公约》的情况如何，尤其是实施烟盒健康警示方面是否有所进展，本书的作者对效果进行了客观系统的评估。结果显示，我国目前的烟盒健康警示与《公约》的要求和与控烟实施有力的国家相比还相距较远，几乎起不到足够的警示和教育作用。调查发现，中国2008年10月开始在烟盒包装使用的文字健康警示并不显眼，也没有因此增加吸烟者的戒烟意愿和戒烟行为。中国疾控中心2010年开展的另一项成人烟草调查也显示，中国烟盒健康警示没有起到足够的警示和教育作用。

烟草使用危害健康，烟草经济不足以抵扣健康损失。控烟是功在当代、利在千秋的事业。最近，中共中央办公厅、国务院办公厅提出了政府官员要带头在公共场所禁烟的要求，在当前我国履约控烟山重水复之际，从前所未有的角度、力度和宣传效应使控烟工作柳暗花明。

感谢所有参加此次调查和做出努力的人员。

王宇，医学、哲学博士

中国疾病预防控制中心主任

序

随着吸烟率的不断升高，中国所面临的公共卫生形势日益严峻。目前我国每天有超过3000人死于吸烟相关疾病，而每年死于吸烟相关疾病的人数更超过百万。如果目前的情况不能得到改变，预计到2020年，这一数字将上升到二百万；到2030年，男性总死因中的三分之一将归因于吸烟相关疾病。

中国政府2003年签署了世界卫生组织《烟草控制框架公约》（《公约》），2005年正式批准《公约》。其后，中国在控烟方面取得了一些进展，然而，在控烟的很多政策领域中国还没有达到《公约》的最低要求。按《公约》第11条要求，中国应在《公约》生效后三年内实施大幅、显眼、轮换使用的烟盒健康警示，其面积应占烟盒正面及背面的至少50%。

烟盒健康警示是对吸烟者、非吸烟者以及青少年开展吸烟及二手烟危害教育的一种极具成本效益的手段。而目前中国使用的文字健康警示没有达到《公约》的要求，而且落后于巴西、俄罗斯、印度等其他已使用了图形健康警示的金砖国家，因此本报告呼吁中国及时采取行动改进烟盒健康警示。

本报告根据在超过20个国家中开展的国际烟草控制政策评估项目（ITC项目），无可辩驳地证实实施图形健康警示可以提高公众对烟草危害的认知、促进吸烟者戒烟，最终帮助实现《中国烟草控制规划》中设定的目标。

在过去两年里，新探健康发展研究中心进行了广泛的社会动员，与疾控中心、地方卫生部门、大学以及非政府组织联合在中国多个城市内开展了倡导行动，向决策者、公众、媒体宣传实施图形健康警示的紧迫性。我们致力于开展包括“我要告诉你，因为我爱你”在内的健康警示巡展活动，提高公众对对烟草危害的认识。

我们的调查发现，图形健康警示提高了公众对吸烟及二手烟危害的认知度，公众支持使用图形健康警示。2011年，1525人签署了一封致工信部的信，呼吁警示图形上烟包。ITC数据显示，2008年中国使用了新的健康警示，将警示由烟盒侧面移到烟盒正面及背面（背面为英文），并且推出了2条新的文字信息后，中国男性吸烟者中仍有40%希望在烟盒上印刷更多的健康信息。然而，2008年后中国烟盒健康警示信息的内容并没有改变。

我强烈支持本报告中的相关建议：中国应实施图形健康警示，警示应在烟盒上部，占据烟盒正面及背面至少50%的面积，兑现履约承诺，如此方能实现《中国烟草控制规划》中的目标，保护人民健康。

王克安博士
新探健康发展研究中心主任
中国北京

序

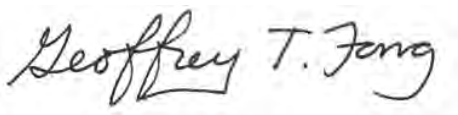
中国受烟草危害之重，全球无出其右！中国有三亿吸烟者，根据国际烟草控制政策评估项目（ITC项目）中国调查过去五年的结果，与全球其它ITC项目国家相比，中国民众对烟草具体危害的认识水平很低！

世界卫生组织《烟草控制框架公约》（《公约》）是全世界第一个卫生公约，其中具体说明了减少烟草使用的路线图。中国于2005年批准了该公约，《公约》的核心目的之一是向消费者宣传卷烟和其它烟草产品的巨大危害——这也是世界卫生组织MPOWER系列政策当中的“W”项（“警示”）的所指。《公约》第11条实施准则对有力、有效警示的构成要素有详细的介绍，包括：须占据烟盒前后两面至少50%的面积、须说明已知吸烟可导致的具体危害（如肺癌、心脏病、中风、肺气肿等）、须包括烟草产品危害的图片信息，从而提高警示内容的冲击力，引起使用者的情绪反应。

过去十年间的研究，包括多个国家的ITC项目研究，都得出结论，表明图片警示可以显著提高人们对烟草危害的认识，促使吸烟者产生更强的戒烟动力和行动，并降低非吸烟者开始吸烟的意愿。近期的一项ITC项目研究显示，加拿大在采用图片警示之后，吸烟率显著下降。

所有研究证据都表明，中国到目前为止还没有在其健康警示当中引进图片警示内容，正因为如此，本报告当中提出的“中国现有纯文字中文健康警示效果很差”也就不足为奇了！这一水平在所有20个ITC国家当中，在警示有效性方面处于垫底或者接近垫底的位置。

我们希望本报告当中提出的证据可以有助于促使中国最终设计和使用更加有力的健康警示。从2002年ITC项目启动至今，我们已经很多次发现研究证据可以让政策制定者们获得勇气，为当为之事！在当今中国烟草严重流行的形势下，拿出这样的勇气刻不容缓！



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国际烟草控制政策评估项目（ITC项目）负责人

摘要

烟草使用对中国公共卫生已经造成严重危害，每年有超过100万中国人死于烟草相关的疾病。《中国烟草控制规划（2012-2015年）》（以下简称《规划》）提出中国控烟的主要目标包括：成人吸烟率相对降低10%以上，青少年吸烟率相对降低25%以上，同时公众对烟草危害健康的认识显著提高。 中国大多数吸烟者对使用烟草的危害缺乏认识。多项研究成果证实，如采用大幅图形健康警示，不仅可显著提高吸烟者对使用烟草危害的认识，还能推动吸烟者更多的考虑戒烟或者尝试戒烟，并减少烟草消费。本报告提出了多项证据，证明中国现行的纯文字健康警示效果不佳。这些证据来源于国际烟草控制政策评估项目（简称ITC项目）在中国前三轮调查所采集的数据。而对中国调查数据的分析研究，采用与ITC项目在其他国家相同的研究框架。这些国家大多数已按照世界卫生组织《烟草控制框架公约》（以下简称《公约》）第11条要求，实施了大幅图形健康警示，履行了他们作为《公约》缔约方的承诺。本报告敦促中国决策者加快步伐实施烟盒图形健康警示。归根结底，不论是要实现《规划》所提出的降低吸烟者吸烟率的目标， 还是要实现显著提高公众对烟草危害健康认识水平，图形健康警示最具成本效益的控烟措施之一。

《公约》为缔约方实施有效控烟政策、降低吸烟率设计了最佳路线图。中国于2003年签署了《公约》，2005年批准了《公约》，承诺要采取有效措施实减少烟草使用。《公约》第11条要求缔约方在批准《公约》后三年内：在烟草制品的包装和标签上应实施大幅、醒目、轮换使用的健康警语，应使用该国主要语言，宜占据主要可见部分至少50%的面积。虽然《公约》提到警语和警示信息可采取或包括图片或象形图的形式，但是2008年11月第三次缔约方会议上通过的《公约》第11条实施准则则建议：在烟草制品的包装和标签上超过50%的主要可见面积应使用全色图形健康警示。

尽管中国在改善烟盒健康警示方面做了一些工作，但是这种改善仅局限于文字方面，目前相关的警示规定远未达到《公约》第11条的要求以及《公约》第11条实施准则所推荐的最佳实践标准：

- **没有做到有效轮换**：所有的烟盒上的健康警示完全相同，正面及背面使用两句不同的警语。
- **标识不大而明确、醒目和清晰**：警示仅占据烟盒正面及背面30%的面积，仅达到最低要求。警示的背景颜色与烟盒相同，从图形上看与烟盒设计没有明显区别。此外，警示字体过小。
- **没有采用图形方式**：警示为纯文字方式。
- **不在烟盒的上部。**
- **没有使用一系列不同的警示和信息**：只使用了三条警示信息。没有提供有关吸烟导致具体疾病的信息，没有提到吸烟的成瘾性，也没有二手烟危害的相关信息。
- **没有提供戒烟建议。**

ITC中国项目第三轮在七个城市内调查了5583名吸烟者以及1417名非吸烟者，其结果显示大多数吸烟者对吸烟危害健康的认识程度严重不足。

- **约四分之三**的吸烟者不知道吸烟可导致中风。
- **几乎一半**的吸烟者不知道吸烟可导致冠心病。

2008年10月，中国修改了烟盒健康警示，将文字警示移到烟盒的正面（中文）和背面（英文），占据正面及背面30%的面积。ITC中国项目第二轮（2007-08年）及第三轮（2009年）的调查对健康警示修改前后的效果进行了评估。结果显示，此次修改的效果仅获得一些微小的改善。2012年4月，中国再次对烟盒健康警示进行了修改：字体有所加大，但面积没有变化，仍仅占据烟盒正面及背面的30%，烟盒背面的英文则改为中文。同一时期2009年1月，马来西亚按照《公约》第11条实施准则的要求，在烟盒正面（40%）及背面（60%）使用了图形健康警示。ITC项目使用了三个指标来对比两国修改健康警示之后的效果："注意到健康警示"、"健康警示促使吸烟者考虑戒烟"的程度，以及"因为健康警示至少一次放弃吸烟"。结果显示，马来西亚在采用大幅图形健康警示之后，三项指标的有效性均获得显著的改善：

- **男性吸烟者经常注意到健康警示的比例：马来西亚由51%上升到66%，中国则是42%上升到47%。**
- **男性吸烟者报告健康警示使其在很大程度上考虑戒烟的比例：马来西亚由6%上升到20%，中国则是3%上升到5%。**
- **过去一个月内男性吸烟者因健康警示至少一次放弃吸烟的比例：马来西亚由23%上升到56%，中国则是15%上升到20%。**

多国（如澳大利亚、乌拉圭、巴西、泰国、毛里求斯）现已实施大幅图形健康警示。ITC项目在这些国家开展了类似研究，结果表明健康警示由文字改为图形之后成效显著。

采用图形健康警示还可能改变中国以烟送礼的社会风俗。分享和赠送卷烟是导致非吸烟者开始吸烟和吸烟者戒烟失败的重要因素。使用图形健康警示如能与大众媒体宣传行动相配合，可以向公众普及吸烟危害健康的相关知识，减少以烟送礼的行为。

来自ITC中国项目数据显示，中国吸烟者期望从烟盒能获得更多关于"吸烟危害健康"方面的资讯。2008年中国加大健康警示字体之后，仍有40%的吸烟者希望能从烟盒上获得更多的健康信息。多项ITC实验研究显示，中国吸烟者认为包含图片的健康警示比纯文字的健康警示更有效。

超过60个《公约》缔约方已经实施了图形健康警示。除中国以外的四个金砖国家中，巴西、俄罗斯及印度已经实施了图形健康警示，南非正在准备出台图形健康警示的相关法规。中国的香港及澳门特别行政区都已在烟盒正面及背面使用了图形警示，占据两面面积的50%。

主要发现

- 尽管中国已经采取了一些措施改进健康警示，但是ITC中国项目显示，2008年纯文字版健康警示标识与之前版本相比并无显著的提高。
- ITC实验研究显示，中国吸烟者认为包含图片的健康警示比纯文字的健康警示更为有效。
- 多个国家ITC项目的证据表明，图形健康警示可以增强吸烟者及非吸烟者对吸烟危害的认知水平，增加与戒烟有关的行为，并帮助戒烟者保持戒烟状态。
- ITC项目研究显示：按照《公约》第11条实施准则对健康警示进行修改可以提高中国吸烟者对吸烟危害的认知水平，强化其戒烟动机。

建议

- 按照《公约》第11条实施准则修改实施准则要求，推行图形健康警示，规定图形健康警示至少占据烟盒正面及背面的顶部至少50%面积。在中国，此举不仅 可以显著提高健康警示的效果，还将有助于实现《规划》中所设定的控烟目标。
- 图形健康警示应提供相关信息以促进吸烟者尝试戒烟，这包括印上戒烟热线的号码。
- 超过60个《公约》缔约方已经实施了图形健康警示。除中国以外的四个金砖国家中，已有三个实施了图形健康警示。因此，中国可以借鉴多个国家的经验，设计出更加有效的图形健康警示。*

* *世界卫生组织无烟草行动（TFI）开发了一个健康警示库网站（www.who.int/tobacco/healthwarningsdatabase/en/index.html），用以帮助国家和缔约方分享图形健康警示及信息。这一网站是根据《公约》第三次缔约方会议的决议而开发的，且将根据国家及缔约方提供的图片定期更新。*

背景

2003年5月21日，世界卫生组织正式通过了《公约》，这也是全世界第一部卫生方面的公约。截止到2013年12月，已有177个国家签署了《公约》，覆盖了全球88%的人口。

烟盒健康警示是《公约》第11条的核心内容[1]。根据《公约》规定，缔约方须在本国批准《公约》后三年内采取有效措施，以确保：(1) 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、危害或释放物的产生错误印象的手段推销一种烟草制品，或者某一烟草制品比其他烟草制品危害更小的虚假印象；(2) 每包烟草产品上都必须带有健康警示，说明烟草使用的危害。

烟草产品上的健康警示，特别是图形健康警示是警示烟草使用危害，鼓励吸烟者戒烟最有效的手段之一。

《公约》第11条要求在烟草制品上健康警语和信息：

- 应轮换使用，应是大而明确、醒目和清晰的
- 宜占据主要可见部分的50%或以上（但不应少于30%）
- 可采取或包括图片的形式
- 应使用本国主要语言

为帮助缔约方履行《公约》第11条，第三次《公约》缔约方会议（COP）于2008年11月通过了《公约》第11条实施准则[2]。为增强烟草警示的成效，缔约方应考虑按该准则的要求，对烟草产品上的健康警示做出以下规定：

- 应位于烟盒正面及背面的顶部
- 宜占据主要可见部分的50%或以上，而且面积越大越好
- 应以清晰可见的大号加粗字印刷健康警语和信息
- 应包含全色图片
- 应包含至少两套或多健康警示供轮换，涵盖一系列的警示信息
- 应能引起不愉快的情绪反应，以及能定制个性化的健康警示和信息
- 应提供戒烟建议和戒烟帮助资源信息

中国于2003年签署《公约》，并于2005年8月批准《公约》。《公约》于2006年1月开始在中国正式生效。作为《公约》缔约方，中国承诺履行《公约》的各项规定，这包括第11条涉及烟草产品包装的规定。在《公约》第11条实施准则通过后5年内，全世界已有约60个《公约》缔约方实施或立法通过了达到或超过第11条实施准则要求的健康警示法律、法规。大量研究已证实，符合《公约》第11条实施准则的健康警示效果更佳。然而至今为止，中国烟草产品包装政策仍未推行这些在许多国家行之有效的措施。到2013年12月为止，中国烟草产品包装上的健康警示效果依然非常薄弱。

中国上海，儿童在卷烟零售点接触到摆放的卷烟

图片来源：中国疾病预防控制中心

本报告旨在为中国的决策者提供必要的证据，帮助他们实施更为有效的烟盒健康警示政策。报告将总结了中国烟盒健康警示的现状陈述了中国近期为增强健康警示的实施效果所采取的几个步骤、以及提供了国际上关于图形健康警示有效性的证据。

报告着重介绍了ITC中国项目的调查成果，表明中国目前使用的纯文字健康警示效果不佳。报告还提出了证据，证明如能实施图形健康警示，可能会收到良好效果。这些研究发现与《公约》的要求以及中国2012年12月发布的《规划》所提出的烟草控制和健康促进目标进行了对比。

本报告所采用的数据主要来源于ITC项目的研究发现。ITC项目是全球首个对控烟政策的社会心理以及行为影响进行评估的国际性队列研究，也是唯一一个针对《公约》核心政策的有效性进行评估的研究。ITC项目在包括中国在内的全球22个国家同时开展。ITC中国项目前三轮于2006年至2009年开展，一共调查了中国七个城市的5600名成年吸烟者和1400名非吸烟者。本报告总结了ITC项目在中国及其他国家的相关研究发现，介绍了其他一些国际烟盒健康警示的研究结果，目的在于向决策者提供清晰且有明确依据的一系列政策建议，以期推动中国在烟草产品包装上实施大幅的图形健康警示。

图形健康警示

《中国烟草控制规划》

2012年12月，中国正式发布《规划》，提出要加强控烟，遏制烟草使用。《规划》充分认识到中国在控烟方面面临的严峻挑战：人数众多的成年男性吸烟者（男性吸烟率达的53%）；13-18岁的青少年吸烟者约1500万（青少年吸烟率达12%）；公共场所、工作场所吸烟现象严重，有7.4亿非吸烟者遭受二手烟暴露，暴露率达72.4%，《规划》特别强调——吸烟导致多种疾病，严重危害公众健康，是中国面临的最突出的公共卫生问题之一。每年中国约有100万人死于吸烟相关疾病。如果当前的吸烟状况不改变，预计到2050年，这一数字将突破300万。

《规划》提出中国控烟的主要目标包括以下两项：三年内，成年人吸烟率由2010年28.1%降低到25%以下（相对降幅超过10%），青少年吸烟率从2010年的11.5%降低到8.5%以下（相对降幅超过25%）。要实现此项目标，中国需要在多个控烟领域采取非常强有力的措施，提升烟民的戒烟意愿，问题是目前中国吸烟者的戒烟意愿很低。

《规划》的另一个主要目标是显著提高公众对烟草危害健康的认识。为实现这一目标，《规划》明确提出要完善烟草警示内容，提高健康危害警示效果。不过，《规划》中既没有给出明确的时间表，也没有明确提出要使用图形健康警示。

而《公约》第11条实施准则指出：

“有证据表明，图文并茂的健康警语和信息比纯文字形式的健康警语和信息更有效。”

本报告将论证：按照《公约》第11条实施准则要求，采用强有力的图形健康警示是实现《规划》两大目标的关键措施之一。

健康警示是传播工具

开展控烟宣传教育可以有效提高社会公众对吸烟危害健康的认识。而健康警示是控烟宣传教育策略中的关键组成部分。本报告提出证据，证明中国公众对于烟草危害的认识水平依旧很低。对中国而言，采取有力措施强化健康警示显得尤其重要。

近年来，中国开展了多项全国性或地方性的控烟宣传教育行动，旨在提高公众对于吸烟以及被动吸烟危害的认识。世界卫生组织通过八项大众传媒传播标准对各国控烟宣传行动进行评估，包括目标受众研究、预先测试宣教活动材料、统筹规划播放时间、行动执行过程以及效果评估、采用新媒体以增强宣传效果等。结果表明，中国在综合使用各项控烟宣传手段方面排在世界前列[3]。近年来地方性的宣教活动包括2009年1月在北京启动的世界肺健基金会 “海绵篇”广告宣传行动，以及2008年12月到2009年2月和2010年5月在十一个城市开展的“赠送卷烟就是赠送危害”行动等[4]。

有针对性的广告宣传是传播吸烟危害的一种有效手段。但即使是最佳的控烟宣传教育行动也不可能频繁接触到所有烟民。相反，健康警示通过烟盒不仅能接触到更多烟民而且频率很高。从这意义上讲，强有力的健康警示是吸烟者获知吸烟、二手烟有害信息的最重要来源。中国烟民平均每天吸15-17支烟，他们接触烟盒的频率通常很高，仅从烟盒里拿出烟这一个动作，每年就能接触到6205次健康警示。特别需要指出的是，吸烟者接触健康警示的时机也是恰到好处，正好就是在他们正准备吸烟的时候。

从信息传播的广度上看，烟盒健康警示作为一种公共卫生干预措施，与须付费的其他大众媒体传播工具相比，具有极高的成本效益。事实上，多项研究已经表明，即使是经常在大众传媒开展控烟宣传的多个国家（加拿大、美国、英国、澳大利亚），烟盒健康警示仍然是除了电视以外吸烟者获得吸烟危害信息的最主要途径[5]。而根据ITC中国项目调查的结果，吸烟者最常注意到吸烟危害信息的途径依次是烟盒、(79%) 电视 (70%) 、公共交通工具及其站点 (61%) [5]。在许多国家，每当烟草产品出现在公众场所或者摆放在零售店的时候，烟草包装上的健康警示，同样能引起非吸烟者的高度关注[6]。

健康警示对吸烟率的影响

《规划》中提出了在2015年前将成人吸烟率相对降低10%的目标。本报告将论证图形健康警示为什么可以在不断强化吸烟者的戒烟相关行为的同时，减少戒烟者复吸的风险，从而达到降低总体吸烟率的目标。

大量研究证实，烟盒上大幅的图形健康警示可以大幅增强吸烟者戒烟动机。随着吸烟者对吸烟危害健康认识水平的提高，他们会更多地思考吸烟的健康风险。图形健康警示还可以增加吸烟者的反吸烟行为，包括回避警示（即故意不看健康警示），以及如他们自己报告的，更频繁的放弃吸烟等[7]。

图形警示降低吸烟率

ITC项目研究者们于2013年进行了一项研究，将加拿大2001年开始使用图形警示前后九年的吸烟率与美国同期的吸烟率进行了比较，在对比分析时考虑了两国烟草价格变动的因素。该研究得出了十分有力的证据，显示图形警示可有效降低总体吸烟率[8]。研究发现，2001年加拿大开始采用第一批的图形警示后，该国吸烟率下降了12%~20%。研究者们估算了一下，假设如果美国同期也采用了图形警示并且取得了与和加拿大一样的吸烟率下降程度，给出的结论是：美国应可减少530~860万吸烟者。目前还不清楚，中国假如采用图形警示之后是否也能与加拿大一样，在控烟方面取得了相应的成效。但是ITC项目在数个国家对图形警示的效果进行了评估。结果显示，图形健康警示对包括中国在内的等中低收入国家的有效性可能超过高收入国家，因为中低收入国家公众对烟草危害的认识水平通常更低。

ITC研究还显示，戒烟成功者也可以从烟盒健康警示中受益[9]。戒烟成功者复吸的风险随着他们与其他吸烟者接触的频率增加而升高。当戒烟成功者正准备复吸的关键时刻，如能接触到烟盒健康警示，将能鼓励他们持之以恒的保持戒烟状态。由此看来，采用符合《公约》第11条实施准则所要求的图形健康警示，不仅可以帮助吸烟者戒烟，还能降低戒烟者复吸率。从这个角度上看，是健康警示的大小、新颖性和图形健康警示方式等因素而非文字警语决定吸烟者以及戒烟者看到健康警示的机率（从而更有效地一方面帮助吸烟者戒烟，另一方面降低戒烟成功者复吸率）。

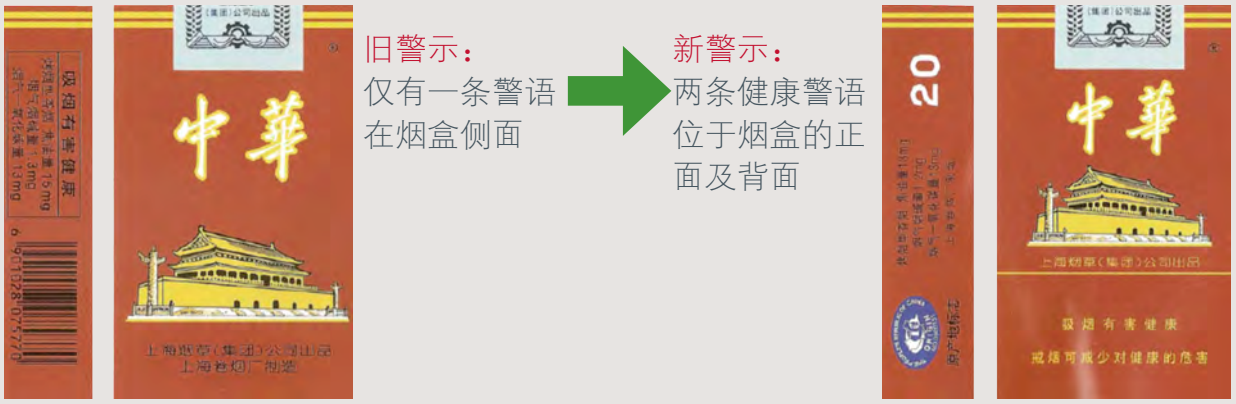
近年来中国烟盒健康警示的变化

近年来，中国已采取了一些措施来强化烟盒健康警示。但是，现有的健康警示仍需进一步改进，使之符合《公约》第11条实施准则的要求。

在2008年10月以前，中国的烟盒健康警示只在烟盒的侧面有一条警语："吸烟有害健康"。2008年10月，中国对健康警示进行了修改：一是改变了健康警示的位置——位置移到烟盒的正面及背面，分别占据两面面积的30%（健康警示位于下半部）；二是调整了健康警语内容——除已有的"吸烟有害健康"外，增加了"戒烟可减少对健康的危害"和"及早戒烟有益健康"（图1）。

2008年10月到2012年3月间，烟盒两面警示标示内容相同，但背面的内容使用英文。2012年4月，中国再次更新了烟盒健康警示。要求烟盒上的新的健康警示字号达到2008年版警示字号的两倍，同时根据《公约》关于健康警示信息须采用本国主要语言的要求，将背面的英文警示改为中文。然而，健康警示所占面积还是维持在烟盒正面及背面的30%。

图1．中国2008年10月–2012年3月的烟盒健康警示



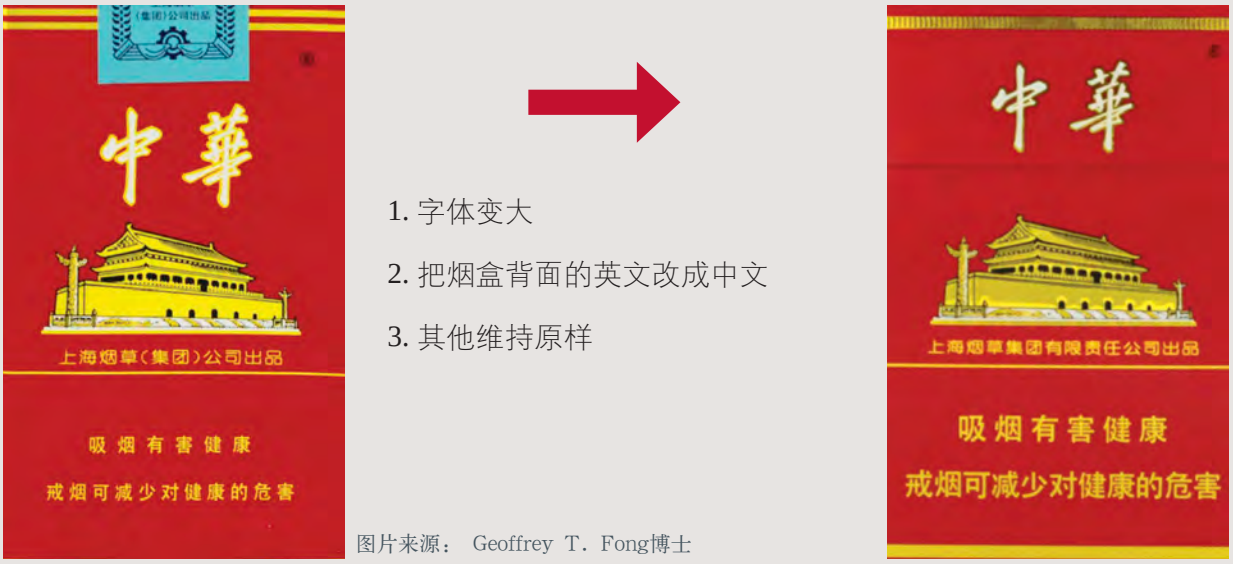
烟盒背面使用英文警语

图片来源： Geoffrey T．Fong博士

目前的健康警示采用了与品牌商标相同的颜色，背景和字体（图2）。 而《公约》第11条明确要求健康警示必须“醒目和清晰”。第11条实施准则同时也建议各国增强颜色对比度和加大警语字体来达到“清晰、醒目”这一要求。

《规划》对强化卷烟包装标识健康危害警示提出了几点要求：(1) 加强卷烟包装标识管理，严厉查处违反卷烟包装标识规定的行为；(2) 完善烟草危害警示内容和形式，严格执行卷烟包装标识健康警语定期轮换使用规定；(3) 提高健康警示效果，按照“大而明确、醒目和清晰”的要求，通过扩大警语占用面积、加大警语字体、增强颜色对比度等，切实提高烟草危害警示效果。当前强有力的证据显示，在烟盒上使用图形健康警示可大幅度提高烟草危害警示效果，同时鼓励吸烟者戒烟。 然而，《规划》中未明确提及要使用图形警示。

图2．中国2012年4月改版后的健康警示



图片来源： Geoffrey T．Fong博士

中国现有的烟盒健康警示标识

应根据《公约》第11条实施准则要求对健康警示进行修改，这将有望明显提高健康警示的有效性。

如表1所示，尽管2012年中国修改了健康警示，但现有的烟盒健康警示仍有待加强，以达到《公约》第11条的要求，提高健康警示效果。如上所述，加强健康警示也有助于实现《规划》所提出的提高公众对于吸烟危害的认识和降低总体吸烟率的目标。

表1．中国现有烟盒健康警示 与《公约》第11条实施准则要求的比较

中国现有的健康警示（2012年4月）是否符合《公约》第11条实施准则要求？		
	是	否
《公约》第11条的规定		
应轮换使用多条信息		× 没有实质意义上的轮换使用：两种健康警语同时印在所有烟盒的正反面，因此所有烟盒的健康警示没有区别
须大而明确、醒目和清晰		× 目前的政策允许警语的背景颜色与现有的包装颜色和图案相同，因此警语从设计上并不醒目，且字体非常小
应占主要可见面积的50% 或以上，但不少于30%	✓ 符合30%的最低要求	
应使用包括图片或象形图的形式		× 仅采用纯文字内容
健康警示和其它文字信息须采用本国主要语言	✓ 烟盒正面及背面的警语均须采用中文（2012年4月规定）	
第11条实施准则有关增强健康警示有效性的要求		
烟盒正面及背面均须有健康警示	✓ 烟盒正面及背面均有健康警示	
健康警示应该在烟盒上部		× 健康警示在烟盒底部
健康警示应该尽可能大（至少50%）		× 健康警示达到《公约》最低要求30%，但第11条实施准则建议采用尽可能大的健康警示，因为有证据表明健康警示越大，效果越好
应该包含全色图片		× 健康警示仅有文字
健康警示应包含一组警语及信息		× 健康警示只有“吸烟有害健康”、“戒烟可减少对健康的危害”和“及早戒烟有益健康”三种。没有提供烟草和具体疾病（如癌症、心脏病等）的关系、烟草使人成瘾、二手烟暴露的危害等相关信息。
健康警示应提供戒烟建议		× 健康警示没有提及如何获取戒烟帮助的信息

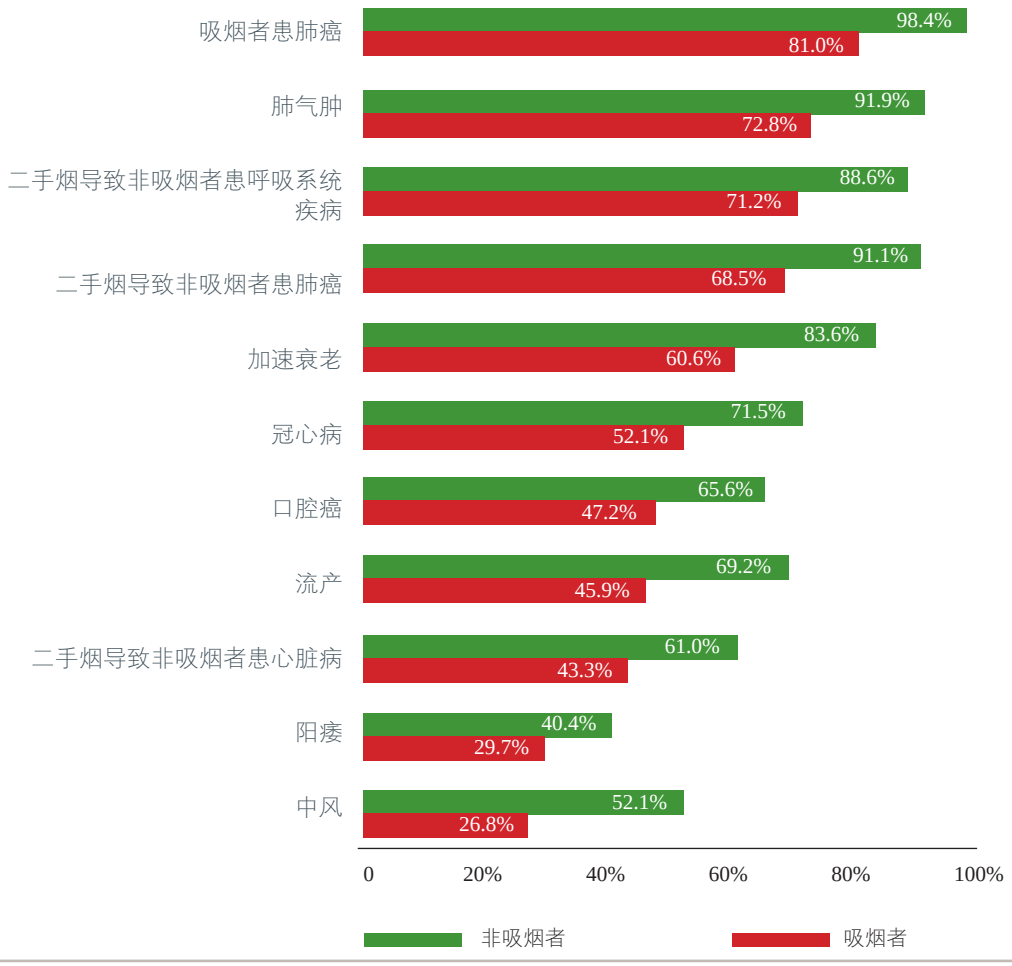
中国吸烟者对吸烟危害的认识

如前所述，目前中国公众对于吸烟健康危害的认知水平很低。中国吸烟者和非吸烟者对吸烟和被动吸烟的健康风险缺乏认识。 强化中国的烟盒健康警示有助于改善当前状况。

例如，根据ITC中国项目第三轮调查 (2009年) 的结果，超过半数的中国吸烟者正确地认识到吸烟可导致肺癌 (81%) 、肺气肿 (73%) 、早衰 (61%) 和冠心病 (52%) 。然而，认识到吸烟可导致中风 (27%) 、阳痿 (30%) 、流产 (46%) 和口腔癌 (47%) 的吸烟者不到一半 (图3) 。

其它一些研究也发现中国的健康警示在传播吸烟危害、鼓励戒烟方面效果不佳。例如，2010年中国全球成人烟草调查 (GATS) 结果显示，虽然90%的男性吸烟者和60%的女性吸烟者在过去30天内注意到了烟盒健康警示，但是只有37%的男性吸烟者和43%的女性吸烟者在看到警示之后

图3. 吸烟者认为吸烟可导致具体健康危害的比例，第三轮调查 (2009年5–10月) [4]

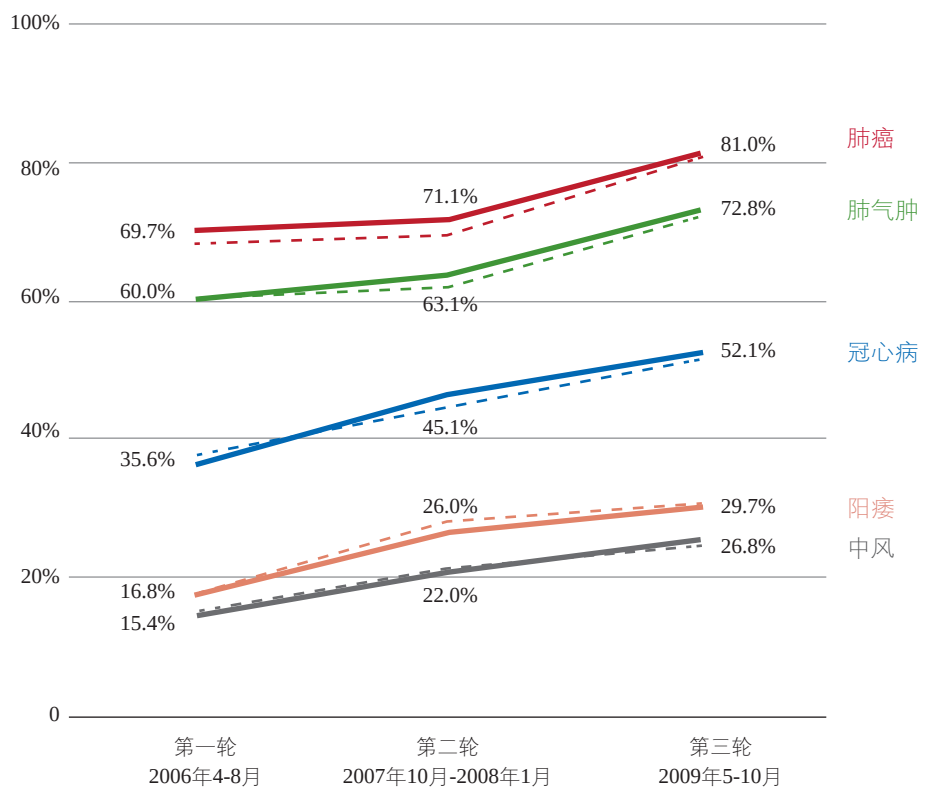


ITC数据显示大多数吸烟者不认为吸烟会导致中风，近50%不认为吸烟会导致冠心病，而这两种疾病正是中国居民的两大主要死因。

想过戒烟[10]。相比之下，在巴西和泰国超过90%的吸烟者在过去30天内注意到了这些国家使用的强有力的图形健康警示（巴西的标识占据烟盒背面100%的面积，泰国标识占据正面及背面50%的面积），而超过三分之二的吸烟者（巴西：72%的男性吸烟者和77%的女性吸烟者；泰国：71%的男性吸烟者和66%的女性吸烟者）都想过要戒烟[12]。GATS中国调查结果还显示，仅有23%的调查对象意识到吸烟可导致中风、心脏病和肺癌[11]。

ITC数据显示， 自2006年以来，虽然中国吸烟者和非吸烟者对于吸烟危害的知识水平已经有所提高，但是大多数吸烟者仍然没有意识到吸烟可导致中风，近50%不认为吸烟导致冠心病，而这两种疾病正是中国居民的两大主要死因（图4）。

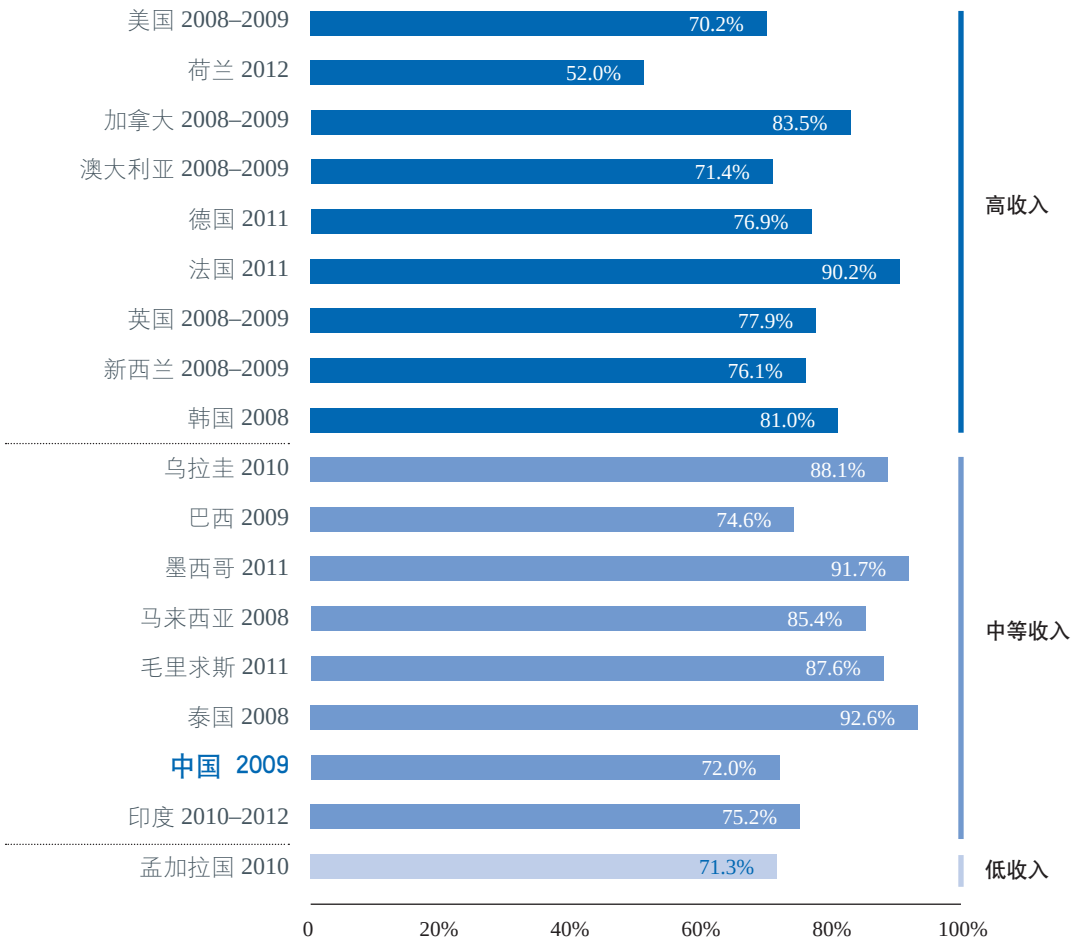
图4．ITC中国项目各轮调查中吸烟者认为吸烟可导致具体健康危害的比例[4]



实线表示在考虑了对受访者参加调查的次数后的校正百分比，虚线表示相应的未调整百分比。

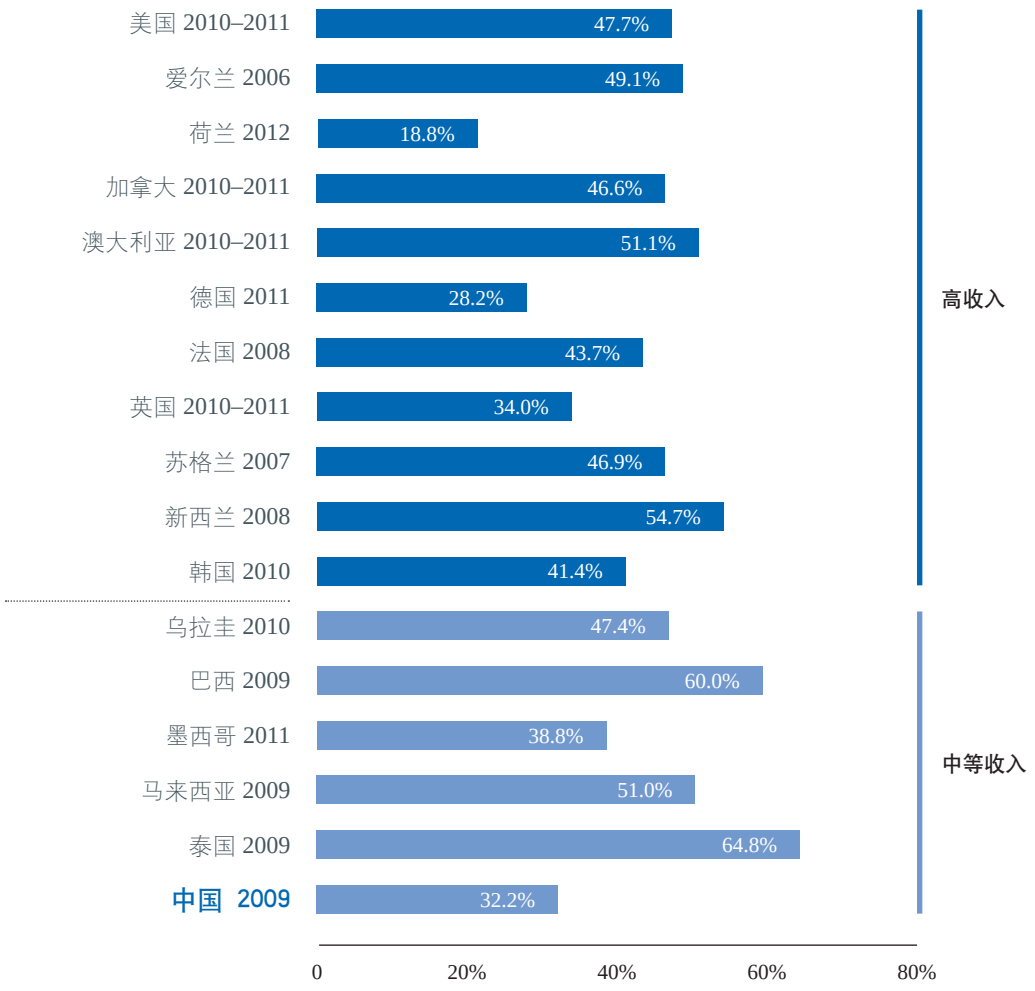
虽然已经有超过三分之二 (69%) 的吸烟者认识到二手烟可导致非吸烟者患肺癌，但与其他17个ITC项目国家的男性吸烟者相比，中国男性吸烟者的知识水平仍非常低 (图5) 。第三轮调查显示，大多数吸烟者 (71%) 和非吸烟者 (89%) 认为二手烟可导致非吸烟者呼吸系统疾病，但是只有43%的吸烟者和61%的非吸烟者认为二手烟可以导致非吸烟者患心脏病[4]。

图5. 不同国家男性吸烟者认为二手烟导致非吸烟者患肺癌的比例[4]



虽然中国吸烟者对吸烟的健康危害的认知水平不断提高，但他们一般并不认为这些危害会发生在自己身上。第三轮调查中，仅有32%的中国吸烟者在过去一个月内 “经常” 考虑吸烟对自己的危害， 该比例在17个有数据的ITC国家中排名倒数第三 (图6) 。第三轮调查时，仅有14%的吸烟者认为吸烟对自己的健康造成了 “很大” 危害。这一比例与前面两轮调查的结果相比基本没有变化 (第一轮19%，第二轮15%) 。

图6．不同国家男性吸烟者过去一个月“经常”考虑到吸烟对健康危害的比例[4]



总体上，仅有7%的ITC中国项目调查对象（包括吸烟者及非吸烟者）知晓ITC中国调查问卷中列出的全部吸烟健康危害[13]。

这些数据显示——必须强化现有的烟盒健康警示，向公众提供更多关于吸烟健康风险的信息。

虽然中国吸烟者对吸烟的健康危害的认识正在提高，但他们一般并不认为这些危害会发生在自己身上。

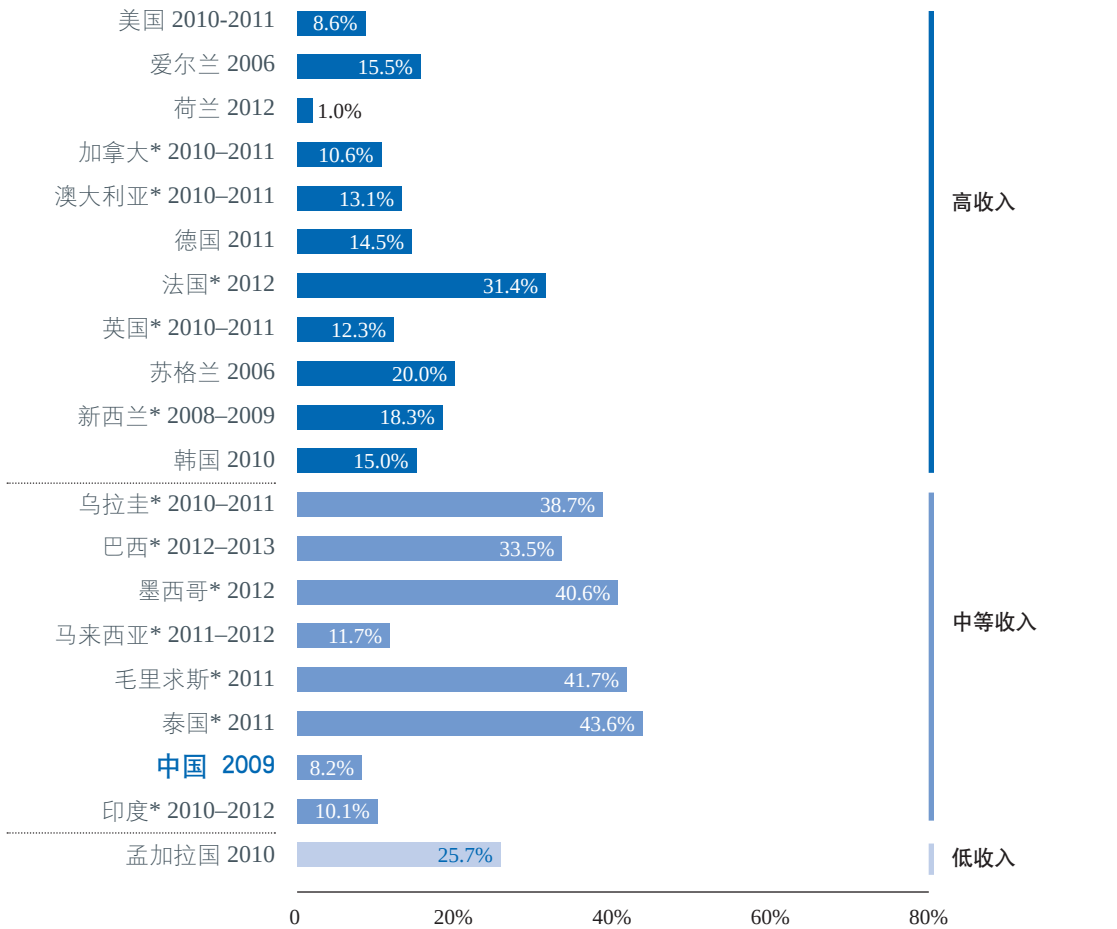
中国的健康警示

与其他国家及地区的比较

《公约》当前在全球范围内共有177个缔约方，这些缔约方都有义务根据第11条规定，在签署《公约》后三年内，通过并使用大面积、清晰且轮换使用的健康警示。

到2012年10月为止，全世界超过60个国家已经通过立法，要求采用图形方式健康警示，其中有47个国家要求健康警示占烟盒主要可见面积的至少50%，以履行《公约》第11条实施准则[13]。ITC多国数据显示（图7），与其他ITC国家的健康警示相比，中国2008年版的文字健康警示很难让吸烟者考虑吸烟的健康危害。仅有8%的吸烟者报告卷烟包装上的健康警示让他们“在很大程度上”考虑吸烟的健康危害。本报告将使用ITC中国项目调查对中国的健康警示做更详尽的评估。

图7．不同国家男性吸烟者报告烟盒上的健康警示使其“在很大程度上”考虑吸烟危害的比例



* 调查时有图形健康警示的国家

来源：更新自参考文献（4）中的图22。

“金砖五国”（巴西、俄罗斯、印度、中国和南非）中，已有巴西（2001）、印度（2009）和俄罗斯（2013）三国在其烟盒上采用了图形健康警示，仅有中国和南非还没有采用图形健康警示。然而，南非正在积极努力，修订其2009年8月生效的烟草制品控制法案，以实施图形健康警示，向公众展示吸烟的健康后果。南非卫生部目前正在对图形健康警示的法案进行最终修订[15]。

其他国家及地区

巴西

十多年来，巴西在控烟方面一直走在世界的前列，在通过《公约》之前已实施了有力的控烟政策，在批准《公约》之后，更是采用了全球最强有力的图形健康警示。

2001年，巴西通过立法，要求必须采用政府设计的图形健康警示，警示须占据所有烟盒背面面积的100%。从那之后，巴西分别在2004年和2009年采用了两套新的图形健康警示。这些图形警示只印在烟盒背面，但是到2016年，新的图形健康警示还须占据烟盒正面面积的30%。

巴西是全球第二个、拉美第一个要求在烟盒上使用图形方式健康警示的国家。这些警示生动地描绘了人类遭受痛苦的情境，其图片可从现实的层面激起人的情绪反应。在设计这套生动的警示图片的过程中，巴西政府采纳了神经心理学研究者的建议。这些学者研究发现，极其负面以及具有极高的刺激性的图像可以引起回避反应[16]，同时，这样的图像可造成对烟草产品的负面印象，从而可以降低吸烟者及非吸烟者对烟草产品的正面印象。2009年8月巴西发布的最新健康警示中采用了两幅刺激性极高的图片（图8）[17]。

印度

2003年，印度国会通过了《卷烟和其它烟草产品法案》（COPTA），并开始制定政策，在所有烟草产品上使用图形健康警示。在经历了几次推迟执行之后，印度于2008年最终根据COPTA下的“包装与标识”规定发布了第一批图形健康警示。但这一套警示的强度比最初提出的弱[18]。对这一套图形警示的效果评估显示其难以理解，且对印度人群无效[19]。

其后，印度在实施更有效的烟盒健康警示方面取得了很大进展。2011年12月，印度通过了COPTA法案的修正案，发布了一套新的图形警示。新版警示包括四个针对燃烧性烟草产品的警示和四个针对鼻烟、嚼烟等无烟烟草产品的警示。针对燃烧性烟草产品的健康警示包括多幅肺病和口腔癌症的图片，每幅图片都附有“吸烟致命”的警语。针对无烟烟草产品的健康警示包括不同形式的口腔、颌部癌症的图片，每幅图片也附有“烟草致命”的警语。

在发布第二套图形方式健康警示之后，印度国会又通过立法，引入了第三套图形警示，并于2013年4月1日正式生效。2013年版标识与2011年版标识都包含肺部、颌部、口腔疾病的图片，但所用的图片略有不同。文字警语基本没有改变，只是加入了一个红色大写字母的“Warning”（警示）一词（图8）。该套警示约占烟盒正面面积的40%，但烟盒背面没有使用警示标识。（也就是说，这套健康警示仅占据全部主要可见面积的大约20%，未达到《公约》第11条至少30%的要求）。警示标识内容须为英文、一种印度语言，或二者兼用，具体根据烟盒上其它内容的语言确定。如果烟盒使用的语言超过一种，则警语须采用两种语言，其中一种与产品品牌所用语言相同，另一种采用烟盒上其它语言的任意一种。

图8．部分印度无烟烟草产品（左）和燃烧性烟草产品（右）上的图形健康警示

俄罗斯

2013年5月，俄罗斯已经要求在所有烟盒上采用图形方式健康警示。与巴西类似，俄罗斯也使用生动图像描绘吸烟对人体健康的影响。其使用的图片包括生病的婴儿、变黑的肺部等等，同时配以“自残”、“牙周炎”、“勃起功能障碍”等警语（图9）。俄罗斯共有12幅图形警示。图形警示占据烟盒背面50%，正面30%的面积，并用黑体字印刷警语“烟草致命”。

图9．俄罗斯卷图形健康警示

俄罗斯是全世界吸烟率最高的国家之一，成人中有39.1%（4390万人）吸烟[20]，每年吸烟相关死亡人数约33万到40万[21]。在从文字健康警示转为图形警示之前，94%的俄罗斯吸烟者会注意到烟盒上的健康警示，但是只有32%的吸烟者表示健康警示促使自己考虑戒烟[22]。正如《规划》设定的降低青少年吸烟率的目标一样，俄罗斯政府也曾表示他们采用图形健康警示的目的不仅是希望降低总体吸烟率，还要全面防止青少年和其他非吸烟者开始吸烟[23]。这些目标得到了越来越多的国际证据支持：图形方式健康警示在降低吸烟率方面是有效的，同时可以增加对烟草使用危害的认识。

巴西、俄罗斯以及印度已实施了图形健康警示。

南非

目前南非所使用的文字健康警示并不符合《公约》第11条对健康警示尺寸的要求。烟盒正面要求使用八种主要警语之一，位于正面上部，覆盖15%的面积；烟盒背面要求使用次要警语，位于背面上部，覆盖25%的面积。警语每12个月进行轮换。

南非卫生部目前正在对一系列法案进行最终修订，要求使用图形健康警示[24]。

香港特别行政区

按《2006吸烟（公众卫生）条例》的要求，香港从2007年10月开始使用图形方式健康警示。该条例要求所有烟盒上都必须使用图形健康警示，警示须占据烟盒两面50%的面积，警示内容采用中英两种文字。每年香港都会轮换使用六个新的图形健康警示（图10）。

图10．香港特别行政区图形健康警示

澳门特别行政区

澳门于2013年1月1日正式开始使用图形健康警示。这套警示包括六张图片，要求占据烟盒两面50%的面积（图11）。正面警示采用中文印制，背面警示采用葡萄牙文，这两种语言均为澳门的官方语言。

香港及澳门特别行政区均实施了图形健康警示，面积占烟盒正面及背面的50%。

图11．澳门特别行政区图形健康警示

加拿大

对情感和个人证言证词的创新运用

2001年，加拿大成为第一个要求在烟草产品上使用图形健康警示的国家。此外，加拿大也是首先要求健康警示占据烟盒正面及背面50%面积的国家。其2011年投入使用的第二套健康警示在其中多幅当中都创新地将人类因为烟草和烟草相关疾病遭受的痛苦作为关注焦点，其中两幅标识使用了真实的吸烟导致的肺癌患者临终阶段的照片（Barb Tabox），其中一幅照片所配文字是这名患者临终前不久说的一席话："看看烟的威力吧……记住这张脸，记住是吸烟害死了我！"（图13）。2011年版标识共包括16个轮换的健康警示，每个警示占据烟盒正面及背面面积的75%，并且在烟盒里面还有相关的健康信息，其中包括图片、戒烟的益处和戒烟方法介绍。

澳大利亚

全警示包装可提高图形健康警示的效果

全警示包装可降低烟草制品的吸引力，改善健康警示效果，降低烟盒在吸烟危害上误导公众的能力。

《公约》第11条和第13条实施准则都建议采用全警示包装，防止烟草公司使用烟盒增加烟草产品吸引力。全警示包装是指禁止烟草公司使用LOGO、颜色和其它包装设计，包括新形状设计（如“唇膏盒”设计，旨在吸引女性），而同时在烟盒上使用图形健康警示。

2012年12月1日，澳大利亚成为世界上第一个要求所有烟草产品采用全警示包装的国家。澳大利亚的全警示包装只允许出现烟草产品的品牌名称，且品名只能采用标准字体和字号印制。包装的所有其它方面全部标准化，包括品牌名称的位置、包装结构和颜色（图14）。烟盒内部和每支卷烟也须标准化，不得使用任何标识或者插入物。

研究显示，全警示包装可以减少烟草产品的吸引力，提高烟草健康警示的有效性，并且降低包装对人们关于烟草健康危害的误导[24,25]。近期对澳大利亚全警示包装的早期效果进行了评估，结果发现，实施全警示包装后降低了烟草产品对成年吸烟者的吸引力，并增加了其戒烟意愿。与吸品牌卷烟的吸烟者相比，吸全警示包装卷烟的吸烟者倾向于认为其所吸的卷烟质量更差，满意度更低，更容易考虑戒烟，更倾向于支持全警示包装政策[26]。全警示包装对阻止某些关键人群吸烟的效果特别显著。例如，对640名年龄在16-26岁之间的巴西女性的一项试验研究发现，采用全警示包装的卷烟在评价中被认为比品牌包装卷烟的吸引力更小、味道更差、喉咙刺激更大，如果去掉品牌名称还会进一步降低全警示包装在这些指标上的得分[27]。

其他国家也在仿效澳大利亚的做法。爱尔兰及新西兰都宣布计划实施烟草制品全警示包装[28,29]。

ITC中国调查

中国健康警示的有效性

背景信息

ITC中国项目调查始于2006年，是中国疾病预防控制中心控烟办公室、各地方疾控中心研究人员与加拿大（滑铁卢大学）、澳大利亚（维多利亚癌症研究协会）以及美国（罗斯韦尔园肿瘤所和纽约州立大学水牛城分校）国际研究团队共同合作开展的一个项目。

该项目采用纵向队列研究设计，跟踪吸烟行为的变化，并分析影响吸烟行为的因素，包括在调查时期内实施的政策。迄今为止，该项目已经进行了四轮调查。调查采用面对面访谈方式。第一轮调查于2006年4月至8月开展，调查队列包括六个中国城市（北京、长沙、广州、上海、沈阳和银川）的4732名成年吸烟者和1269名成年非吸烟者。第二轮调查从2007年10月到2008年1月，共调查4843名成年吸烟者和1221名成年非吸烟者。第三轮调查从2009年5月到10月，样本包括5583名吸烟者和1417名非吸烟者，昆明替代郑州成为了第三轮调查中的第七个城市，之前所收集的郑州市的数据没有被纳入到分析中。第四轮调查时间是2011年9月至2012年11月，所收集的数据目前仍在分析当中，因此并未出现在本报告当中。

ITC中国调查是在中国七个城市内针对吸烟者及非吸烟者开展的前瞻性队列研究。采用面对面调查的方式收集数据。符合要求的调查对象为18岁及以上的成年吸烟者及非吸烟者。

ITC调查中关于健康警示的问题

所有ITC调查都采用相同的概念框架和方法，其中的问题在设计时都尽可能保持完全相同或者在功能上等效。所有ITC调查都采用标准化的方法和指标，这保障了国与国之间在健康警示和其它政策有效性评估方面具有可比性，从而能为烟草控制工作提供最佳实践指导。

ITC调查问卷当中有一系列的问题都是针对健康警示的效果评估，这些问题大体上可以分为三类：警示是否显眼、行为反应和对健康警示的态度。下面几个调查问题体现了ITC针对健康警示标识有效性的关键指标：

表2. ITC调查中关于健康警示的问题

指标	调查问题	回答选项
注意到健康警示	在过去一个月内，你看到卷烟包装上的健康警语的频率?	从不、偶尔、经常
仔细阅读健康警示	在过去一个月内，你仔细阅读卷烟包装上的健康警语的频率?	从不、偶尔、经常
考虑到健康危害	健康警语在多大程度上使你考虑到吸烟对健康的危害?	一点也不、有点、很大
更可能戒烟	烟盒上的健康警语在多大程度上使你想戒烟?	一点也不、有点、很大
回避健康警示	在过去一个月内，你是否有意识地回避健康警语?	是或否
放弃吸烟	在过去一个月内，当你打算吸烟时，你有几次因为健康警语而没有吸烟?	从不、一次、有时、经常
健康信息量	你认为烟盒上提示的健康信息的数量是应该更多，更少还是保持不变?	更少、保持不变、更多

下面是ITC中国项目关于健康警示有效性的调查结果。需要注意的一点是，这些结果是针对2008年版的警示标识（纯文字内容，分别占据正面及背面面积的30%，背面警语为英文）。

健康警示对行为的影响

ITC调查数据显示，从20个ITC国家使用的所有健康警示有效性指标来看，中国的健康警示传递烟草健康危害的效果都非常弱。与其他一些按《公约》第11条实施准则修改健康警示的国家相比，中国2008年对健康警示的修改基本没有起到改善警示效果的作用。这说明，中国目前使用的文字健康警示与大幅图形警示有效性之间的差距巨大。

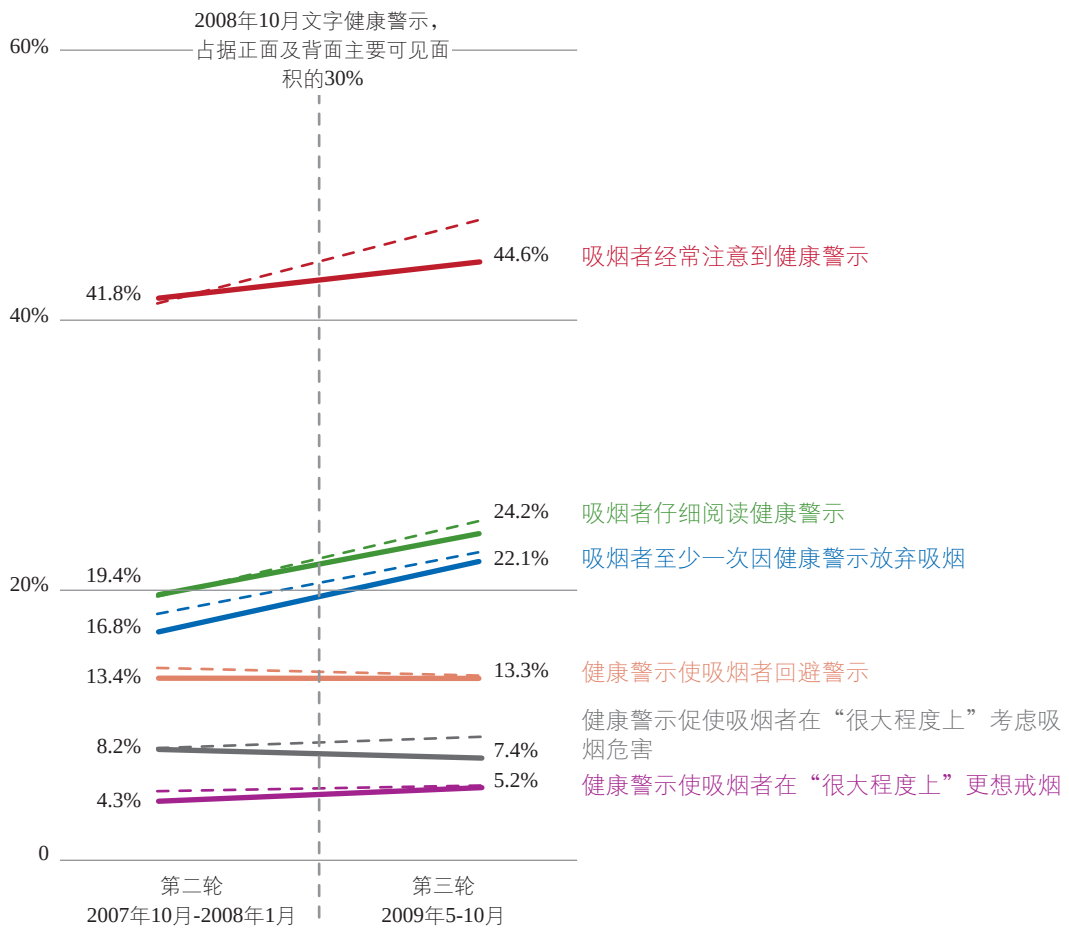
在2008年修改烟盒健康警示之前，只有42%的中国调查对象表示他们“经常”注意到健康警示。如图15所示，采用更大的文字警示之后，注意到健康警示的吸烟者比例基本没有发生变化（第三轮调查：45%）。正如前面提到的，对于大多数中国吸烟者，现有的纯文字警示标识并没有起到促使他们想到吸烟健康风险的效果。在第三轮调查时，所有吸烟者中只有7%表示现有健康警示让他们“经常”考虑吸烟的健康危害，这一数字与其他19个ITC项目国家相比非常低（图7）。在采用新文字警示之后，“经常”考虑吸烟健康危害的吸烟者比例也没有发生变化；另一方面，报告健康警示让自己“偶尔”想到健康危害的吸烟者比例从40%上升到了49%。

如图12所示，2008年版文字警示仅在两个有效性指标上产生了很小的改善效果。第三轮调查时，吸烟者仔细阅读健康警示的比例从19%上升到24%，报告在上一个月中至少有一次因为健康警示放弃了吸烟的吸烟者比例从17%上升到22%。第二、第三轮调查时都仅有13%的吸烟者报告在上个月中回避过健康警示。

此外，2008年版健康警示对多数中国吸烟者都没有促使其戒烟的效果。大部分吸烟者（第二轮：70%，第三轮：59%）报告健康警示“一点也没有”使其想戒烟。吸烟者报告健康警示使其“非常”想戒烟的比例仅从第二轮的4%上升到第三轮的5%。

第三轮调查中，询问第二轮调查后成功戒烟的人健康警示是否提高了他们保持戒烟状态的可能性。接近三分之一（31%）的戒烟者回答健康警示“一点也没有”提高其保持戒烟状态的可能性，45%回答“有点帮助”，25%表示“帮助很大”。

图12. 中国2008年修改健康警示前后的警示有效性指标数据对比

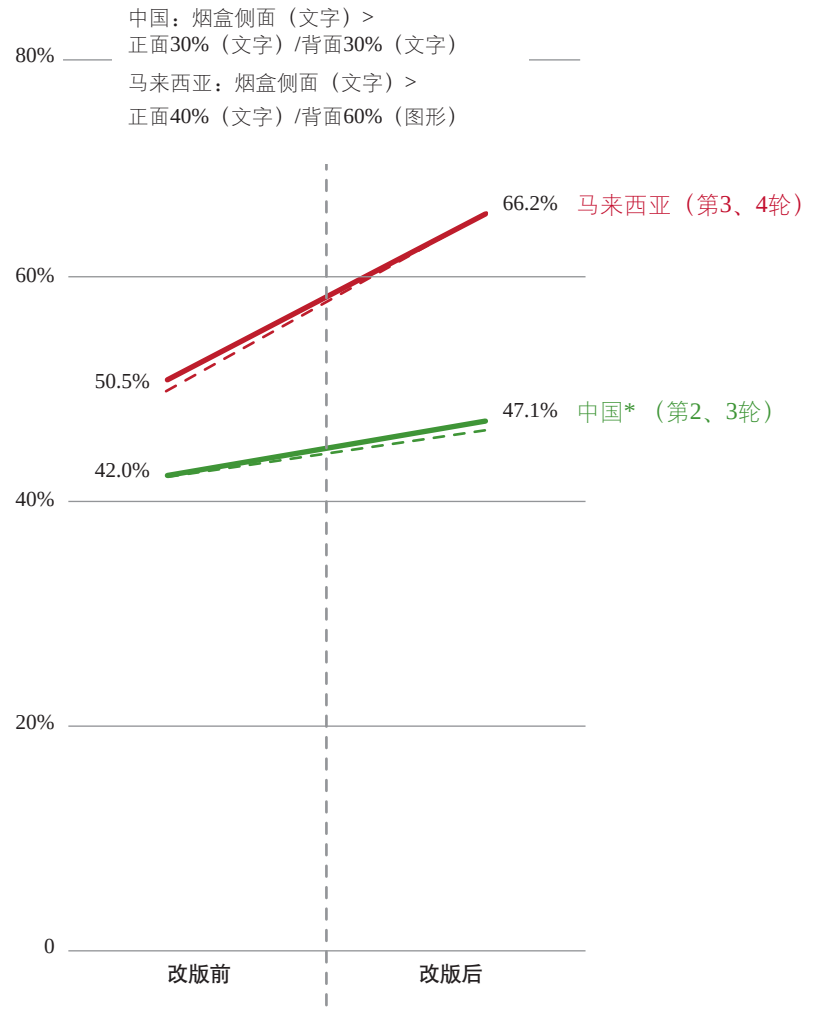


实线表示在考虑了对受访者参加调查的次数后的校正百分比，虚线表示相应的未调整百分比。

来源：Fong GT, Xiao L, Jiang Y, Li Q, Li L, Yong H. The effectiveness of health warnings in China: Longitudinal findings from the ITC China Survey. Poster presented at the 10th APACT Meeting. August 19-21, 2013. Makuhari Messe, Chiba, Japan.

2009年1月，马来西亚将其健康警示从纯文字升级为图形警示，占据烟盒正面面积的40%，背面面积的60%。新版的健康警示完全达到了《公约》第11条的全部建议标准。与中国相比，在启用新的大图片警示之后，马来西亚吸烟者中报告“经常”和“非常频繁”注意到健康警示的比例从51%增加到了66%（图13）。同样，报告健康警示使其“在很大程度上”考虑戒烟的男性吸烟者比例从6%增加到了20%，而中国这一比例几乎完全没有变化（图14）。

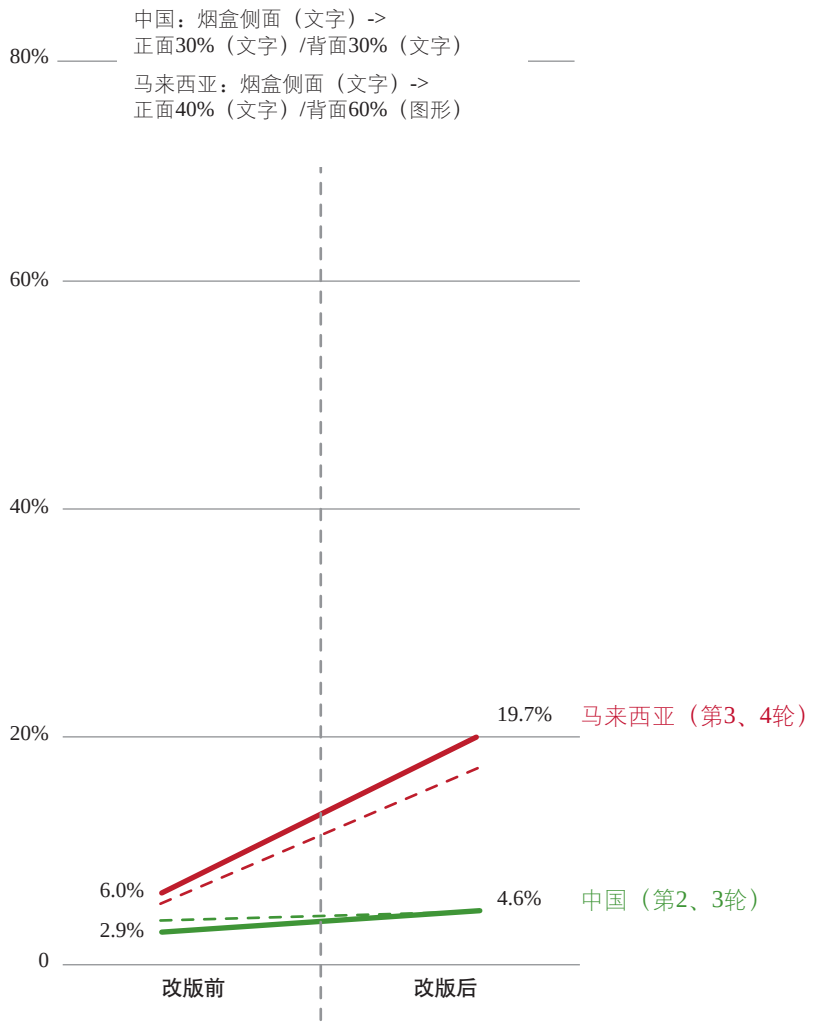
图13. 中国（2008年10月）和马来西亚（2009年1月）修改健康警示前后男性吸烟者报告在过去一个月内“经常”或“非常频繁”注意到健康警示的比例



实线表示在考虑了对受访者参加调查的次数后的校正百分比，虚线表示相应的未调整百分比。
*中国调查问题选项没有“非常频繁”

来源：Fong GT, Xiao L, Jiang Y, Li Q, Li L, Yong H. The effectiveness of health warnings in China: Longitudinal findings from the ITC China Survey. Poster presented at the 10th APACT Meeting. August 19-21, 2013. Makuhari Messe, Chiba, Japan.

图14．中国（2008年10月）和马来西亚（2009年1月）修改健康警示前后男性吸烟者报告在过去一个月内健康警示使他们在“很大程度”上考虑戒烟的比例

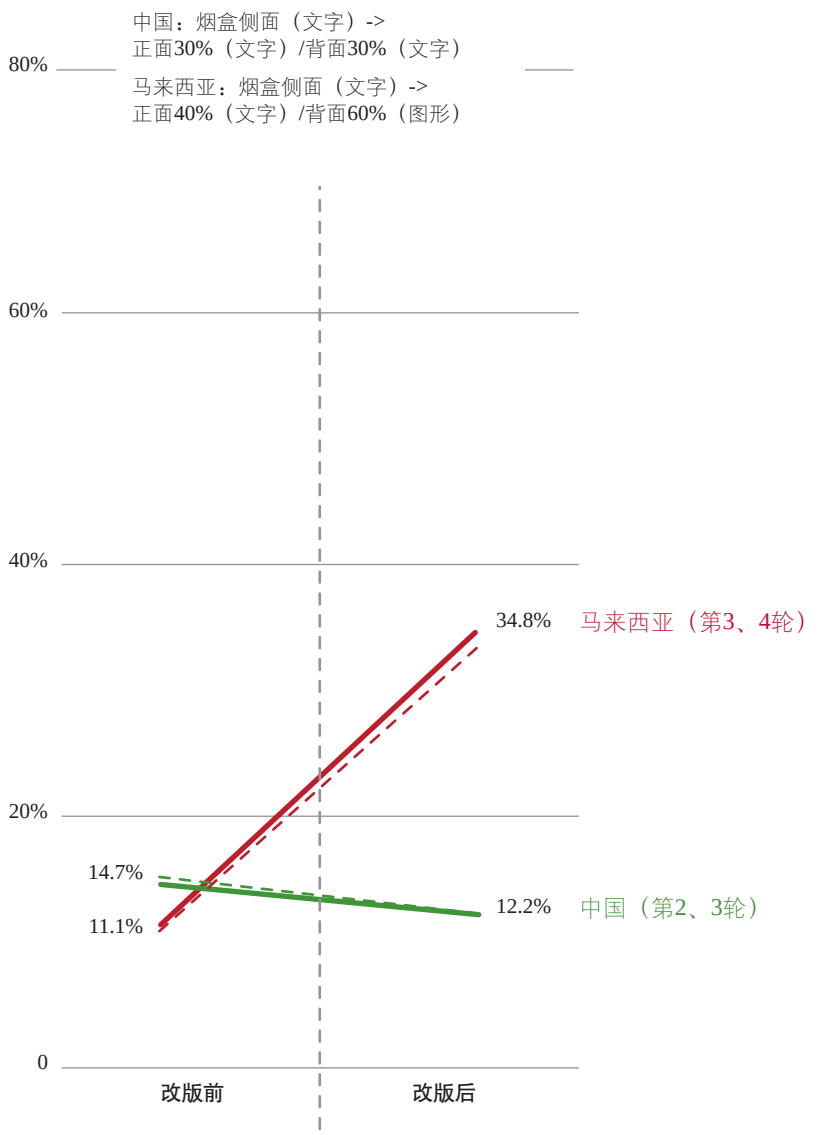


实线表示在考虑了对受访者参加调查的次数后的校正百分比，虚线表示相应的未调整百分比。

来源：Fong GT, Xiao L, Jiang Y, Li Q, Li L, Yong H. The effectiveness of health warnings in China: Longitudinal findings from the ITC China Survey. Poster presented at the 10th APACT Meeting. August 19-21, 2013. Makuhari Messe, Chiba, Japan.

在“上个月回避健康警示”这个指标上，马来西亚在采用图形警示之后，报告回避健康警示的男性吸烟者比例从11%上升到35%，而中国却从15%下降到12%（图15）。马来西亚在“上个月内至少一次因为健康警示放弃吸烟的男性吸烟者比例”的增长（采用图形警示之前：23%，之后：56%）也比中国高很多（强化文字警示前：15%，之后：20%）（图16）。马来西亚采用图形警示后，多个健康警示有效性指标得到显著改善。这提示中国如果按照《公约》第11条实施准则的建议修改其健康警示，也完全可能显著改善警示的有效性。

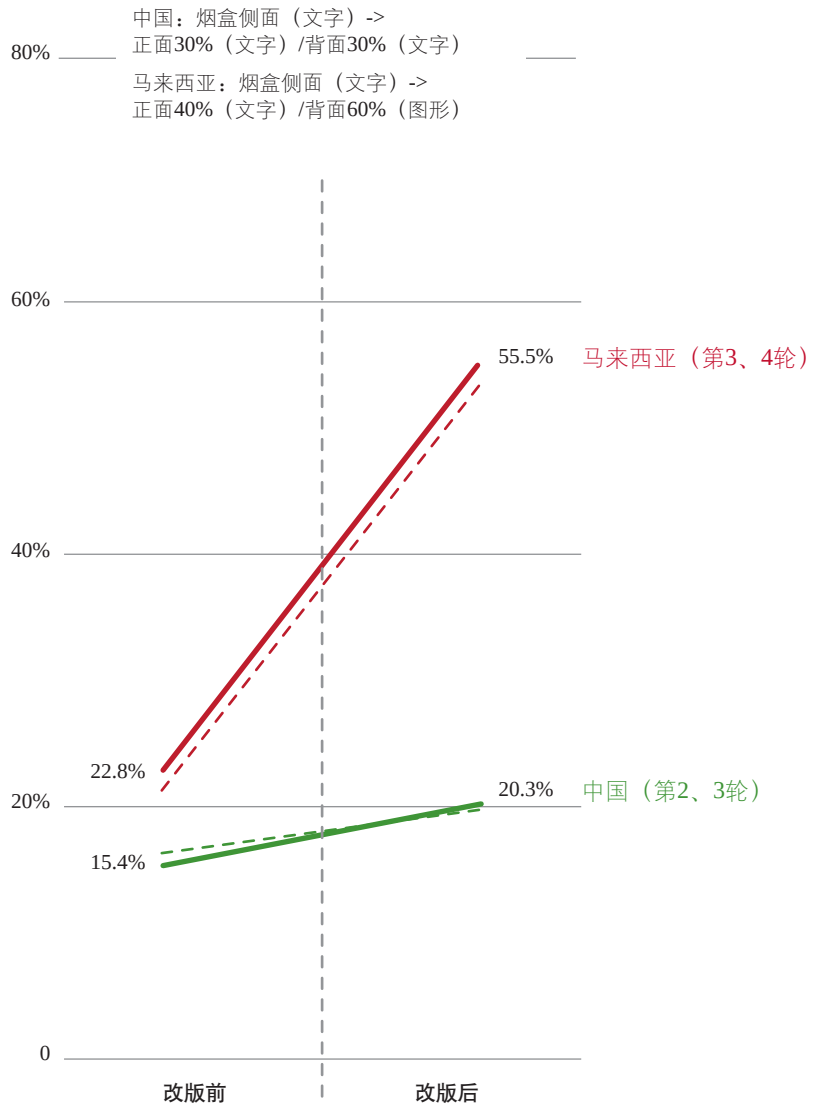
图15．中国（2008年10月）和马来西亚（2009年1月）修改健康警示前后男性吸烟者报告在过去一个月内回避健康警示的比例



实线表示在考虑了对受访者参加调查的次数后的校正百分比，虚线表示相应的未调整百分比。

来源：Fong GT, Xiao L, Jiang Y, Li Q, Li L, Yong H. The effectiveness of health warnings in China: Longitudinal findings from the ITC China Survey. Poster presented at the 10th APACT Meeting. August 19-21, 2013. Makuhari Messe, Chiba, Japan.

图16．中国（2008年10月）和马来西亚（2009年1月）修改健康警示前后男性吸烟者报告在过去一个月内因健康警示至少一次放弃吸烟的比例



实线表示在考虑了对受访者参加调查的次数后的校正百分比，虚线表示相应的未调整百分比。

来源：Fong GT, Xiao L, Jiang Y, Li Q, Li L, Yong H. The effectiveness of health warnings in China: Longitudinal findings from the ITC China Survey. Poster presented at the 10th APACT Meeting. August 19-21, 2013. Makuhari Messe, Chiba, Japan.

对健康警示的情绪反应

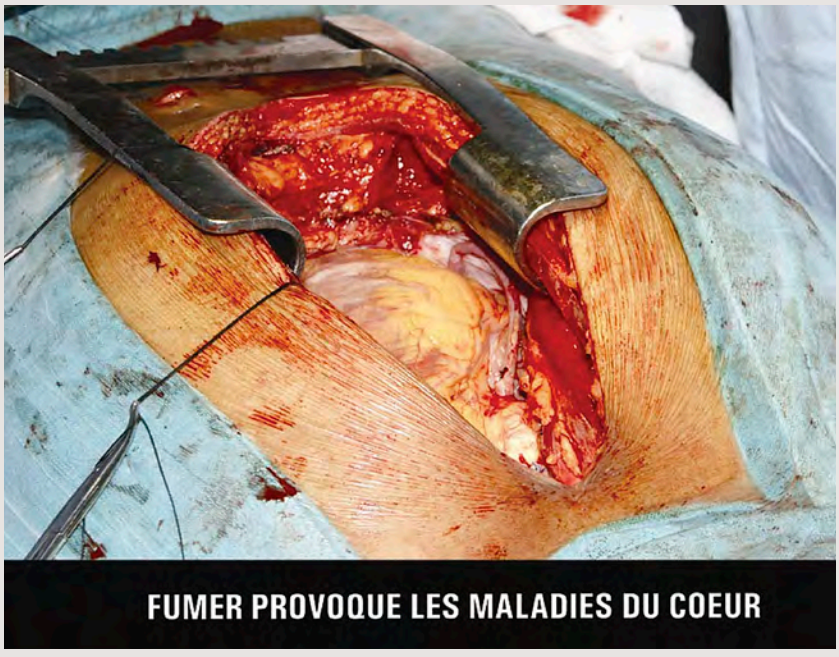
研究证据显示，如果健康警示显眼且包含具有情绪冲击力的图像内容，其效果最显著。因此，《公约》第11条实施准则建议使用可以激发负面情绪反应的健康警示。

中国第三轮调查当中有几个问题是针对2008年10月版健康警示引起的情绪反应的。研究证据显示，如果健康警示显眼且包含具有情绪冲击力的图像内容，其效果最显著[30]。因此，《公约》第11条实施准则建议使用可以激发负面情绪反应的健康警示。

中国项目第三轮调查结果显示，2008版的文字警示不能引起强烈的情绪反应。中国的大多数吸烟者 (76%) 都报告称该健康警示既不会引起愉悦也不会引起反感的情绪反应。虽然41%的吸烟者报告称该警示让他们感觉 “有些警觉” 或者 “非常警觉”，但46%的吸烟者报告感觉 “无所谓”。此外，在被问到该健康警示是否让他们感到害怕时，74%的吸烟者回答称他们 “完全不害怕”。与之相比，毛里求斯在2009年启用了一套总共8个的图形警示，其中包括多幅生动的口腔癌图片 (图17)，该套标识占据烟盒背面70%的面积 (内容采用英文)，正面60%的面积 (内容采用法文)，72%的吸烟者都报告称这些警示让他们感觉 “有些警觉” 或 “非常警觉”。

很多中国吸烟者都不觉得当前的健康警示可信，仅有10%的吸烟者感觉这些警示 “非常可信”，45%的吸烟者表示这些警示标识 “有点可信” 或者 “完全不可信”。相比之下，毛里求斯吸烟者中认为其当前警示标识可信的比例要高得多。62%的吸烟者表示新的图形警示 “非常可信” 或者 “很可信”。值得注意的一点是，虽然毛里求斯的警示标识会激发强烈的情绪反应，譬如 “警觉” 和 “不愉快” 感觉，但是吸烟者仍认为它们是可信的[31]。

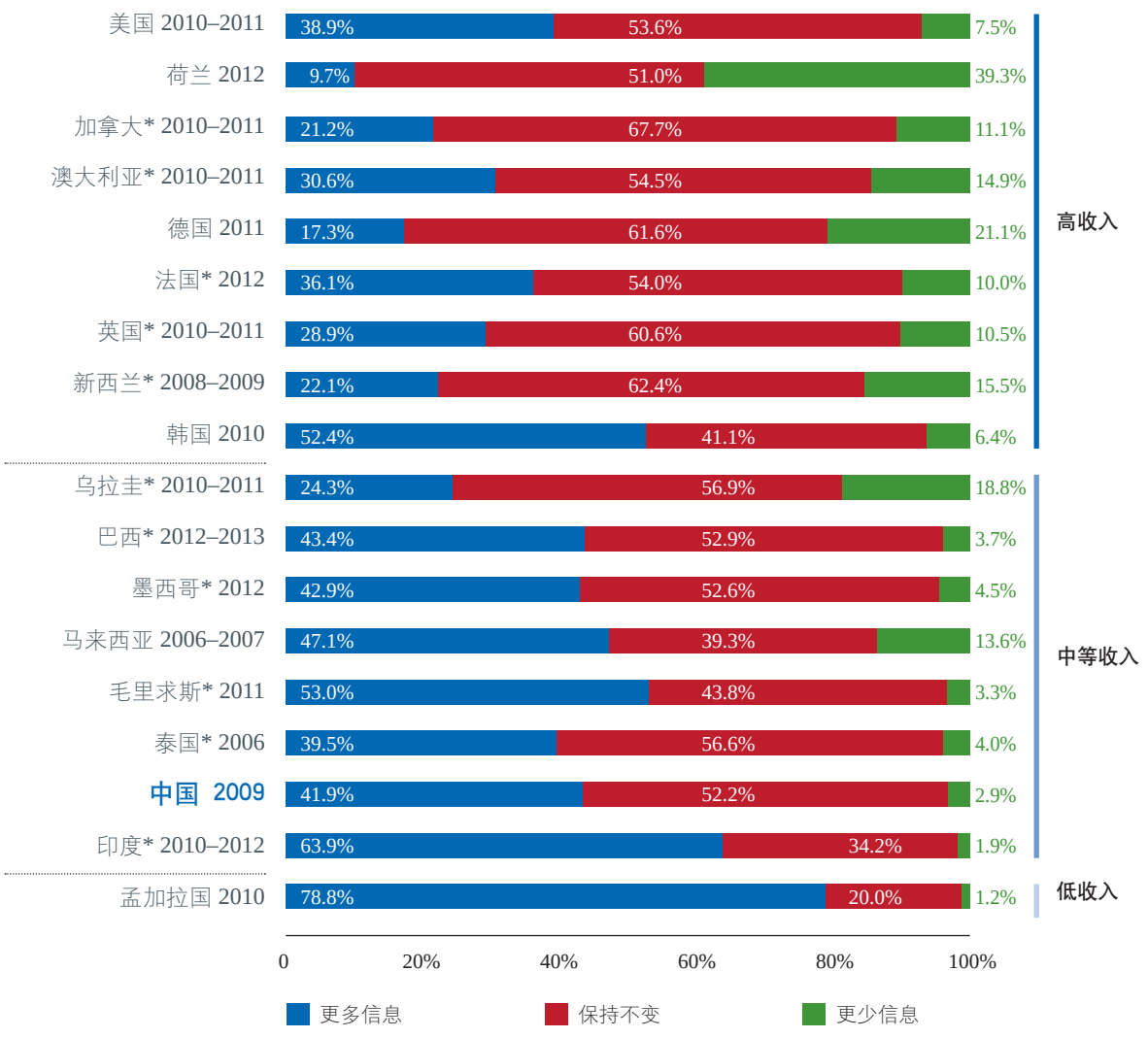
图17. 毛里求斯的图形警示



在中国对更有效的健康警示的支持度

ITC调查数据显示，中国吸烟者支持增加健康警示中的信息。在第二轮调查中，超过三分之一（40%）的吸烟者希望在健康警示中提供更多的信息。第三轮调查时，在采用面积更大的文字警示之后，40%的吸烟者仍然希望增加信息量，只有7%的吸烟者希望减少信息量。与其他ITC项目国家的男性吸烟者相比，中国男性吸烟者希望增加健康警示信息量的比例与采用图片警示标识的中等收入国家平均水平持平（图18）。这些数据表明，烟盒可以成为一种极具成本效益的媒介，用来传播关于烟草危害的信息。

图18. 不同国家男性吸烟者认为烟盒上健康信息量应该更多、更少或保持不变的比例



* 调查时有图形健康警示的国家

中国吸烟者认为图形健康警示比文字警示更有效

2009年ITC中国项目对中国四个城市（北京、上海、昆明和银川）1169名成年吸烟者、成年非吸烟者和青少年开展的一项ITC实验研究发现，2008年版文字警示的有效性远低于图形+文字方式的健康警示[32]。实验要求研究对象从多个方面对中国的旧版本标识（侧面纯文字）、2008年版文字健康警示（占正面及背面各30%面积，但不明显）以及8个采用中国烟盒和加拿大、新加坡、香港和欧盟警示改编的图形+文字健康警示制作的标识在多个指标上进行排序和打分，包括促使吸烟者戒烟以及阻止青少年开始吸烟等方面的有效性（图19）。

实验结果在男性和女性成年吸烟者、成年非吸烟者、青少年人群当中和四个城市间都非常一

图19.研究中使用的健康警示，包括旧版和新版中国健康警示[32]

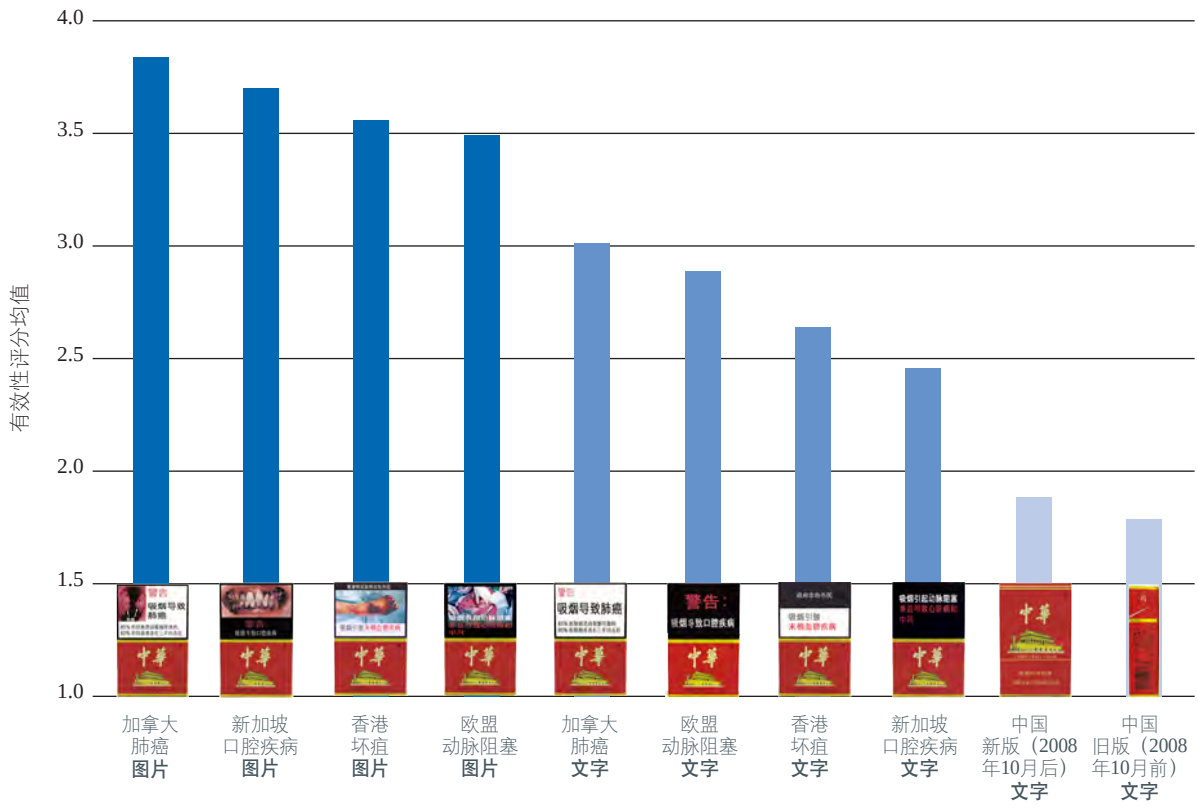
	加拿大 肺癌	新加坡 口腔疾病	香港 坏疽	欧盟 动脉阻塞	中国 (上面旧版，下面新版)
只含文字警示	 2	 6	 3	 10	 5
文字+图形警示	 9	 8	 1	 4	 7
警示文字内容（英文）	CIGARETTES CAUSE LUNG CANCER: 85% of lung cancers are caused by smoking. 80% of lung cancer victims die within 3 years	WARNING: Smoking causes mouth diseases	Smoking causes peripheral vascular diseases	Smoking clogs the arteries and causes heart attacks and strokes	Smoking is harmful to your health. Quitting smoking early is good for your health

注：每个图下面的数字是随机分配给每幅图的编号。

致。所有四个“图片+文字”健康警示标识在促使吸烟者戒烟的有效性（图20）以及劝说青少年不要开始吸烟的有效性方面得分和排名都是最高的。四个图形警示的纯文字版得分居中，然后是中国实际使用的2008年版文字警示（正面及背面各30%面积）——得分在10个警示中排在倒数第二，仅仅排在中国旧版烟盒侧面文字警示之前。

烟盒背面的两条警语采用全英文（“smoking is harmful to your health”和“quit smoking early is good for your health”）被显示无效——将近四分之三（73%）的成年吸烟者无法翻译警语“smoking is harmful to your health”，90%无法翻译“quit smoking early is good for your health”[32]。这些结果支持了各国不应当采用外语向其公众表述重要健康信息的原则。中国在其2012年新版标识当中将英文警语换成了中文警语，解决了这个问题。

图20．不同健康警示的有效性评分均值：“每个警示在促使吸烟者戒烟方面有多大效果？”（所有调查对象）[32]



ITC关键发现

将文字警示改为图形警示的益处

ITC项目开展的多项研究证实：采用大幅、生动的图形健康警示最为有效，并确定了有效的健康警示的构成要素。各国的研究结果包括：

- 澳大利亚在采用图形警示标识后，吸烟者注意到健康警示、仔细阅读警示、考虑吸烟的健康风险、考虑戒烟、放弃吸烟和回避警示的比例均有上升。此外，在英国，图形警示还激发了更强的认知反应，且提到想放弃吸烟的比例也较文字警示更高。
- 在巴西，上述包含形象的、情绪刺激强烈的图片的健康警示对受教育程度较低的吸烟者的戒烟相关认知影响高于对受教育程度较高的吸烟者。在对乌拉圭（其健康警示对健康风险采用的是“骷髅头”这种抽象表达）和墨西哥（收集数据时其健康警示为纯文字内容）的研究中并未发现这种对受教育程度较低的吸烟者影响更高的现象。生动的图片在解决与教育程度有关的烟草相关差异问题方面效果可能优于其它类型的图片。
- 泰国在采用图形警示后，报告健康警示促使自己考虑健康危害，并增加其戒烟可能性的吸烟者比例上升，但同期马来西亚并未出现这样的上升现象（马来西亚当时采用的是纯文字警示）。
- 毛里求斯在2009年采用图形警示标识（占据烟盒正面面积的60%，背面面积的70%）后，成为非洲地区第一个在烟盒上采用图形警示标识的国家，其吸烟者对吸烟的具体危害认识水平提高，更多地考虑戒烟，并有与戒烟有关的情绪反应。

在中国倡导使用图形警示标识

新探健康发展研究中心的健康警示宣传活动

新探健康发展研究中心一直在通过“我要告诉你，因为我爱你”宣传行动倡导在中国采用图形健康警示。新探中心于2011年9月启动该行动，其中主要形式是专门针对这个行动制作的一个图片警示标识展。新探中心与中国医学科学院和中国中国疾病预防控制中心控烟办合作，在中国很多城市进行了展出，受到了公众的普遍好评。从2012年9月至今，新探健康发展研究中心已经在全国180个城市组织了2000余次展览。据新探健康发展研究中心估计，从该行动开始至今，已经有超过200万人观看了他们的展出[33]。

为提高活动的吸引力，新探中心与名人合作开展推广活动，通过青少年和大学生借助表演艺术、时装秀、戏剧和诗歌等活动形式吸引关注。该行动受到了媒体的普遍关注，其中部分原因是由于他们创造性的图形警示推广方式，其活动在电视上播出了6600多次，网上观看超过7400次[33]。

对展览效果的评估显示，在展览现场调查的个人当中，11002名被调查者中约85%都支持在卷烟包装上使用图形警示标识。另外，共有1525人联名签署了一封致工信部部长的信，请求在卷烟包装上引入图形警示标识[33]。

中国以烟送礼的习俗

采用图形健康警示不仅可以提高公众对烟草危害的认识、促进吸烟者戒烟，还可能会影响中国以烟送礼的社会习俗。证据显示，分享和赠送卷烟是导致中国男性开始吸烟和戒烟失败的重要因素[34]。在中国文化中，互赠礼物是一种建立和维持人际关系的手段，以烟送礼同时也使得吸烟合理化，并促进了对烟草的接受度。

卷烟在中国是极其受欢迎的礼品。ITC中国调查发现吸烟者平均10周（每年大概5次）收到一次作为礼物的卷烟[35]。由于不同品牌的卷烟价格差别很大，从一块钱到765块每包不等，收到礼物的人可以轻易看出卷烟礼物的金钱价值，并在未来给予对方适当的回礼。送和收昂贵的精品烟可以显示个人的富有和地位，并且常常被用作达成商业交易的润滑剂[36]。虽然现在各跨国烟草公

司在中国仅占有很有限的市场份额，但是它们策略性地将其产品价格定位为精品礼物，从而满足中国人赠送卷烟的习俗，同时，它们还使用具有文化吸引力的包装推广其产品，以便与当地高端品牌竞争[34]。

在烟草产品上使用图形警示可以显著降低卷烟在中国作为礼品的吸引力，从而有助于减少以烟送礼的做法（并弱化这种做法对吸烟合理性的强化作用）。2009年由中国疾病预防控制中心和世界肺健基金会开展的一项研究发现，在观看了一个解释向家人、朋友和同事赠送卷烟作为礼物的健康危害的大众传媒行动之后，在北京有意愿购买卷烟作为礼物的人从45%下降到24%，在广州这一比例从23%下降到12%[37]。图形警示可以跟这样的行动共同发挥作用，扮演不断提醒烟草危害的角色，降低其在礼品文化中的社会接受度。

健康警示：总结与建议

- 虽然中国已经采取了一些措施改善其健康警示，但是ITC中国项目显示，2008年版纯文字健康警示标识在有效性方面与之前版本的标识相比并无显著提高。
- ITC实验研究显示，中国吸烟者认为包含图片的健康警示比不包含图片的警示有效得多。
- 多个国家ITC项目的证据表明，图形健康警示可以提高吸烟者和非吸烟者对于吸烟危害的认知水平，增加与戒烟有关的行为，并帮助吸烟者保持戒烟状态。
- 《公约》第11条实施准则建议图片警示标识占据烟盒正面及背面顶部至少50%的面积，这一做法不仅可以提高中国健康警示的效果，还有助于实现《规划》所提出的目标。
- 已有60多个《公约》成员国以及三大金砖国家采用了图片警示标识，这为指导中国设计出更加有效的健康警示标识提供了很多借鉴。*
- ITC项目得出的证据提示，按照《公约》第11条实施准则对健康警示进行修改可以提高中国吸烟者对吸烟危害的认知水平，强化其戒烟动机。图形健康警示应提供相关信息促进吸烟者尝试戒烟，包括印刷戒烟热线的号码。
- 图形健康警示的实施必须有严格的监督以及执法机制，以确保严格执行。在执行中应注意执行单位应与烟草业无利益相关。

* *世界卫生组织无烟草行动（TFI）开发了一个健康警示库网站(www.who.int/tobacco/healthwarnin-gsdatabase/en/index.html)，用以帮助国家和缔约方分享图形健康警示及信息。这一网站是根据《公约》第三次缔约方会议的决议而开发的，且将根据国家及缔约方提供的图片定期更新。*

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TABLE OF CONTENTS

LIST OF FIGURES AND TABLES

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“It is well and truly time for China to kick its tobacco habit. Indeed, the country’s future economic and social prosperity depends on it. The evidence and recommendations presented in this report, if implemented, will help China to do just that.”

Dr Bernhard Schwartländer
WHO Representative in China

MESSAGE FROM WHO REPRESENTATIVE IN CHINA

Around the world, the burden of morbidity and mortality from noncommunicable diseases (NCDs) is growing rapidly. And no more so than in large, fast-developing countries such as China: NCDs account for 63% of deaths worldwide, but more than 80% of deaths in China. The changing nature of the global burden of disease is one of the great public health challenges of our time.

In recognition of the enormous threat NCDs pose to health — and to economic and social development — in 2011 the United Nations held the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, only the second time the General Assembly has met specifically to discuss a health issue (the first time was to discuss HIV/AIDS). Acknowledging the "challenge of epidemic proportions" presented by NCDs, the Political Declaration of the High-level Meeting committed to accelerating implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) in order to substantially reduce tobacco consumption, as one means of tackling the rising tide of NCDs.

It is in this context that WHO China is delighted to be supporting this important policy report on the evidence for stronger health warnings on tobacco packages in China. Full implementation of the WHO FCTC and its guidelines is one of the best investments countries can make to tackle NCDs; and implementing large, pictorial health warnings on tobacco products is one of the "best buys" available to governments for tobacco control.

This is because, as this report demonstrates, large, pictorial health warnings are one of the most effective means of warning tobacco users about the health hazards of their tobacco consumption and encouraging them to quit. They are also one of the most cost-effective interventions available to governments, as they require virtually no financial resources to implement or enforce.

Tobacco use already exacts a terrible toll on China, killing more than 1 million people every year. Right now, around 28% of China's over 1 billion adults are smokers, including more than half of China's approximately 570 million adult men. Given that one in every two smokers will die as a result of tobacco use, many prematurely, tobacco consumption will have a potentially catastrophic effect on China's society and economy in the future if current smoking rates are not reduced.

It is well and truly time for China to kick its tobacco habit. Indeed, the country's future economic and social prosperity depends on it. The evidence and recommendations presented in this report, if implemented, will help China to do just that.

Dr Bernhard Schwartländer
WHO Representative in China
December 2013

MESSAGE FROM DIRECTOR, CHINESE CENTER FOR DISEASE CONTROL AND PREVENTION

The harm caused by tobacco is one of the most serious public health problems in the world. China is home to more than 300 million smokers, nearly one third of the world's total. Tobacco use is the main cause of many diseases, including chronic obstructive pulmonary disease, cardiovascular diseases, and lung cancer and other cancers. Tobacco use is the leading cause of death in China, accounting for more than 1 million deaths annually. This figure is expected to double by 2020 if the current smoking rate is not controlled. Tobacco-related noncommunicable diseases pose a serious threat to the health and life of the Chinese people, and will soon become a heavy burden on socioeconomic development in China. Smoking is an unhealthy social behaviour. After long-term research and experience, we now realize that standard persuasion methods are not effective in controlling smoking or helping people quit. In order to make progress, multiple approaches, including national laws and economic measures, are needed to foster a favorable social environment for tobacco control.

The implementation guidelines of Article 11 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) require strengthening of the health warnings on cigarette packages and provide very concrete requirements for cigarette packages. The experience of many countries shows that health warnings on packages of tobacco products – especially eye-catching graphic warnings – are one of the most effective ways to warn people about the harmful effects of tobacco use on health and to encourage smokers to quit. This may be even more important in China, where there is a tradition of people presenting cigarettes to one another and giving cigarettes as gifts. Therefore, educating people about the harm of tobacco through graphic warnings on cigarette packages would be the most direct and effective way to reduce tobacco use. The FCTC came into force in China in January 2006. How effective has China been in implementing the FCTC? In particular, has there been any progress on health warnings on cigarette packages? To answer these questions, the authors of this report conducted an objective and systematic assessment. The results show that health warnings on cigarette packages in China continue to fall far short of FCTC requirements and lag behind those warnings in countries where the FCTC has been strongly implemented. As a result, China's health warnings hardly are playing any role in informing the public. The report findings indicate that the text warnings that China began to place on cigarette packages in October 2008 were not very noticeable, were not effective in increasing behaviours associated with quitting and did not increase motivation to quit. The 2010 Global Adult Tobacco Survey (GATS), conducted in China by the Chinese Center for Disease Control and Prevention, similarly indicated that health warnings on Chinese cigarette packages do not play a sufficient warning and education role. Tobacco use jeopardizes health, and the economic gains from tobacco production and use can never compensate for the health loss. Tobacco control is a venture that calls for hard work now in order to achieve lasting benefits in the future. Just recently, the Central Committee of the Communist Party of China and the State Council jointly issued a proclamation requiring government officials to take the lead by not smoking in public. At present, our mission to control tobacco has not been fulfilled. But the official proclamation represents a new and dramatic shift in approach that, together with hard work and increasing public awareness, holds promise for moving us away from our present tobacco crisis and towards a bright future for tobacco control in China.

I would like to thank everyone who contributed to this project.

Dr Wang Yu, M.D., PhD
Director, China CDC

MESSAGE FROM DIRECTOR, THINKTANK RESEARCH CENTER FOR HEALTH DEVELOPMENT

China is facing a growing public health crisis as the prevalence of tobacco use in the country continues to be extremely high. More than 3000 people die every day in China from smoking-related illnesses, translating into over 1 million deaths per year. It is expected that the death toll will double to 2 million per year by 2020 if current trends continue, and by the year 2030, one third of all male deaths will be from smoking-related diseases.

The Chinese Government signed the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2003 and ratified the treaty in 2005. Since that time, China has made some progress in tobacco control; however, in many areas policies have fallen short of meeting the minimum requirements of the WHO FCTC. According to Article 11 of the WHO FCTC, China is required to implement large, visible, rotating warnings covering 50% or more of the principal display areas of tobacco packs.

Health warnings are a low-cost, highly effective means of educating smokers and non-smokers, including adolescents and young people, on the harms of tobacco and exposure to tobacco smoke. This report serves as a call to action for our country as China has fallen short of meeting the WHO FCTC requirements for text warnings. China, which is among the association of five countries that make up BRICS (Brazil, the Russian Federation, India, China, and South Africa), also has fallen behind the first three members of the group that have already implemented pictorial warnings.

This report provides compelling evidence based on studies conducted in more than 20 countries by the International Tobacco Control Policy Evaluation Project (the ITC Project) that the implementation of pictorial warnings can make a strong contribution to achieving the aims of the China National Tobacco Control Plan, by increasing public awareness of the harms of tobacco and encouraging smokers to quit.

Over the past two years, the ThinkTank Research Center for Health Development has mobilized an extensive advocacy and outreach campaign across numerous cities in China in collaboration with the Chinese Center for Disease Control and Prevention (CDC), local health sectors, universities and nongovernmental organizations to pressure policy-makers, inform the public and engage the media on the need for pictorial warnings on cigarette packages. We are strongly committed to our activities to increase knowledge of the harms of tobacco, including through our warning label campaign, “I want to tell you because I love you”.

Our research has shown that pictorial warnings increase awareness of smoking-related diseases and of the health impacts caused by second-hand smoke. Our research has shown that the public supports pictorial warning labels. In 2011, 1525 people signed a letter to the Minister of Industry and Information Technology to call for the introduction of pictorial warning labels on cigarette packages. ITC data shows that after the warning labels were placed on the front and back of the pack (in English) in 2008 and two new health messages were introduced, 40% of male smokers still wanted more health information on cigarette packages. However, health warning messages have not been updated since 2008.

I strongly support this report’s recommendation that China implement pictorial warnings on at least 50% of the top of the front and back of the pack to honour its commitment to the WHO FCTC, to achieve the goals of the China National Tobacco Control Plan, and to protect public health in our country.

Dr Wang Ke’an
Director, ThinkTank Research Center for Health Development, Beijing, China

MESSAGE FROM PRINCIPAL INVESTIGATOR, ITC PROJECT

Nowhere on the planet does the tobacco epidemic loom more ominously than in China, where there are 300 million smokers and where findings from the International Tobacco Control (ITC) China Project over the past five years have documented the very low levels of knowledge about the specific harms of cigarettes, relative to other ITC countries throughout the world.

The road map for reducing tobacco use is clearly described by the WHO Framework Convention on Tobacco Control (WHO FCTC), the world's first health treaty. Among the key objectives of the treaty, which China ratified in 2005, is to inform consumers about the enormous health harms of cigarettes and other tobacco products – part of WHO's MPOWER package of FCTC policies, under the W (for "Warn"). The FCTC Article 11 Guidelines provide a clear description of the ingredients for strong and effective warnings: that they should occupy at least 50% of the front and back of the pack, that they should describe specific harms (e.g., lung cancer, heart disease, stroke, emphysema) that are known to be caused by cigarette smoking, and that they should include pictorial images of the harms of tobacco products in order to increase the salience of the warnings and to emotionally engage consumers.

Research studies over the past decade – including those from the ITC Project across many countries – have concluded that such pictorial warnings significantly increase effectiveness by increasing knowledge, awareness and perceptions of the risk of cigarettes, and that this leads to greater motivation and movement towards quitting among smokers and lowered motivation to start smoking among non-smokers. A recent ITC Project study has shown that the introduction of pictorial warnings in Canada led to a significant decline in smoking rates.

All of the research evidence demonstrating the power of pictorial warnings has so far not been incorporated into health warnings in China. And as a result, it is not surprising that the findings presented in this report show that the current text-only Chinese health warnings are very ineffective – at the bottom or close to the bottom of all 20 ITC countries on all indicators of warning effectiveness.

We hope that the evidence presented in this report will help lead China to finally engage in designing and implementing stronger health warnings. Since the beginning of the ITC Project in 2002, we have noted many times that research evidence can give policy-makers the courage to do what's right. In China today, as the tobacco epidemic continues unabated, there has never been such an urgent need for that kind of courage.

Dr Geoffrey T. Fong, PhD
Professor of Psychology and Public Health and Health Systems, University of Waterloo
Senior Investigator, Ontario Institute for Cancer Research
Prevention Scientist, Canadian Cancer Society Research Institute
Principal Investigator, International Tobacco Control Policy Evaluation Project (ITC Project)

EXECUTIVE SUMMARY

Tobacco use in China is taking an alarming toll on public health, killing more than 1 million people every year. China's National Tobacco Control Plan has established aggressive targets to achieve a relative reduction in smoking prevalence of over 10% among adults and over 25% among youth in just three years, as well as to increase public awareness of smoking-related health risks. Most smokers in China are not aware of the harms caused by tobacco use, and large pictorial warning labels have been proven to increase smokers' awareness of health risks and increase the likelihood that smokers will think about quitting and reduce their tobacco consumption. This report summarizes evidence on the effectiveness of China's text health warnings. It presents the results of three waves of survey data collected by the International Tobacco Control Policy Evaluation Project (the ITC Project) in China in the context of research conducted in other ITC countries that have implemented large pictorial health warnings and thus have met their obligations under Article 11 of the WHO Framework Convention on Tobacco Control (WHO FCTC). The report urges policy-makers to accelerate the implementation of pictorial health warnings as one of the most cost-effective interventions to achieve the smoking prevalence reduction and public education targets set out in the National Tobacco Control Plan.

The WHO FCTC provides a road map for the implementation of tobacco control policies to reduce the prevalence of tobacco use. China signed the WHO FCTC in 2003 and ratified it in 2005, and therefore has committed to implementing effective measures to reduce tobacco use. Article 11 of the WHO FCTC requires Parties to implement large, visible, rotating warnings covering at least 50% of the principal display areas in the country's principal language within three years of ratification. The treaty states that the warnings "may include pictures"; however Guidelines for the Implementation of Article 11 adopted in November 2008 at the Third Conference of the Parties to the WHO FCTC recommend that warnings include full-colour pictures covering more than 50% of the principal display areas.

While China has taken some initial steps to strengthen its text-only health warnings, the current warnings fall short of meeting the Article 11 requirements and best practice recommendations of the Article 11 Guidelines:

- **There is no meaningful rotation.** All packs have the same warning labels consisting of two different messages on the front and back of the pack.
- **Warnings are not large, clear, visible and legible.** Warnings only cover the minimum required 30% of the front and back of the pack. The background colour of the warnings is the same as the colour or pattern of the package, so the warning is not graphically distinct from the package design. In addition, the font is small.
- **Warnings are not in the form of pictures.** Warnings are text-only.
- **Warnings are not at the top of the package.**
- **Warnings do not include a range of distinct warnings and messages.** Only three messages are provided. No information is provided about tobacco and specific diseases, the addictive nature of tobacco or the harms of second-hand smoke.
- **Warnings do not provide advice about cessation.**

The ITC China Wave 3 (2009) Survey of 5583 smokers and 1417 non-smokers in seven cities provides evidence of substantial gaps in smokers' knowledge of important smoking-related health effects.

- **Almost three quarters of smokers do not know that smoking causes stroke.**
- **Almost half do not know that smoking causes coronary heart disease.**

The ITC China Wave 2 (2007–2008) and Wave 3 (2009) evaluation of the effectiveness of health warnings before and after China implemented text warnings on 30% of the front (in Chinese) and back (in English) in October 2008 indicates that the changes resulted only in small improvements in warning label effectiveness. In April 2012, the font size of the warning was increased, but the overall label size remained at 30% of the front and back of the pack and the English text warning on the back of the pack was replaced with the Chinese text. The ITC China Project is in the process of evaluating the impact of the April 2012 changes. In comparison, in January 2009, Malaysia implemented pictorial warnings on 40% of the front and 60% of the back of the pack in line with Article 11 Guidelines. Changes in "noticing the health warnings" and the extent to which labels made smokers "think about quitting" and "give up a cigarette at least once" before and after the warning label revisions show the enormous potential of large pictorial warnings. After the implementation of pictorial warnings:

- **The percentage of male smokers who "often" or "very often" noticed warning labels increased from 51% to 66% in Malaysia vs. 42% to 47% in China. The percentage of male smokers who "often" or "very often" noticed warning labels increased from 51% to 66% in Malaysia vs. 42% to 47% in China.**
- **The percentage of male smokers who said labels made them think about quitting smoking "a lot" increased from 6% to 20% in Malaysia vs. 3% to 5% in China.**
- **The percentage of male smokers who gave up a cigarette at least once in the last month due to the warning labels increased from 23% to 56% in Malaysia vs. 15% to 20% in China.**

Similar evaluation studies conducted in ITC countries where large pictorial warnings were implemented (for example, Australia, Brazil, Mauritius, Thailand and Uruguay) confirm the benefits of switching from text-only to pictorial health warnings.

The adoption of pictorial warnings also provides an opportunity to change social norms around the Chinese tradition of gifting cigarettes – a practice which has been shown to contribute to smoking initiation and failure to quit. The inclusion of pictorial health warnings on tobacco products could work synergistically with mass media campaigns to educate the public on the negative health impact of cigarettes and help to reduce the practice of cigarette gifting.

ITC data show that smokers in China support having more information on health warnings. After the implementation of the larger text warnings in 2008, 40% of smokers still wanted more information. ITC experimental studies have shown that Chinese smokers rate pictorial health warnings as much more effective than the same warnings without graphic images.

Over 60 countries that are Parties to the WHO FCTC, including three of the BRICS countries (Brazil, Russian Federation and India) have already implemented pictorial warnings. A fourth BRICS country - South Africa, is working towards finalizing a set of regulations for pictorial warnings. Hong Kong (China) and Macao (China) have both implemented pictorial warnings on 50% of both sides of the pack.

SUMMARY OF FINDINGS

- While China has taken steps to improve health warning labels, evidence from the ITC China Project has shown that the 2008 text-only health warnings are not significantly more effective than previous warnings.
- ITC experimental studies have shown that Chinese smokers rate pictorial warnings as much more effective than the same warnings without graphic images.
- Evidence from the ITC Project in numerous countries has demonstrated that pictorial warnings increase knowledge of the harms of smoking among smokers and non-smokers, increase behaviours associated with quitting and help smokers refrain from restarting once they quit.
- Evidence from the ITC Project suggests that revising the health warnings in line with the WHO FCTC Article 11 Guidelines would increase knowledge of the harms of cigarettes and the motivation to quit among smokers in China.

RECOMMENDATIONS FOR ACTION

- Implement pictorial warnings on at least 50% of the top of the front and the back of cigarette packages in line with the WHO FCTC Article 11 Guidelines. This would not only significantly increase the impact of health warnings in China, but also help contribute to the achievement of the goals articulated in the China National Tobacco Control Plan.
- Pictorial health warnings should provide messages to motivate quit attempts, including display of a quitline number.
- Over 60 countries that are Parties to the WHO FCTC, including three of the four other BRICS countries have already implemented pictorial warnings. Therefore, there are many examples of warnings that could be used to guide the design of more effective health warnings in China.*

** The WHO Tobacco Free Initiative (TFI) launched a Health Warnings Database website (www.who.int/tobacco/healthwarningsdatabase/en/index.html) designed to facilitate the sharing of pictorial warnings and messages among countries and Parties. The website was developed following a decision by the Conference of the Parties to the WHO FCTC at its third session and will continue to be updated on a regular basis as countries and Parties provide these images.*

INTRODUCTION

On 21 May 2003, the World Health Organization (WHO) adopted the Framework Convention on Tobacco Control (WHO FCTC), the world's first health treaty. As of December 2013, 177 countries, covering 88% of the world's population, are Parties to the treaty.

Packaging and labelling requirements, including health warnings on tobacco products, are the focus of Article 11 of the WHO FCTC.*(1)* Within three years of ratification, Article 11 requires Parties to implement effective measures designed to ensure that: a) packaging and labelling of tobacco products do not create false or misleading impressions about its characteristics, health effects, hazards or emissions or that a particular product is less harmful than another tobacco product; and b) each pack carries health warnings describing the harms of tobacco use.

Warning labels on tobacco products, in particular pictorial or graphic warning labels, are one of the most effective policies for warning about the dangers of tobacco use and encouraging smokers to quit.

Article 11 requires that health warnings on tobacco products:

- shall be rotating, large, clear, visible, and legible
- should cover at least 50% of the principal display areas (but no less than 30%)
- may include pictures
- shall be in the country's principal language.

To assist Parties in meeting their obligations under Article 11, the Third Conference of the Parties (COP) to the WHO FCTC adopted Guidelines for Implementation of Article 11 in November 2008.*(2)* According to the Article 11 Guidelines, Parties to the WHO FCTC in an effort to increase the effectiveness of their packaging measures, should consider warnings on tobacco products that:

- are at the top of the front and back of each package;
- cover more than 50% of the principal display areas, and are as large as possible;
- provide health warning text and messages in bold print using an easily legible font size to enhance visibility;
- include full-colour pictures;
- include two or more sets of rotating warnings with a range of messages;
- elicit unfavourable emotions and personalize the warning and messages; and
- provide advice on cessation and sources for cessation help.

China signed the WHO FCTC in 2003 and ratified it in August 2005. The WHO FCTC came into force in China in January 2006. In becoming a Party to the WHO FCTC, China committed to implementing the obligations contained in the WHO FCTC, including those described in Article 11 with respect to tobacco labelling. In the five years since the Article 11 Guidelines were adopted—during which time nearly 60 WHO FCTC Parties have either implemented or have made legislative commitments to warnings that meet or exceed the Article 11 Guidelines—research evidence has accumulated showing conclusively that health warnings could be made much more effective if they follow the recommendations of the Article 11 Guidelines. China has not yet taken those evidence-based steps in their labelling policies. As of December 2013, health warnings on tobacco packages in China remain very weak.

Children exposed to cigarettes at point of sale, Shanghai, China
Photo credit: Chinese Center for Disease Control and Prevention

This report is designed to present policy-makers in China with the necessary evidence to implement more effective health warning labels for tobacco products. The report will summarize the current state of warning labels in China, recent steps towards strengthening warning labels and the international evidence on the effectiveness of pictorial health warnings.

In addition, findings from the International Tobacco Control Policy Evaluation Project in China (the ITC China Project), highlighted in this report, demonstrate the low effectiveness of the current text warnings. Evidence from the ITC Project about the potential for increasing the impact of warning labels with the implementation of pictorial warnings is also included in this report. This information will be presented in context of the WHO FCTC requirements and China's own goals on tobacco control and health promotion, as outlined in the China National Tobacco Control Plan, released in December 2012.

The evidence presented in this report is primarily based on findings from the International Tobacco Control Policy Evaluation Project (the ITC Project), the first-ever international cohort study to evaluate the psychosocial and behavioural effects of tobacco control policies and the only research project in the world that focuses on measuring the impact of key policies of the WHO FCTC. The ITC Project conducts surveys of smokers and non-smokers in China and 21 other countries. Three waves of ITC China Survey data have been collected between 2006 and 2009 from 5600 adult smokers and 1400 non-smokers in seven cities in China. Findings from the ITC China Survey and other ITC countries, and from other international warning label studies, are presented here to provide policy-makers with a clear set of evidence-based recommendations to address the urgent need for large pictorial health warnings on tobacco products in China.

PICTORIAL HEALTH WARNINGS

China's National Tobacco Control Plan

In December 2012, China launched the National Tobacco Control Plan, which calls for the Government to strengthen tobacco control methods and to curb tobacco use. The plan recognizes the challenges that China faces in increasing its efforts in tobacco control, including the high number of adult male smokers (53% of men smoke), the approximately 15 million young people between ages 13 to 18 years who smoke (around 12% of people in this age group), and the very high levels of involuntary exposure to second-hand smoke (72.4% of non-smokers, or around 740 million people, are routinely exposed to second-hand smoke in homes, public places and workplaces). The National Tobacco Control Plan highlights the considerable toll tobacco use takes on the health of the Chinese population: approximately 1 million people die every year in China from tobacco-related illness. This figure is projected to increase to more than 3 million by 2050 if current smoking rates remain unchanged.

The National Tobacco Control Plan establishes two primary goals. The first is to reduce smoking prevalence among adults (from 28.1% to 25% by 2015, a relative reduction of over 10%) and among youth (from 11.5% to below 8.5% by 2015, a relative reduction of over 25%) — in just three years. These goals to reduce smoking rates will require very strong efforts across multiple domains of tobacco control to increase motivation for quitting, which among Chinese smokers is currently very low.

The second primary goal of the National Tobacco Control plan is to increase public awareness of the health risks associated with smoking. Towards this goal, the plan recognizes the need to strengthen cigarette package labelling and health warnings. However, the plan provides neither a timeline for strengthening health warnings nor any specific commitment to pictorial warning labels.

Yet according to the guidelines to Article 11 of the WHO FCTC,

"Evidence shows that health warnings and messages that contain both pictures and text are far more effective than those that are text-only."

As this report will show, the implementation of strong pictorial warnings on tobacco products in China as recommended by Article 11 Guidelines of the WHO FCTC would make a significant contribution towards achieving both primary goals of the National Tobacco Control Plan.

Health warnings as a communications tool

Health warning labels are, therefore, a key component of communication strategies to educate smokers and non-smokers about the harms of tobacco use. Strengthening warning labels is thus particularly important in China, where knowledge and awareness of tobacco harm remains low, as discussed later in this report.

In China, several national-level anti-smoking campaigns, as well as smaller-scale, localized campaigns, have sought to increase awareness among Chinese citizens about the harmful effects of tobacco smoking and exposure to second-hand smoke. When evaluated by WHO on eight basic mass media campaign criteria including target audience research, pre-testing campaign materials, use of a thorough planning process for purchasing air time, evaluation of campaign implementation, and outcomes and the use of news media outlets for publicity, China is one of the countries with the highest level of achievement in terms of the use of a comprehensive communication approach.*(3)* Localized campaigns such as the World Lung Foundation's "Sponge" campaign, which was launched in Beijing in January 2009, and the "Giving cigarettes is giving harm" campaign, which ran in 11 cities in December 2008 to February 2009 and May 2010, are examples of recent, smaller-scale education efforts.*(4)*

Targeted advertising is one very effective means of communicating the health harms of smoking. However, even the best mass media advertising campaigns do not reach all smokers all of the time. In contrast, health warning labels have tremendous reach and frequency of exposure. Accordingly, strong health warnings on tobacco packages are the most important source of information for smokers about the harms of smoking and of tobacco smoke pollution (or second-hand smoke). This is because, first, the frequency of exposure to tobacco package health warnings is potentially very great: the average smoker in China smokes 15–17 cigarettes per day, which means that the average smoker is exposed to a health warning up to 6205 times in one year, just through the act of getting each cigarette from the pack. Moreover, the exposure to the health warnings occurs at the most opportune time for potentially changing behaviour, because it comes at the exact time the smoker is preparing to smoke the cigarette.

Because of their reach, health warnings are an extremely cost-effective public health intervention when compared to other communication tools such as paid mass media advertising. Indeed, studies have shown that even in countries where mass media campaigns are common (Australia, Canada, the United Kingdom of Great Britain and Northern Ireland, and the United States of America), smokers report that they receive more health information about the negative effects of smoking from warning labels than from any other source except television.*(5)* Smokers in the ITC China Survey reported that the most frequently noticed sources of information on the dangers of smoking are the cigarette packs themselves (79%), followed by television (70%) and anti-smoking information in public transportation stations and vehicles (61%).*(5)* Non-smokers also report high exposure and awareness of health warning labels, as tobacco packages are displayed each time the product is used or left in public view and are also prominent in retail outlets in many countries.*(6)*

Impact of health warnings on smoking rates

With respect to the China National Tobacco Control Plan's aim to achieve a relative reduction in smoking rates of 10% by 2015, this report will show that pictorial warning labels significantly boost quit-related behaviours in smokers while decreasing relapse among quitters, and thus can contribute to reducing overall smoking rates.

Evidence continues to show that large pictorial warning labels on tobacco packs increase the motivation of smokers to quit. They increase knowledge on the health effects of smoking, and in turn cause smokers to think more about those health risks. Pictorial warning labels increase anti-smoking behaviours in smokers that can motivate quitting, including the avoidance of warnings (that is, purposely looking away from the warning) and also increase reports from smokers of forgoing a cigarette because of the warning.*(7)*

Pictorial warnings decrease smoking rates

A 2013 study conducted by ITC Project investigators compared smoking rates in Canada for a nine-year period before and a nine-year period after the implementation of pictorial warnings in 2001 with smoking rates in the United States over the same two nine-year periods, taking into account the price of cigarettes in both countries. The study provides strong evidence that pictorial warnings are effective in decreasing overall smoking rates.*(8)* The findings show that the Round 1 pictorial warnings that were introduced in Canada in 2001 led to a decrease of between 12% and 20% in smoking rates. The researchers used the Canadian results to estimate the impact that pictorial warnings could have in the United States; they concluded that if pictorial warnings were introduced in the United States, they could cause between 5.3 million and 8.6 million people to stop smoking. Although it is not clear exactly how the effects of pictorial health warnings found in Canada might apply to China, the ITC Project's evaluation of pictorial health warnings across several countries suggest that, if anything, the impact of pictorial health warnings in low- and middle-income countries (LMICs) such as China could be even stronger than in high-income countries because of the lower levels of knowledge in LMICs.

ITC studies have also shown that ex-smokers benefit from health warning labels.*(9)* The risk of relapse among ex-smokers increases when they are exposed to other people smoking. It is during these moments of "relapse risk" that pack warnings can encourage continued abstinence from smoking. Pictorial warning labels as described in the Article 11 Guidelines therefore not only to help smokers to quit, but also reduce relapse rates among ex-smokers. In this context, it is important to note that the size, novelty and the use of graphic instead of text-only warnings increase the likelihood of the warnings being seen (and thus to their effectiveness in encouraging smokers to quit and preventing ex-smokers from starting up again).

Recent changes to health warnings in China

In the last few years, China has taken some initial steps towards strengthening existing tobacco warning labels. However, the existing warning labels require considerable further strengthening to increase their effectiveness in line with the guidelines to Article 11 of the WHO FCTC.

Prior to October 2008, health warning labels in China were located on the side of the pack, rather than on the main front and back display areas of the pack and with only one message: "Smoking is harmful to your health". In October 2008, China took steps to improve the effectiveness of its health warning labels, both by changing the location on the pack as well as the content of the message: the warnings were placed on main display areas, covering 30% of the front and 30% of the back (at the bottom), and two new messages — "Quit smoking reduces health risk" and "Quit smoking early is good for your health" — were introduced, in addition to the existing "Smoking is harmful to your health" (see Fig. 1).

From October 2008 to March 2012, the warning message on the back of the pack was identical to the front, except that it was written in a foreign language, English. In April 2012, China began requiring that the warning label text for all cigarette packs produced domestically be twice the size of the 2008 iteration of the warnings, and that the English-language warning on the back of the pack be changed to Chinese, in line with the WHO FCTC requirement that warnings be in the country's principal language. However, the overall size of the label has remained unchanged at 30% of the front and back of the pack.

Figure 1. China's Oct. 2008–March 2012 health warnings

Photo credit: Dr Geoffrey T. Fong

The printed warnings are the same colour as the brand label itself, sharing the same colour scheme and font (see Fig. 2). However, Article 11 requires warnings to be "clear and visible", and the Article 11 Guidelines suggest countries consider introducing contrasting colours and easily legible font size to help achieve this.

The China National Tobacco Control Plan outlines several priorities for strengthening cigarette package health warnings: 1) strengthen cigarette package labelling management while prosecuting those that violate cigarette package labelling regulations; 2) improve the content and form of the health warnings on the harms of tobacco, including the period of rotation of health warning labels; and 3) enhance the tobacco harm warning impact in order to meet Article 11 requirements, including improvements such as the enlargement of the warning's size and font and increasing colour contrast. However, in order to maximize the impact of package warnings both in communicating the harms of tobacco and encouraging existing users to quit, the available evidence strongly suggests that pack labels should also include pictorial warnings.

Figure 2. China's April 2012 revised health warnings

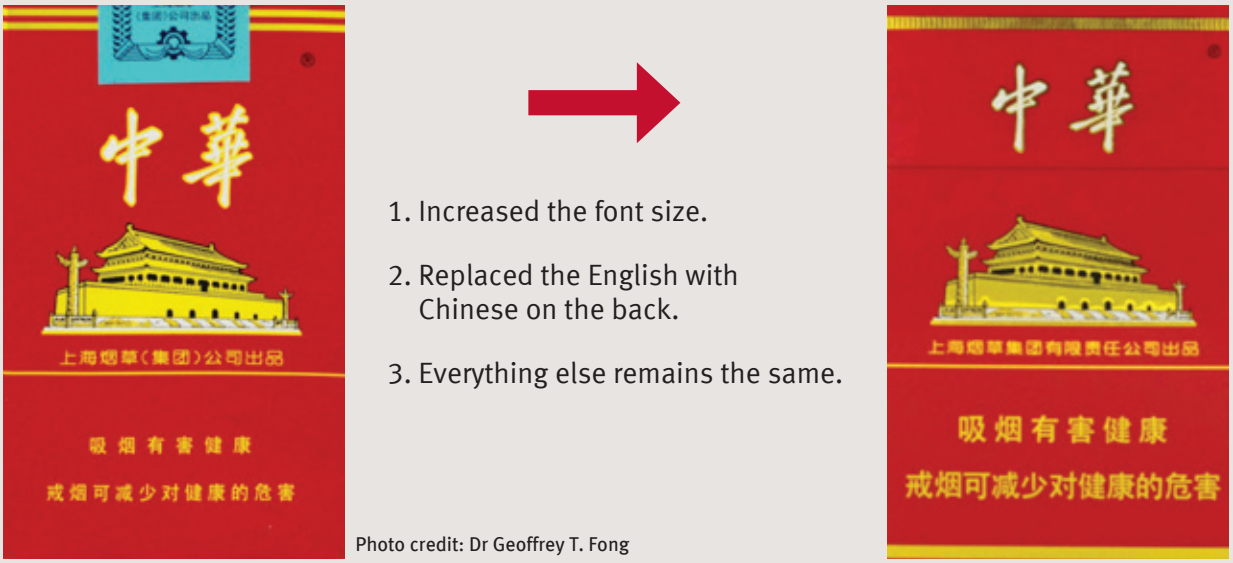


Photo credit: Dr Geoffrey T. Fong

Current health warnings in China

They need strengthening to meet the requirements of WHO FCTC Article 11 and increase their effectiveness

As illustrated in Table 1, despite the 2012 changes, China's warning labels require further strengthening to meet the obligations for warning labels and messages included in Article 11 of the WHO FCTC and to increase their effectiveness in line with the guidelines to Article 11. As noted above, strengthening warning labels would also help to meet the China National Tobacco Control Plan's goals of improving public awareness about smoking and reducing overall smoking rates.

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

Are China's current warnings (April 2012) meeting the requirements of WHO FCTC Article 11 and in line with the Article 11 Guidelines?		
	YES	NO
WHO FCTC Article 11 Requirements		
Shall be rotating.		✗ There is no meaningful rotation: the two different messages are on the front and back of all packs – so all packs have the same warning labels.
Shall be large, clear, visible, and legible.		✗ Current policy allows the background colour of the warning message to be the same as the existing colour or pattern of the packaging, so the warning is not graphically distinct from the package design. In addition, font size is small.
Should be 50% or more of the principal display areas but no less than 30%.	✓ Meets minimum requirement of 30%.	
May be in the form of or include pictures or pictograms.		✗ Warnings are text-only.
Shall require warnings and other textual information in its principal language.	✓ Warnings on front and back of pack are in Chinese (as of April 2012).	
Article 11 Guidelines for maximizing effectiveness of warning labels		
Should appear on both front and back of pack.	✓ Warnings are on both front and back of pack.	
Should be at the top of the pack		✗ Warnings are at the bottom of the pack.
Should be as large as possible (at least 50%).		✗ While the warnings meet the minimum requirement of 30% included in the WHO FCTC, the Article 11 Guidelines recommend Parties consider using warnings that cover as much of the principal display area as possible, given the evidence that effectiveness increases with size.
Should include full-colour pictures.		✗ Warnings are text-only.
Should include a range of warnings and messages.		✗ Warnings only include three messages "Smoking is harmful to your health", "Quit smoking reduces health risk" and "Quit smoking early is good for your health". No information is provided about the relationship between tobacco and specific diseases such as cancer, heart disease etc., the addictive nature of tobacco smoking or the harms of exposure to second-hand smoke.
Should provide advice about cessation.		✗ Warnings do not include information about where or how to get cessation assistance.

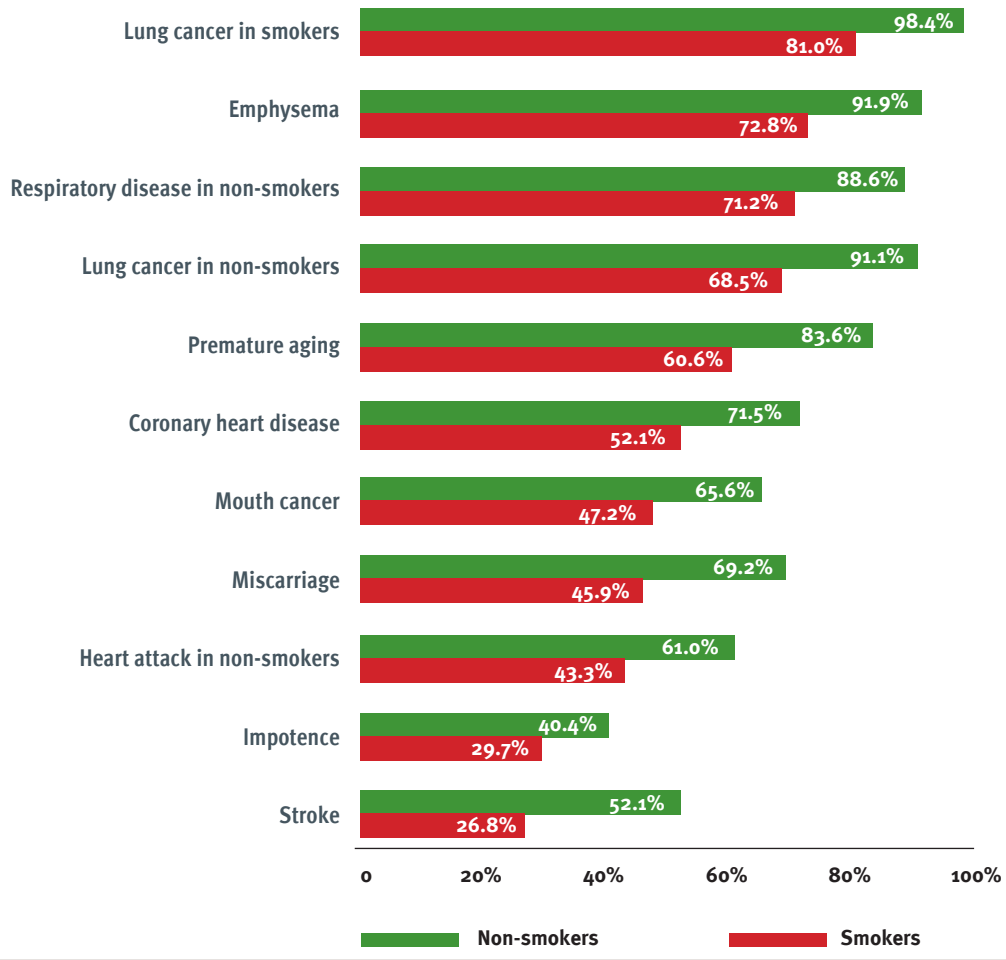
Chinese smokers and awareness of smoking-related harm

As noted above, public awareness and knowledge about the health risks of smoking are currently very poor. Stronger health warnings in China could help to improve current lack of awareness of the true health risks of smoking and exposure to tobacco smoke among Chinese smokers and non-smokers.

For instance, during Wave 3 (2009) of the ITC China Survey, more than half of Chinese smokers correctly believed that smoking causes lung cancer (81%), emphysema (73%), premature aging (61%) and coronary heart disease (52%). However, fewer than half of smokers believed that smoking causes stroke (27%), impotence (30%), miscarriage (46%) and oral cancer (47%) (see Fig. 3).

Other studies have found that the health warning labels in China are not effective in communicating the harms of smoking and encouraging smokers to quit. For example, the 2010 China Global Adult Tobacco Survey (GATS) found that while 90% of male smokers and 60% of female smokers

Figure 3. Percentage of smokers and non-smokers who believe that cigarette smoking causes specific health effects, Wave 3 (May–Oct. 2009)*(4)*

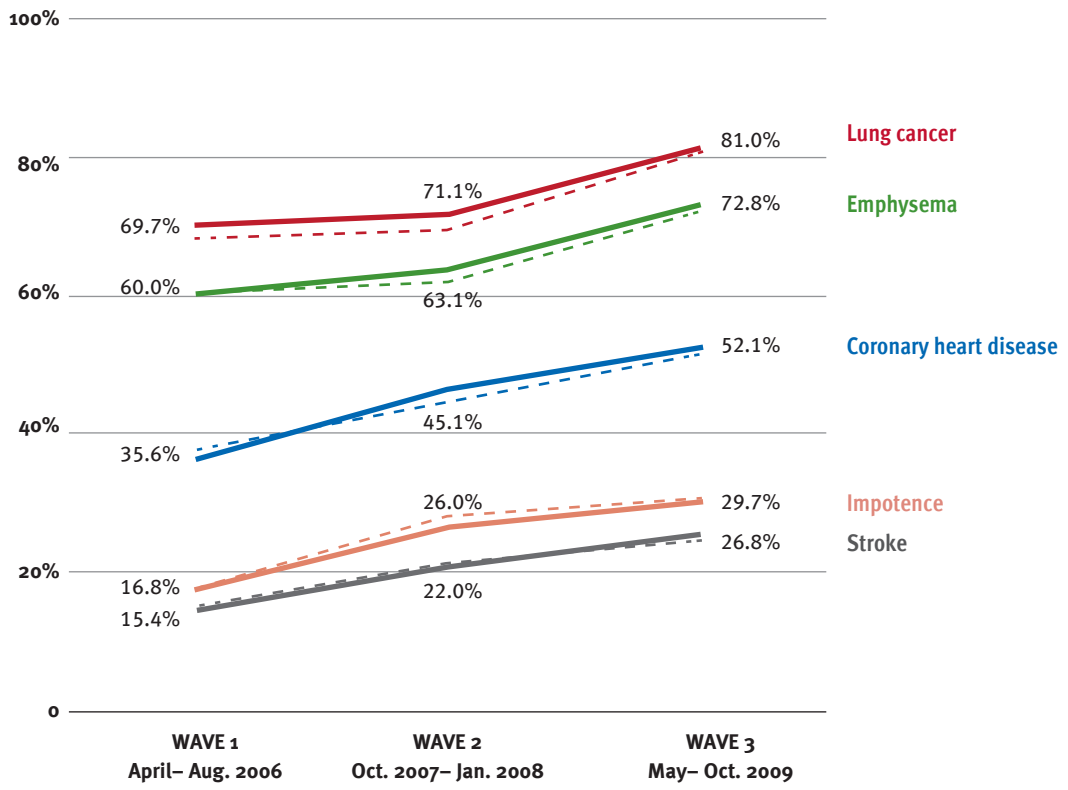


ITC data show that the majority of smokers are not aware that smoking causes stroke, and almost 50% do not believe that smoking causes coronary heart disease – two of the leading causes of death in China.

noticed health warning labels in the past 30 days, only 37% of male smokers and 43% of female smokers thought about quitting smoking after having seen the labels.*(10)* In contrast, in Brazil and Thailand, where more than 90% of smokers have noticed the large pictorial labels on packs (100% on back of pack in Brazil; 50% of front and back in Thailand) in the past 30 days, more than two thirds of smokers (72% male smokers and 77% female smokers in Brazil; 71% of male smokers and 66% of female smokers in Thailand) thought about quitting.*(10)* The GATS China also showed that only 23% of respondents were aware that smoking caused stroke, heart disease and lung cancer.*(11)*

ITC data suggests that knowledge and awareness of the harms of smoking have increased among Chinese smokers and non-smokers since 2006; however, the majority of smokers are not aware that smoking causes stroke and almost 50% do not believe that smoking causes coronary heart disease – two of the leading causes of death in China (see Fig. 4).

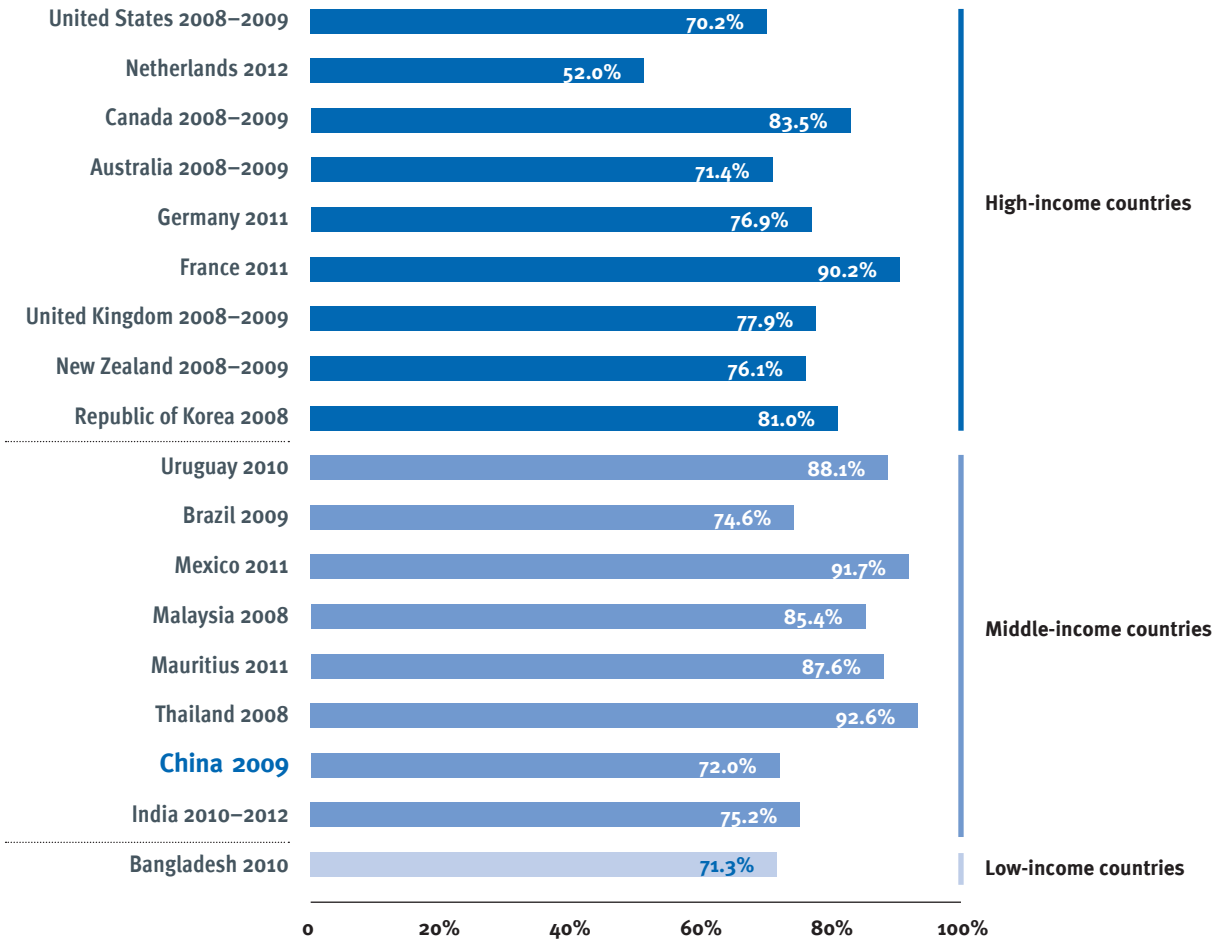
Figure 4. **Percentage of smokers who believe that cigarette smoking causes specific health effects, by wave** *(4)*



The solid lines represent percentages adjusted for time in sample, while the dashed lines represent the corresponding unadjusted percentages.

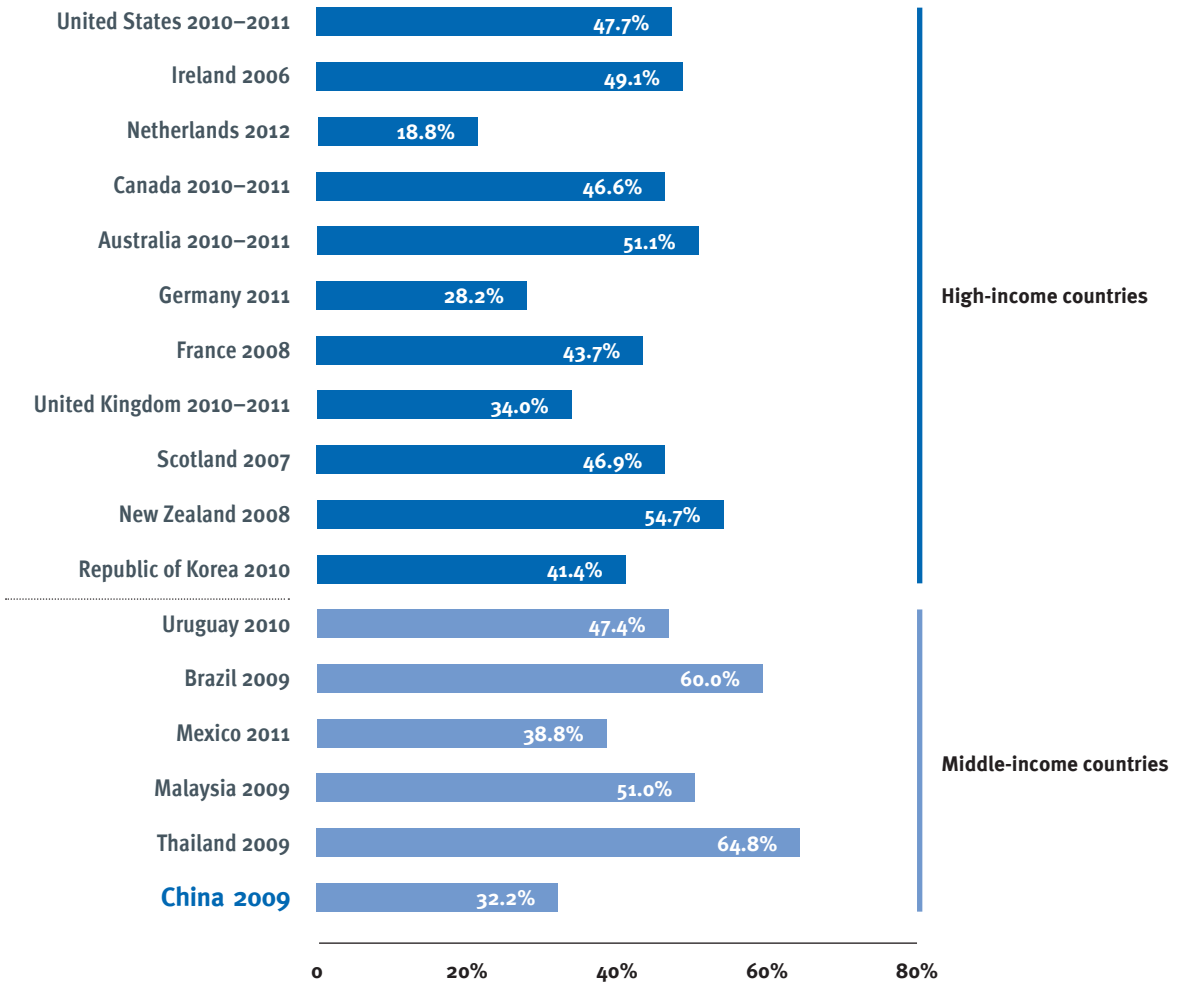
Although over two thirds of smokers (69%) believe that smoking causes lung cancer in non-smokers, comparison with 17 other ITC countries shows that male smokers in other countries generally have much higher levels of awareness than those in China (see Fig. 5). Most smokers (71%) and non-smokers (89%) during Wave 3 believed that second-hand smoke causes respiratory diseases in non-smokers. However, only 43% of smokers and 61% of non-smokers believed that second-hand smoke causes heart attacks in non-smokers.*(4)*

Figure 5. Percentage of male smokers who believe that second-hand smoke causes lung cancer in non-smokers, by country*(4)*



Although Chinese smokers are becoming increasingly aware of the health effects of smoking for smokers in general, they are less likely to think about the harms they are causing to themselves personally. During Wave 3, only 32% of Chinese smokers thought about the harms of smoking to themselves "often" or "very often" in the last month. ITC cross-country comparisons of male smokers show that among 17 countries where data were available, Chinese male smokers "often" or "very often" think about the harm to themselves of smoking less than in many other countries (see Fig. 6). Only 14% of smokers during Wave 3 believed that smoking has damaged their health "very much". This percentage remained relatively unchanged from previous waves (19% during Wave 1 and 15% during Wave 2).

Figure 6. Percentage of male smokers who "often" or "very often" thought about the harm of smoking to themselves in the last month, by country (4)



In total, only 7% of respondents in the ITC China Project, both smokers and non-smokers, were aware of *all* of the negative health effects of smoking identified in the ITC China Survey.*(13)*

The clear message from this data is that there is a strong need to provide more information to the Chinese public about the health risks of smoking, including through strengthening the current health warning labels on tobacco products.

Although Chinese smokers are becoming increasingly aware of the health effects of smoking for smokers in general, they are less likely to think about the harms they are causing to themselves personally.

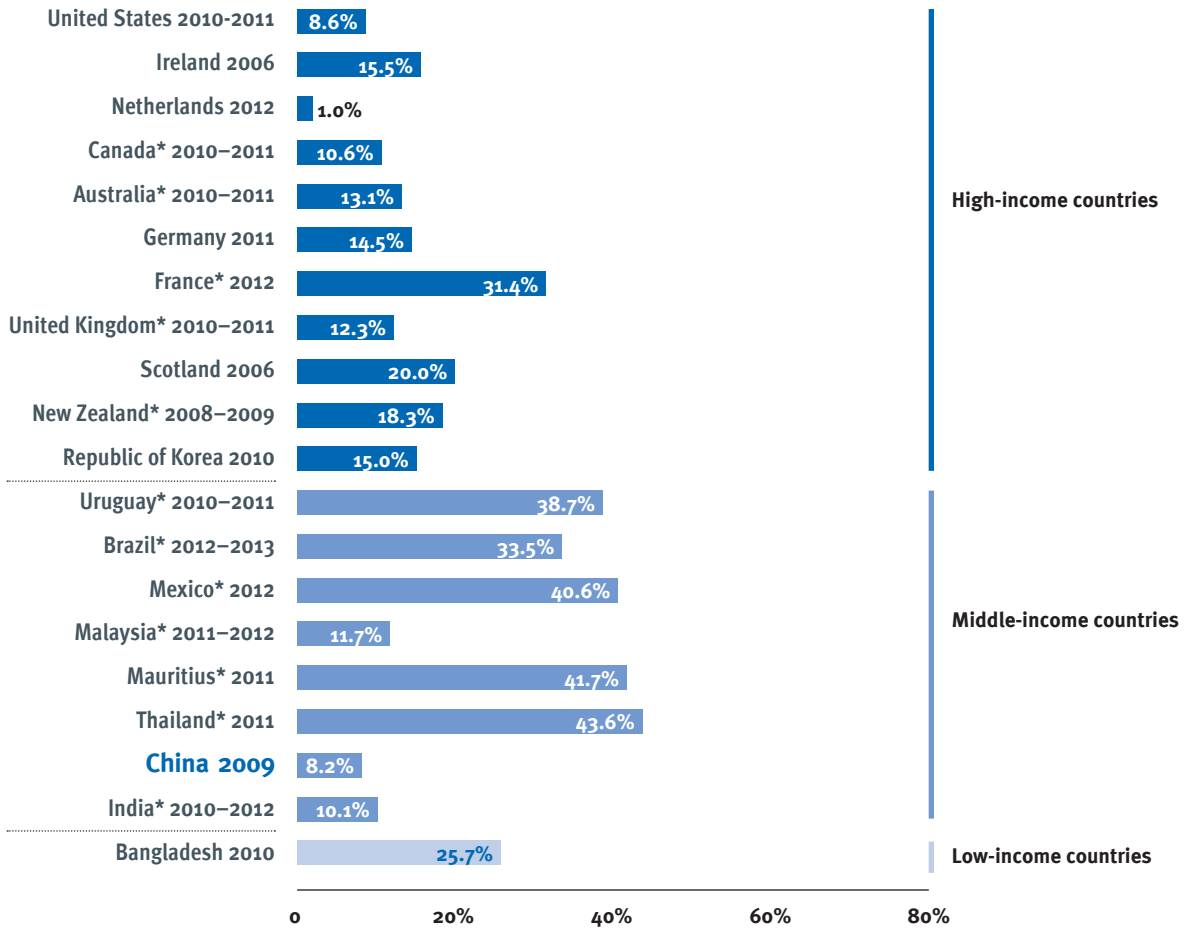
HEALTH WARNINGS IN CHINA

How does China compare to the rest of the world?

In total, 177 countries are Parties to the WHO FCTC and as such are obligated by Article 11 to adopt and implement large, clear and rotating health warnings within three years of WHO FCTC ratification.

As of October 2012, over 60 countries have passed legislation requiring pictorial health warnings, though only 47 countries have mandated that the labels cover at least 50% of the principal surface area of the pack to meet the recommendation included in the Article 11 Guidelines.*(14)* ITC cross-country comparison data (see Fig. 7) suggest that the 2008 Chinese text warnings were ineffective at making smokers think about the health risks of smoking, especially when compared with the impact of health warnings in other ITC countries. Only 8% of male smokers said that warning labels on cigarette packages made them think about the health risks of smoking "a lot". A more detailed evaluation of China's warning labels from the ITC China Survey is provided later in the report.

Figure 7. Percentage of male smokers who said that warning labels on cigarette packages made them think of the health risks of smoking "a lot", by country



* Countries with pictorial warning labels at time of survey

Source: Updated based on Figure 22 in Reference (4)

Of the five countries that make up the BRICS association (Brazil, the Russian Federation, India, China and South Africa), only the first three have implemented pictorial warning labels on their tobacco products. Brazil (in 2001), India (in 2009) and the Russian Federation (2013) have implemented pictorial warnings, leaving only China and South Africa as the remaining BRICS nations that have not yet implemented pictorial warnings. However, South Africa has taken steps towards requiring pictorial warning labels as an amendment to the Tobacco Products Control Act that came into force August 2009 giving the government authority to regulate packaging of cigarettes including warning messages with pictures showing the consequences of tobacco use. The South Africa Ministry of Health is working to finalize regulations that would require pictorial warning labels.*(15)*

Other countries and areas

BRAZIL

For well over a decade, Brazil has been a global leader in efforts to reduce tobacco consumption, implementing significant tobacco control policies even before the adoption of the WHO FCTC, and after ratification, implementing some of the world's most graphic pictorial warnings.

In 2001, Brazil passed legislation requiring all cigarette packs to cover 100% of the back of the cigarette pack with government-mandated pictorial health warning labels. Since then, Brazil implemented two new sets of pictorial warnings in 2004 and 2009. These new sets of warning labels remained only on the back of the cigarette pack; however, new warning labels covering an additional 30% of the front of the pack will be required by 2016.

Brazil was the second country in the world and the first country in Latin America to adopt pictorial warnings on cigarette packs. The warnings portray vivid images of human suffering and some of the most emotionally arousing pictorial warning label images in the world. In the process of creating this set of vivid images for their warnings, the Brazilian Government followed the recommendations of researchers from the field of neuropsychology who had conducted studies on the psychology of emotions. Those studies showed that images that are very negative and that are high in arousal cause an avoidance response,*(16)* and that such highly negative arousing images can create stronger negative associations with tobacco products, thereby having the potential to make tobacco products less positive in the minds of smokers and non-smokers. Two of the highly arousing images were used in the newest pictorial health warnings issued in August 2009.*(17)*

INDIA

In 2003, the Indian Parliament passed the Cigarettes and Other Tobacco Products Act (COTPA) and as a result began drafting a policy to introduce pictorial health warnings on all tobacco products. Several delays in implementation meant that the first pictorial warnings were not released until 2008 under the COTPA Packaging and Labelling Rules. The end result was a set of warnings that were weaker than those initially proposed.*(18)* Evaluations of these weaker warnings showed them to be ineffective and poorly understood by the Indian population.*(19)*

However, since the first set of pictorial health warning labels, India has made strong progress in implementing more effective warnings on tobacco products. In December 2011, an amendment to the COTPA legislation introduced new pictorial warnings to replace the older versions. These new pictorial warnings included four warnings for smoked tobacco products and four warnings for smokeless tobacco products such as snuff and chewing tobacco. The set of health warnings created for smoked tobacco products include images of diseased lungs and mouth cancer, each accompanied by the words "Smoking Kills". The set of health warnings created for smokeless tobacco products include graphic depictions of different forms of mouth/jaw cancer, also accompanied by the words "Tobacco Kills".

Following the second set of pictorial warning labels, the Indian parliament passed legislation introducing a third set of labels, which came into effect on 1 April 2013. The 2013 labels are similar to the 2011 labels in that they include images of diseased lungs and jaw/mouth areas, but the images used are slightly different. The text has also not changed, other than the inclusion of the word "Warning" written in red capital letters (see Fig. 8). The warning labels cover approximately 40% of the front of the package and do not appear on the reverse side. (This means they only cover about 20% of the principal display area and need to be enlarged to meet the WHO FCTC Article 11 requirement of at least 30%.) The health warning must be in English, an Indian language, or both, depending upon the language used on the rest of the pack. Where more than one language is used on the pack, the warning shall appear in two languages, one in which the brand name appears and the other in any other language used on the pack.

Figure 8. Examples of India's pictorial health warnings on smokeless (left) and smoked tobacco products (right)

RUSSIAN FEDERATION

As of May 2013, the Russian Federation has required pictorial warning labels on all cigarette packages. Like Brazil, the Russian Federation is using graphic images depicting the impact of smoking on human health. Visual images range from sick infants to blackened lungs, with accompanying messages including "Self-Destruction", "Periodontitis" and "Erectile Dysfunction" (see Fig. 9).

Figure 9. Examples of the Russian Federation's pictorial health warnings on cigarette packages

There are 12 pictorial warning labels in total. The pictorial label covers 50% of the back of the package, while 30% of the front of the display has in bold text "Tobacco Kills".

The Russian Federation has one of the highest smoking rates in the world, with 39.1% (43.9 million people) of the adult population currently smoking *(20)* and approximately 330 000—400 000 smoking-related deaths each year.*(21)* Prior to the change from text-only to pictorial warnings, 94% of Russian smokers noticed warning labels on cigarette packages, but only 32% indicated that the labels made them think about quitting.*(22)* Just as China's National Tobacco Control Plan includes the objective of reducing youth smoking rates, in implementing the pictorial warning labels, the Russian Government hopes not only to curb overall smoking rates, but also to prevent youth and other non-smokers from starting to smoke.*(23)* These aims are consistent with the growing body of international evidence demonstrating that pictorial warning labels can contribute to reductions in smoking prevalence, while at the same time increasing knowledge of the harms of tobacco use.

Brazil, the Russian Federation and India have already implemented pictorial health warnings.

SOUTH AFRICA

Currently, South Africa's text warning labels are not compliant with the minimum size requirements of WHO FCTC Article 11. One of eight primary warnings must cover 15% of the top of the front of the pack and a secondary warning must cover 25% of the top of the back of the pack. Rotation of the labels are required every 12 months.

However, South Africa's Ministry of Health is currently finalizing a set of regulations that would require pictorial warning labels.*(14)*

HONG KONG (CHINA)

Hong Kong (China) has had pictorial warning labels since October 2007 as part of the Smoking (Public Health) Ordinance of 2006. The ordinance requires that all cigarette packages have warning labels that cover 50% of both sides of the pack and include both Chinese and English warnings. Each year Hong Kong (China) rotates six new pictorial health warnings (see Fig. 10).

Figure 10. Examples of pictorial health warnings on cigarette packages in Hong Kong (China)

MACAO (CHINA)

Macao (China) introduced pictorial warning labels on 1 January 2013. There is a set of six pictorial labels in Macao (China), which are required on 50% of both sides of the pack (see Fig. 11). The warning label is written in Chinese on the front of the package and in Portuguese on the other side, the two official languages of Macao (China).

Hong Kong (China) and Macao (China) have implemented pictorial health warnings on 50% of both sides of the pack.

Figure 11. Examples of pictorial health warnings on cigarette packages in Macao (China)

CANADA

Innovative use of emotion and personal testimonials

In 2001, Canada became the first country to require pictorial health warnings on tobacco products. It was also the first to require the warning labels to cover 50% of the front and back of the tobacco package. Canada's second set of warning labels, implemented in September 2011, has taken an innovative approach in that many of the warnings focus on the human suffering caused by tobacco and tobacco-related diseases. Two such labels present photographs of an actual victim of smoking-related lung cancer (Barb Tarbox) in her dying days, one of which is accompanied by her own words shortly before she died: "Look at the power of the cigarette... Remember this face and that smoking killed me". The 2011 warnings consist of 16 rotating health warnings covering 75% of the front and back of the pack, and include health information inside the pack with graphics and information on the benefits of quitting and tips on how to quit.

AUSTRALIA

Plain packaging increases the effectiveness of pictorial health warnings

Plain packaging reduces the appeal of tobacco products, increases the effectiveness of tobacco health warnings and reduces the ability of the packaging to mislead people about the health harms of tobacco.

Guidelines for Article 11 and Article 13 of the WHO FCTC both recommend the adoption of plain packaging to eliminate the use of packs as a method of making tobacco products look attractive. Plain packaging removes all logos, colours and other package designs, including novel shapes (e.g., "lipstick cases", which are designed to appeal to women) from the pack design. But rather than being completely plain, pictorial health warnings are still on the packs.

On 1 December 2012, the Government of Australia implemented the world's first law requiring plain packaging of all tobacco products. Australia's plain packaging law bans all logos, colours and branding on the pack, allowing only the brand name of the tobacco product to appear in a standard font type and size. All other aspects of the package are standardized, including the location of the brand name, the package structure and the colour. The inside of the package and the individual cigarettes are also standardized, with no identifying markings or inserts.

Research indicates that plain packaging reduces the appeal of tobacco products, increases the effectiveness of tobacco health warnings and reduces the ability of the packaging to mislead people about the health harms of tobacco.*(24,25)* A study assessing the early impacts of plain packaging in Australia provides evidence for reductions in appeal and increases in urgency to quit among adult smokers after the implementation of plain packaging. Compared to smokers smoking from branded packs, smokers who were smoking from the new plain packages were more likely to perceive their tobacco as being lower in quality and tended to be lower in satisfaction, were more likely to think about and prioritize quitting and more likely to support the plain packaging policy.*(26)* Plain packaging may also be particularly effective in deterring smoking in key populations. For example, an experimental study conducted among 640 Brazilian women aged 16—26 found that plain packages of cigarettes were rated as less appealing, worse tasting and less smooth on the throat than branded packs; removal of the brand variant further decreased the rating of plain packs on these attributes.*(27)*

Other countries are beginning to follow Australia's lead: both Ireland and New Zealand have announced plans to introduce plain packaging of tobacco products.*(28,29)*

ITC CHINA SURVEY

Effectiveness of China's health warnings

BACKGROUND INFORMATION

The ITC China Survey began in 2006 as a partnership between researchers from the Office of Tobacco Control at the Chinese Center for Disease Control and Prevention (China CDC) and researchers from the local CDCs in collaboration with an international team of researchers in Canada (University of Waterloo), Australia (The Cancer Council Victoria) and the United States of America (Roswell Park Cancer Institute and the State University of New York at Buffalo).

The ITC China Survey follows a longitudinal cohort design to track any changes in smoking behaviour and to conduct analyses to identify possible factors that may be responsible for these changes in behaviour, including the impact of policies introduced between survey periods. To date four survey waves have been completed. The survey uses face-to-face interviews. Wave 1 was conducted from April to August 2006 and interviewed a cohort of 4732 adult smokers and 1269 adult non-smokers in six cities in China: Beijing, Changsha, Guangzhou, Shanghai, Shenyang and Yinchuan. Wave 2 was conducted from October 2007 to January 2008 with a total of 4843 adult smokers and 1221 adult non-smokers. Wave 3 was conducted from May to October 2009 with a sample comprised of 5583 smokers and 1417 non-smokers. Kunming replaced Zhengzhou as the seventh city during Wave 3 and data collected from Zhengzhou were excluded from the analyses. Wave 4 was conducted from September 2011 to November 2012. The data are currently being analysed and therefore are not included in this report.

The ITC China Survey is a prospective longitudinal study of smokers and non-smokers in seven cities in China. Face-to-face interviews were conducted to collect data from respondents. Eligible respondents include adult smokers and non-smokers 18 years of age and older.

ITC SURVEY QUESTIONS ON HEALTH WARNINGS

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

ITC surveys include a broad set of questions to assess health warning label effectiveness. These questions generally fall into three categories: salience, behavioural responses and support for health warnings. The survey questions in Table 2 represent ITC's key measures of health warning effectiveness.

Table 2. ITC survey questions on health warnings

Measure	Survey question	Response options
Noticing labels	In the last month, how often, if at all, have you noticed the warning labels on cigarette packages?	Never, once in a while, often
Read or looked closely	In the last month, how often, if at all, have you read or looked closely at the health warnings on cigarette packages?	Never, once in a while, often
Thinking about health risks	To what extent, if at all, do the warning labels make you think about the health risks of smoking?	Not at all, a little, a lot
More likely to quit	To what extent, if at all, do the warning labels on cigarette packs make you more likely to quit smoking?	Not at all, a little, a lot
Avoiding labels	In the last month, have you made any effort to avoid looking at or thinking about the warning labels?	Yes or No
Gave up a cigarette	In the last month, have the warning labels stopped you from having a cigarette when you were about to smoke one?	Scale of 1–4, from "never" to "many times"
Amount of health information	Do you think that cigarette packages should have more health information than they do now, less information or about the same amount as they do now?	Less, the same, more

The findings of the ITC China Project with respect to the effectiveness of China's warning labels are provided below. It is important to note that the results are based on the 2008 version of the warning labels (text warnings on 30% of the front and 30% of the back of the pack with the text warning on the back in English).

BEHAVIOURAL IMPACTS OF HEALTH WARNINGS

ITC data show that on all measures of warning effectiveness that have been used to evaluate health warnings across the more than 20 ITC countries, current health warnings in China are much less effective they could be in communicating the health harms of tobacco. The 2008 changes have done very little to increase warning effectiveness and comparisons with other countries that have implemented changes to their warnings consistent with the Article 11 Guidelines and demonstrate clearly the widening gap between the text-only warnings still on cigarette packs in China and the enormous potential of large pictorial health warnings.

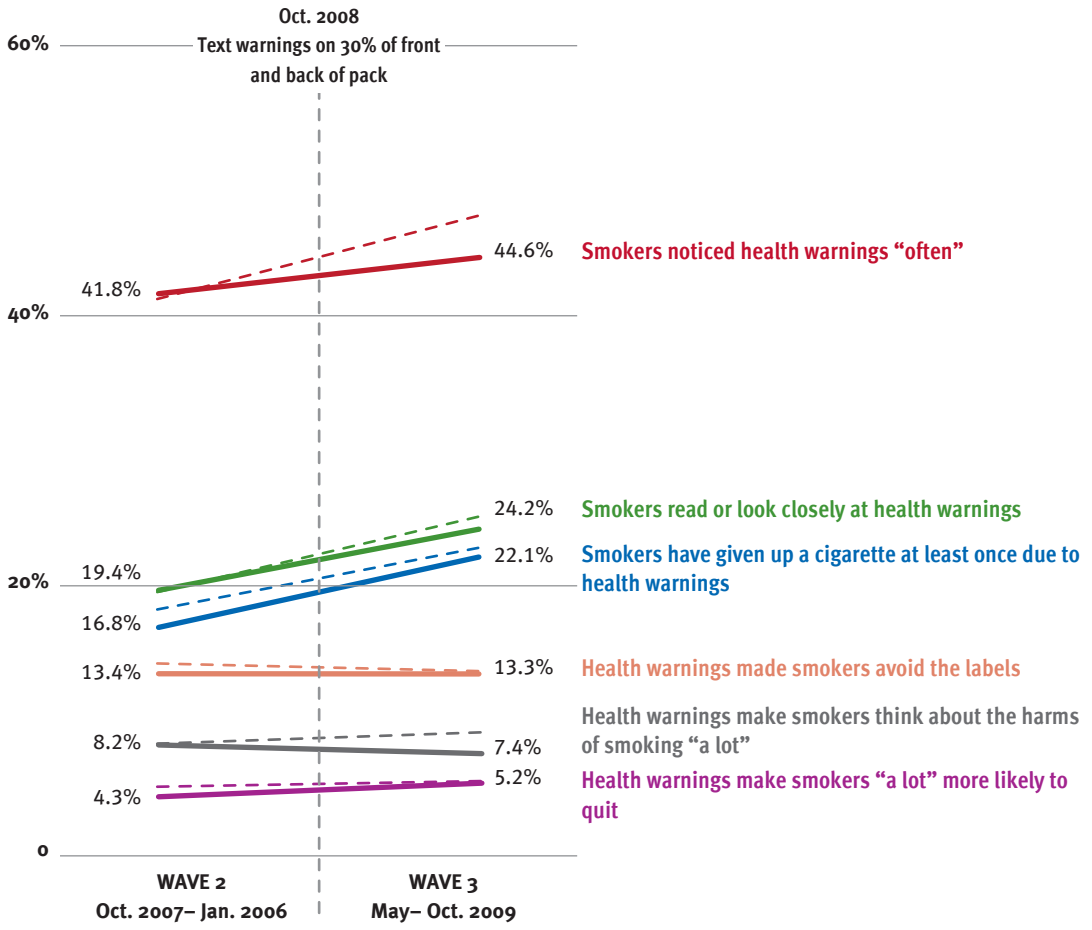
Prior to the 2008 change in warning labels, respondents in China who indicated that they noticed warning labels either "often" or "very often" was recorded at 42%. As shown in Fig. 15, noticing warning labels was largely unchanged among smokers (45% during Wave 3) after the larger text warnings were introduced. As noted above, for the majority of Chinese smokers, the 2008 text-only warning labels were not effective in making smokers think about the health risks of smoking. During Wave 3, only 7% of all smokers said that the current health warnings made them think about the health risks of smoking "a lot" – cross-country comparison analyses indicate that this percentage is very low compared to most of the other 18 ITC countries where data were available (see Fig. 7 from earlier in the report). There was no change in the percentage of smokers who thought about the health risks "a lot" after the new text warnings were implemented. On the other hand, the percentage who said that the labels made them think about risks "a little" increased from 40% to 49%.

Figure 12 shows that the 2008 text warnings resulted in only small improvements on two measures of warning label effectiveness. During Wave 3, the percentage of smokers who read or looked closely at the warnings increased from 19% to 24%. The percentage of smokers who said that in the last month, labels have stopped them from smoking at least once increased slightly from 17% to 22%. At both Waves 2 and 3, only 13% of smokers reported avoiding labels in the last month.

Furthermore, the 2008 warning labels did not motivate the majority of Chinese smokers to quit. Most smokers (70% during Wave 2 and 59% during Wave 3) stated that the labels do "not at all" make them more likely to quit smoking. The percentage of smokers who stated that warnings made them want to quit smoking "a lot" was 4% during Wave 2 and 5% during Wave 3.

In the Wave 3 China Survey, smokers who had participated in the Wave 2 Survey and had since quit smoking were asked whether the labels would increase the probability that they would continue to refrain from smoking. Almost one third (31%) of those who had quit smoking during Wave 3 responded that the labels would "not at all" increase the probability of continuing to refrain from smoking, while 45% responded they would "a little" and 25% said they would "a lot".

Figure 12. Measures of health warning effectiveness before and after changes to warning labels in China

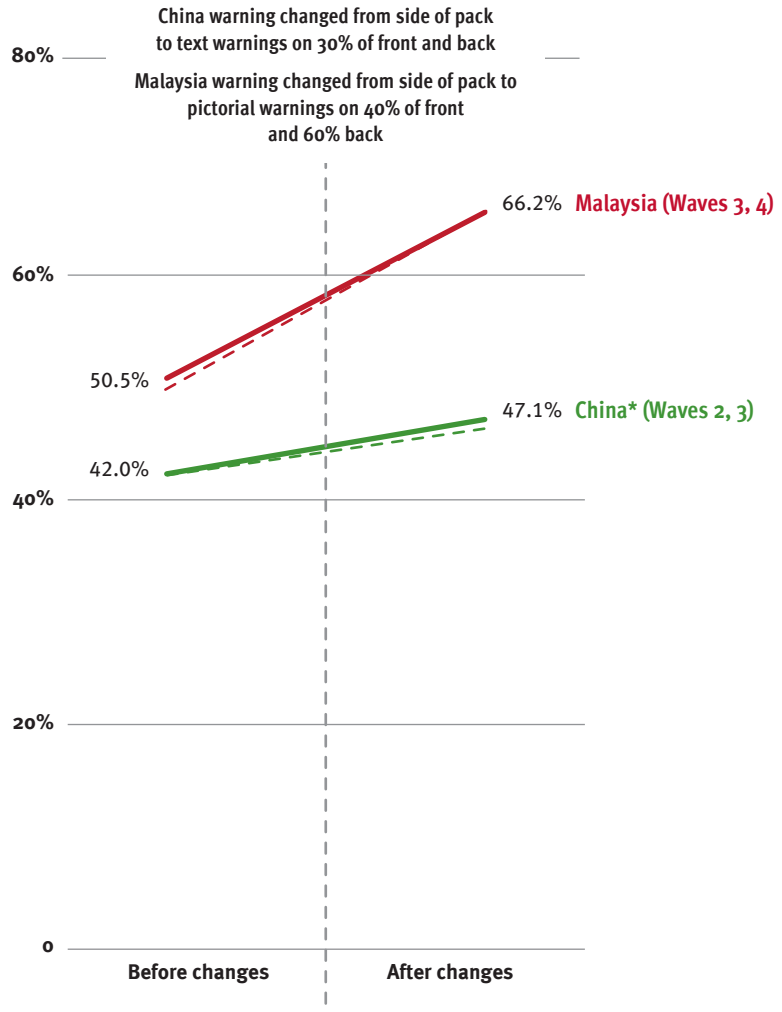


The solid lines represent percentages adjusted for time in sample, while the dashed lines represent the corresponding unadjusted percentages

Source: Fong GT, Xiao L, Jiang Y, Li Q, Li L, Yong H. The effectiveness of health warnings in China: Longitudinal findings from the ITC China Survey. Poster presented at the 10th APACT Meeting. August 19–21, 2013. Makuhari Messe, Chiba, Japan.

By contrast, in January 2009, Malaysia enhanced its warning labels from text to pictorial warnings on 40% of the front and 60% of the back of the pack, and is now in line with the Article 11 Guidelines. In contrast to China, male smokers who noticed warning labels "often" or "very often" increased from 51% to 66% in Malaysia after the implementation of large graphic warnings (see Fig. 13). Similarly, the percentage of male smokers who reported that warning labels made them think about quitting smoking "a lot" increased from 6% to 20% after implementation of pictorial warnings, while the percentage in China essentially stayed the same (see Fig. 14).

Figure 13. Percentage of male smokers who "often" or "very often" noticed warning labels in the last month, before and after warning label changes were introduced in China (Oct. 2008) and Malaysia (Jan. 2009)

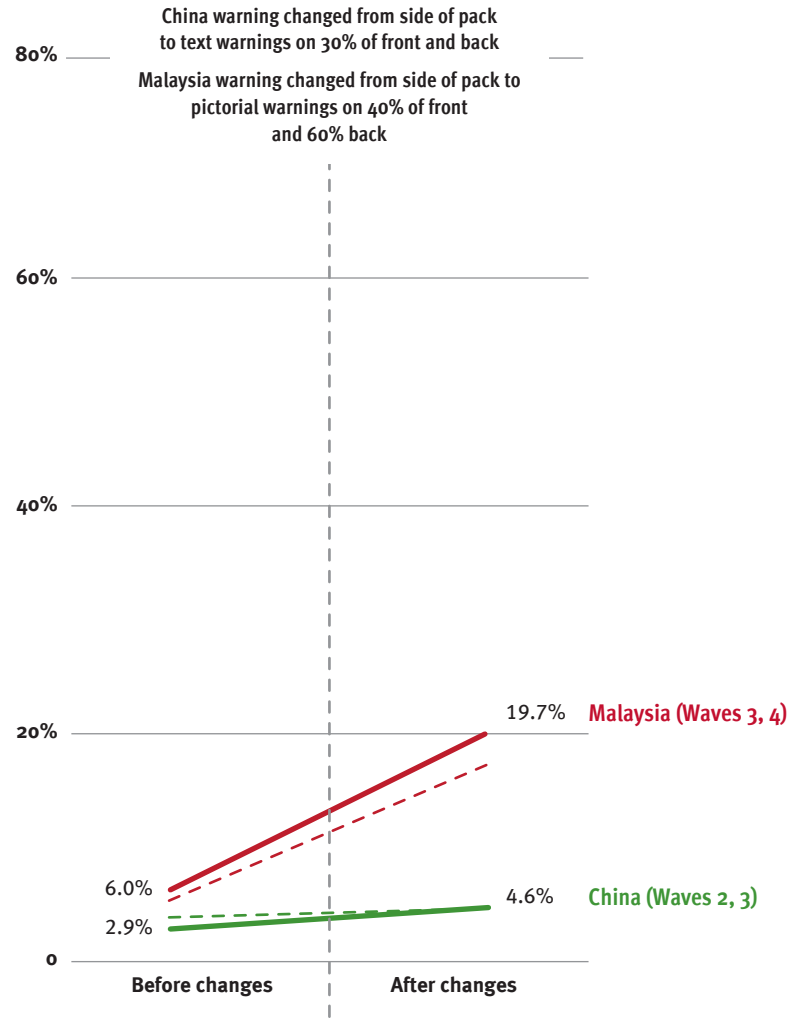


The solid lines represent percentages adjusted for time in sample, while the dashed lines represent the corresponding unadjusted percentages.

* In China, the response options did not include "very often".

Source: Fong GT, Xiao L, Jiang Y, Li Q, Li L, Yong H. The effectiveness of health warnings in China: Longitudinal findings from the ITC China Survey. Poster presented at the 10th APACT Meeting. August 19–21, 2013. Makuhari Messe, Chiba, Japan.

Figure 14. Percentage of male smokers who reported that warning labels made them think about quitting smoking "a lot", before and after warning label changes were introduced in China (Oct. 2008) and Malaysia (Jan. 2009)

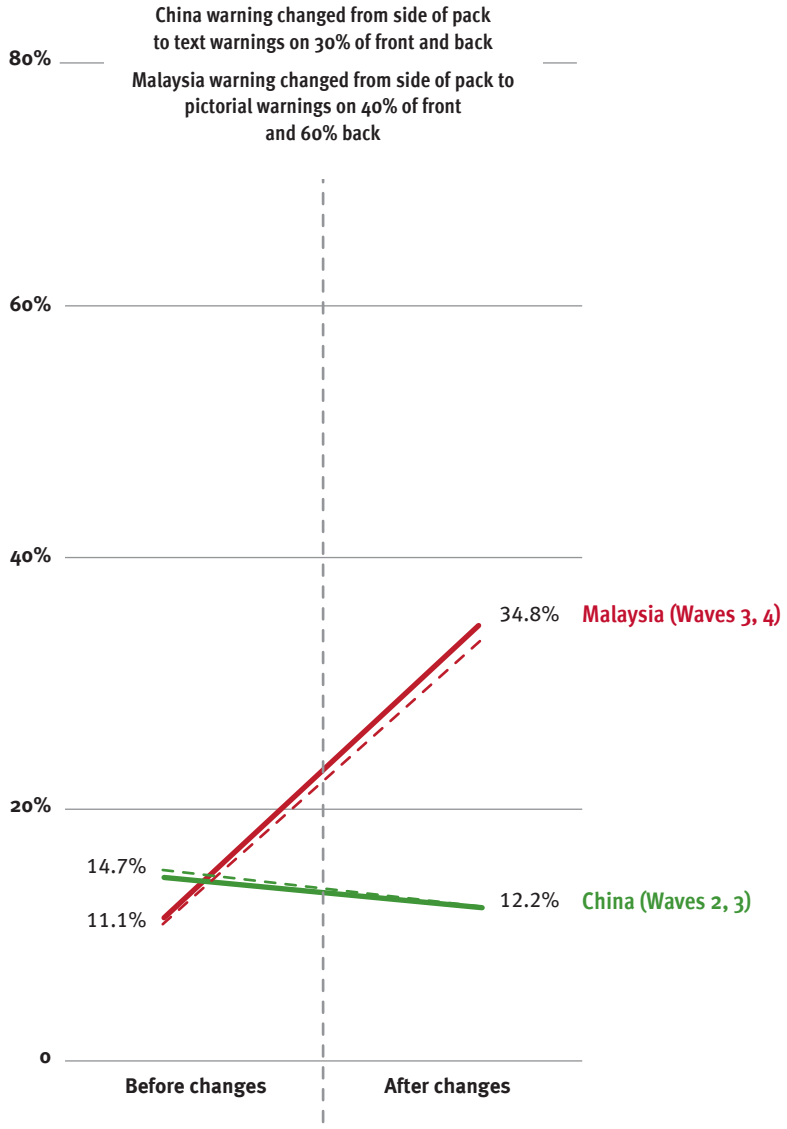


The solid lines represent percentages adjusted for time in sample, while the dashed lines represent the corresponding unadjusted percentages.

Source: Fong GT, Xiao L, Jiang Y, Li Q, Li L, Yong H. The effectiveness of health warnings in China: Longitudinal findings from the ITC China Survey. Poster presented at the 10th APACT Meeting. August 19–21, 2013. Makuhari Messe, Chiba, Japan.

On the measure of avoiding labels in the last month, the percentage of male smokers who reported that they avoided labels increased from 11% to 35% after Malaysia's introduction of pictorial warnings, whereas this percentage decreased in China from 15% to 12% (see Fig. 15). Malaysia's increase in the percentage of male smokers who reported giving up a cigarette at least once in the last month (23% before pictorial warnings to 56% after pictorial warnings) was much higher than in China (15% before the enhanced text warnings to 20% after the text warnings were enlarged) (see Fig. 16). These significant increases across several measures of warning label effectiveness in Malaysia suggest that China could expect a significant improvement in label effectiveness if it were to revise its warnings in accordance with the recommendations included in the Article 11 Guidelines.

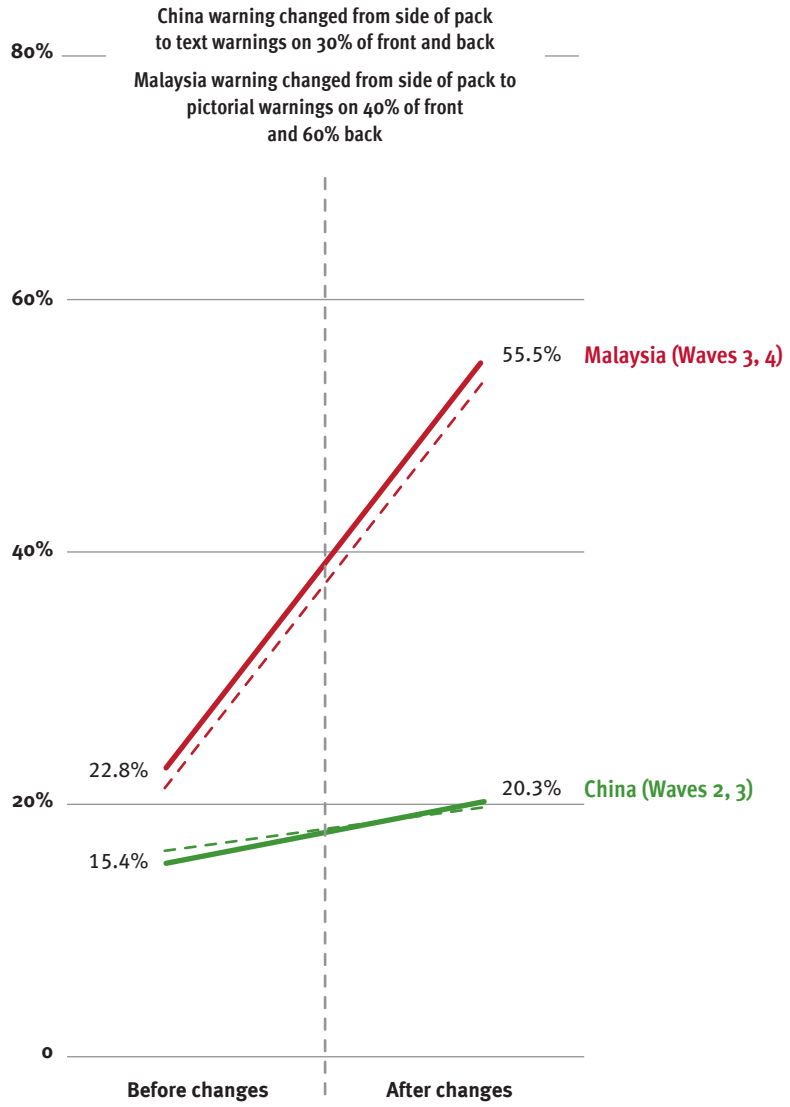
Figure 15. Percentage of male smokers who reported that they avoided the warning labels in the last month, before and after warning label changes were introduced in China (Oct. 2008) and Malaysia (Jan. 2009)



The solid lines represent percentages adjusted for time in sample, while the dashed lines represent the corresponding unadjusted percentages.

Source: Fong GT, Xiao L, Jiang Y, Li Q, Li L, Yong H. The effectiveness of health warnings in China: Longitudinal findings from the ITC China Survey. Poster presented at the 10th APACT Meeting. August 19–21, 2013. Makuhari Messe, Chiba, Japan.

Figure 16. Percentage of male smokers who gave up a cigarette at least once in the last month due to the warning labels, before and after warning label changes were introduced in China (Oct. 2008) and Malaysia (Jan. 2009)



The solid lines represent percentages adjusted for time in sample, while the dashed lines represent the corresponding unadjusted percentages.

Source: Fong GT, Xiao L, Jiang Y, Li Q, Li L, Yong H. The effectiveness of health warnings in China: Longitudinal findings from the ITC China Survey. Poster presented at the 10th APACT Meeting. August 19–21, 2013. Makuhari Messe, Chiba, Japan.

EMOTIONAL RESPONSES TO HEALTH WARNINGS

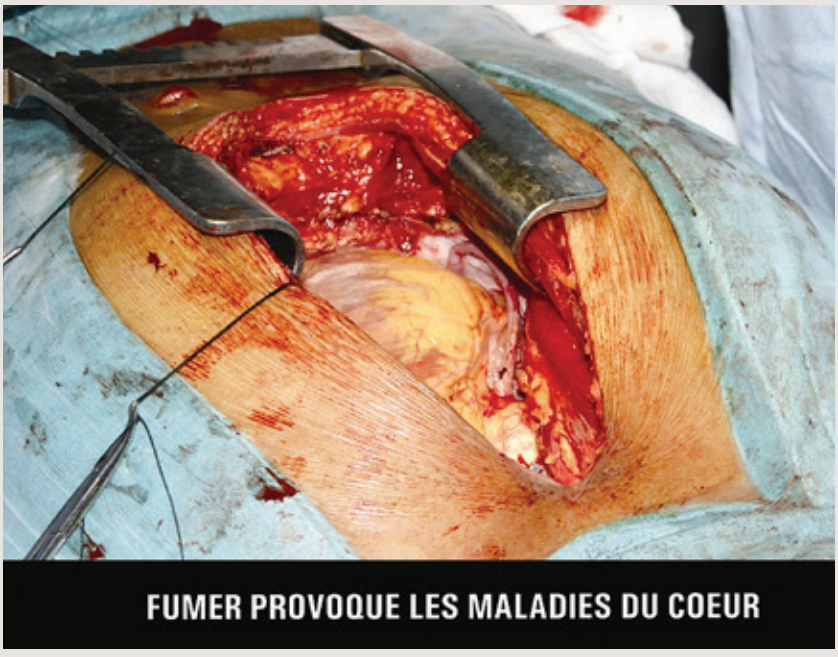
Research evidence suggests that health warnings have the most impact when they are prominent and include emotionally engaging imagery. For this reason, the Article 11 Guidelines encourage countries to consider introducing warning labels that elicit unfavourable emotions.

Several questions were included in the Wave 3 China Survey to measure emotional responses to the health warnings introduced in October 2008. Research evidence suggests that health warnings have the most impact when they are prominent and include emotionally engaging imagery.*(30)* For this reason, the Article 11 Guidelines encourage countries to consider introducing warning labels that elicit unfavourable emotions.

The Wave 3 China Survey findings indicate that the 2008 text-only warning labels introduced in China do not arouse strong emotional responses. The majority of Chinese smokers (76%) reported that the warning labels caused neither pleasant nor unpleasant feelings. Although 41% reported that the labels made them feel "somewhat alarmed" or "very alarmed", 46% reported feeling "neither alarmed nor calm". In addition, when asked if the warning labels made them worried, 74% responded that they were "not at all worried". In contrast, in Mauritius, where a set of eight pictorial warnings that included graphic images of mouth cancer (see Fig. 17) covering 70% of the back of the pack in English and 60% of the front of the pack in French were implemented in 2009, 72% of smokers reported feeling "somewhat alarmed" or "very alarmed" by the warnings.

Many smokers in China do not feel that the current health warnings are realistic (that is, credible or believable). Only 10% felt that they were "very realistic" and 45% stated that the warning labels were "somewhat unrealistic" or "very unrealistic". In contrast, in Mauritius the percentage of smokers who think the current warnings are realistic is much higher, with 62% of smokers stating that the new pictorial warnings were "extremely realistic" or "very realistic". It is notable that the Mauritian warnings were still perceived as realistic despite evoking strong emotional responses such as "alarmed" and "unpleasant" feelings.*(31)*

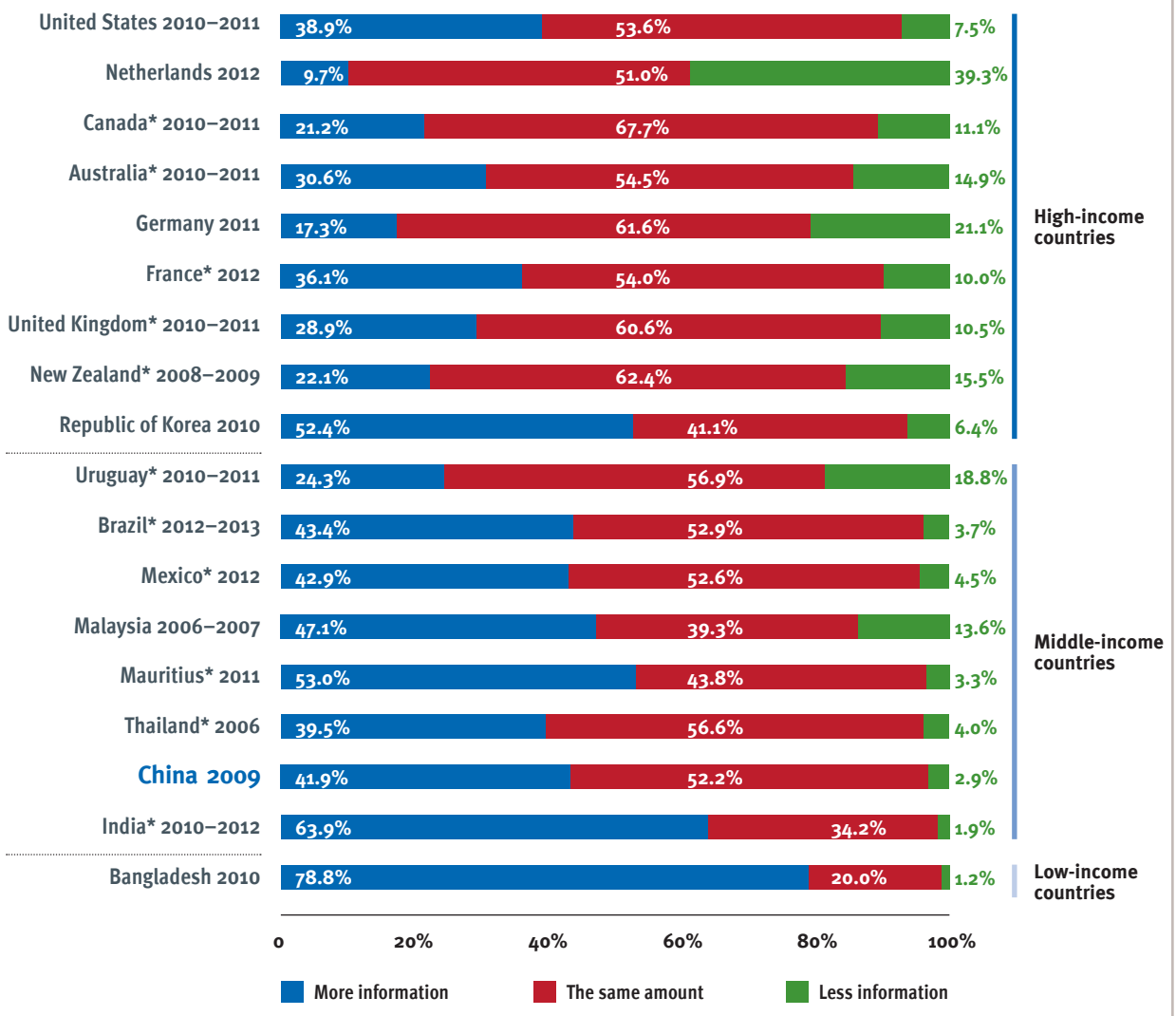
Figure 17. Pictorial health warning in Mauritius



SUPPORT FOR MORE EFFECTIVE HEALTH WARNINGS IN CHINA

ITC data show that smokers in China support having more information on health warnings. During Wave 2 of the ITC China Survey, more than one third of smokers (40%) wanted more information to be provided on warning labels. During Wave 3, after the implementation of the larger text warnings, 40% of smokers still wanted more information and only 7% wanted less information. ITC cross-country comparisons among male smokers show that the percentage of male smokers in China who want more information on labels is similar to that of middle-income countries that have now adopted pictorial warning labels (see Fig. 18). These statistics point to the powerful role that packs can play as a cost-effective medium for communicating information about the harms of tobacco.

Figure 18. Male cigarette smokers' opinions on whether there should be more, less, or the same amount of health information on cigarette packages, by country *(4)*



* Countries with pictorial warning labels at time of survey

CHINESE SMOKERS RATE PICTORIAL WARNINGS AS MORE EFFECTIVE THAN TEXT WARNINGS

In 2009, an ITC experimental study conducted with a sample of 1169 adult smokers, adult non-smokers and youth across four cities in China (Beijing, Kunming, Shanghai and Yinchuan) found that the 2008 enhanced text-only Chinese warnings were much less effective than labels that included both pictorial and text warnings.*(32)* The former (text on the side of the pack) and 2008 enhanced Chinese text-only health warnings (30% on the front and 30% on the back of the pack, but not very distinctive), along with eight alternative health warnings that were created on Chinese packs using pictorial-and-text health warnings adapted from Canada, the European Union, Hong Kong (China) and Singapore, were ranked and rated by respondents on a number of dimensions, including perceived effectiveness in motivating smokers to quit and in convincing youth not to start smoking (see Fig. 19).

Figure 19. **Images of health warnings used in the study, including old and new Chinese health warnings** *(32)*

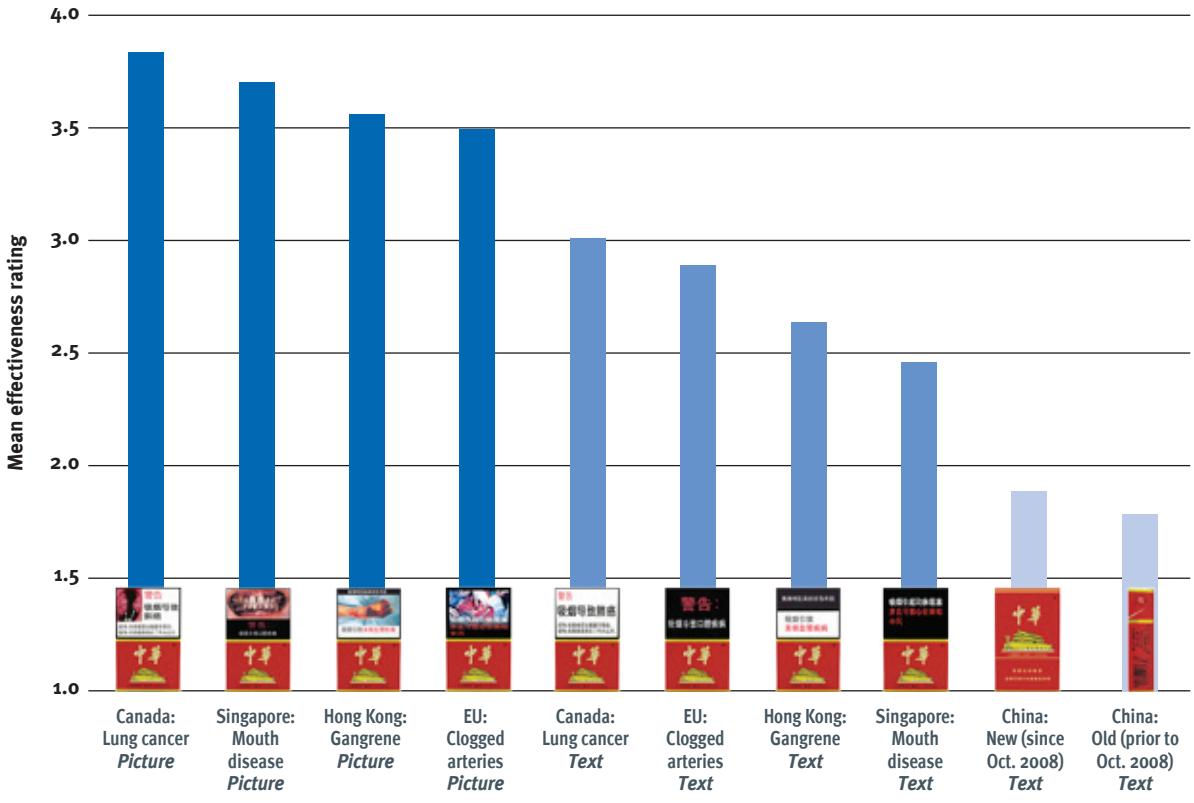
	Canada Lung cancer	Singapore Mouth disease	Hong Kong Gangrene	European Union Clogged arteries	Actual China (Top = old; bottom = new)
Text only	 2	 6	 3	 10	 5
Text + picture	 9	 8	 1	 4	 7
Text (english)	CIGARETTES CAUSE LUNG CANCER: 85% of lung cancers are caused by smoking. 80% of lung cancer victims die within 3 years.	WARNING: Smoking causes mouth diseases.	Smoking causes peripheral vascular diseases.	Smoking clogs the arteries and causes heart attacks and strokes.	Smoking is harmful to your health. Quitting smoking early is good for your health.

Note: Numbers below each image are the random order numbers assigned to each of the images.

The results were remarkably consistent across male and female adult smokers, adult non-smokers and youth in all four cities. All four pictorial-and-text health warnings were rated and ranked highest on effectiveness in motivating smokers to quit (see Fig. 20) and convincing youth not to start smoking. The text-only versions of the four pictorial warnings were rated in the middle. Finally, the actual 2008 enhanced Chinese text warnings (30% of front and back) were rated at the bottom of the set of 10 warnings, just above the old Chinese text-only warnings that had appeared on the side of the pack.

The use of only English text for the two health warning messages on the back of the pack ("Smoking is harmful to your health" and "Quit smoking early is good for your health") was also shown to be ineffective: close to three-quarters (73%) of adult smokers could not translate "smoking is harmful to your health" and 90% could not translate "quit smoking early is good for your health". *(32)* The article stated that these findings "support the principle that countries should not be presenting important health messages to their people in a foreign language". China has addressed this shortcoming by replacing the English text warning with Chinese text in its newest 2012 labels.

Figure 20. **Mean effectiveness ratings of each health warning: How effective would each label be in motivating smokers to quit? (all respondents)** *(32)*



ITC KEY FINDINGS

Benefits of switching from text-only to pictorial health warnings

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

- The introduction of pictorial warnings in Australia resulted in an increase in noticing and reading of health warnings, thinking about the health risks and quitting, forgoing cigarettes and avoiding the warnings; they also stimulated stronger cognitive responses and more reports of forgoing cigarettes than text-only health warnings in the United Kingdom.
- In Brazil, the aforementioned health warnings containing graphic, emotionally evocative imagery had a greater impact on quit-related cognitions among smokers with lower compared to higher educational attainment. This greater impact of warnings among smokers with lower education was not found in Uruguay, where warnings included abstract representations of risk (that is, a vial with skull and crossbones) or Mexico, which had warnings that contained only text at the time of data collection. Graphic imagery may work better than other types of imagery in addressing tobacco-related disparities associated with education.
- After Thailand introduced pictorial warning labels, the percentage of smokers reporting that the warnings made them think about health risks and made them more likely to quit increased, but no such increase occurred in Malaysia – where warnings were text-only – over the same time period.
- After Mauritius introduced pictorial warnings in 2009 on 60% of the front and 70% of the back of the pack – the first nation in the African region to put pictorial warnings on packs – smokers were more aware of specific harms of smoking, had more thoughts about quitting and had emotional reactions that were associated with quitting.

ADVOCATING FOR PICTORIAL HEALTH WARNINGS IN CHINA

ThinkTank Research Center for Health Development's health warnings campaign

The ThinkTank Research Center for Health Development has been advocating for the implementation of pictorial warning labels in China through its own innovative campaign entitled "I want to tell you because I love you". ThinkTank launched the campaign in September 2011 using the format of an exhibition of pictorial warning labels created specifically for the campaign. The exhibition has been shown in cities throughout China with the cooperation of the Academy of Medical Sciences and the Office of Tobacco Control, China CDC, and has been enthusiastically received by the public. Since September 2012, ThinkTank has held its campaign in various public places in 180 cities with 2000 exhibitions in total. ThinkTank estimates that more than 2 million visitors have visited its exhibitions since their inception.*(33)*

To enhance the attractiveness of its campaign, ThinkTank collaborated with celebrities for promotion as well as youth and university students who garnered attention for their use of performance art pieces, runway shows, dramas and poetry. The campaign received significant media coverage, in part due to its creative approach to pictorial warning label promotion. The campaign's activities were broadcast 6600 times on TV and viewed 7400 times on the Internet.*(33)*

Following the exhibitions, 85% of 11 002 people surveyed were supportive of pictorial warning labels on cigarette packages. In addition, 1525 people have signed a letter to the Minister of Industry and Information Technology calling for the introduction of pictorial warning labels on cigarette packages.*(33)*

The practice of gifting cigarettes in China

In addition to improving public awareness about tobacco harms and encouraging smokers to quit, the adoption of pictorial warning labels provides an opportunity to change social norms around the Chinese tradition of gifting cigarettes. Sharing and gifting cigarettes have been shown to contribute to smoking initiation and failure to quit among Chinese males.*(34)* While the exchange of gifts is a medium for establishing and maintaining interpersonal relationships in Chinese culture, gifting cigarettes normalizes smoking and promotes tobacco's social acceptability.

Cigarettes are popular gifts in China. Estimates derived from the ITC China Survey data suggest that the average smoker receives cigarettes as gifts about once every 10 weeks, that is, about five times a year.*(35)* Because the price of cigarette brands ranges widely, from US$ 0.14 (1 RMB) up to US$ 107 (765 RMB) per pack, recipients can easily determine the monetary value of cigarette gifts and provide suitable reciprocation in the future. The giving and receiving of expensive premium cigarettes display affluence

and status and are often used as a way of facilitating business deals.*(36)* Even though they have only a small share of the Chinese tobacco market, transnational tobacco companies have strategically priced their products as premium gifts in order to fit into Chinese cigarette gifting customs and they have promoted their products with culturally attractive packaging to compete with local premium brands.*(34)*

The inclusion of pictorial health warnings on tobacco products would make cigarettes significantly less attractive gifts in China. Pictorial health warnings could therefore help to reduce the practice of cigarette gifting — and the normalization of smoking it helps to reinforce. A study conducted by the China CDC and the World Lung Foundation in 2009 found that after a mass media campaign explaining the negative health effects of giving cigarettes as gifts to family, friends and colleagues, the percentage of people intending to buy cigarettes as gifts decreased in Beijing from 45% to 24% and in Guangzhou from 23% to 12%.*(37)* Pictorial warning labels could work synergistically with such campaigns, serving as a constant reminder of the negative health impact of cigarettes, thus reducing the social acceptability of gifting cigarettes.

HEALTH WARNINGS:
SUMMARY AND RECOMMENDATIONS

- While China has taken steps to improve health warning labels, evidence from the ITC China Project has shown that the 2008 text-only health warnings are not significantly more effective than the previous warnings.
- ITC experimental studies have shown that Chinese smokers rate pictorial warnings as much more effective than the same warnings without graphic images.
- Evidence from the ITC Project in numerous countries has demonstrated that pictorial warnings increase knowledge of the harms of smoking among smokers and non-smokers, increase behaviours associated with quitting and help smokers refrain from restarting once they quit.
- Implementing pictorial warnings on at least 50% of the top of the front and the back of the pack in line with the WHO FCTC Article 11 Guidelines, would not only significantly increase the impact of health warnings in China, but also help contribute to the achievement of the goals articulated in the China National Tobacco Control Plan.
- Over 60 countries that are Parties to the WHO FCTC, including three of the four other BRICS countries have already implemented pictorial warnings. Therefore, there are many examples of warnings that could be used to guide the design of more effective health warnings in China.*
- Evidence from the ITC Project suggests that revising the health warnings in line with the WHO FCTC Article 11 Guidelines would increase knowledge of the harms of cigarettes and motivation to quit among smokers in China. Pictorial health warnings should provide messages to motivate quit attempts, including display of a quitline number.
- The implementation of pictorial health warnings must be supported by strict monitoring and enforcement mechanisms to ensure strong compliance. It is essential that these activities are undertaken by institutions that are independent from tobacco industry interests.

** The WHO Tobacco Free Initiative (TFI) launched a Health Warnings Database website (www.who.int/tobacco/healthwarningsdatabase/en/index.html) designed to facilitate the sharing of pictorial warnings and messages among countries and Parties. The website was developed following a decision by the Conference of the Parties to the WHO FCTC at its third session and will continue to be updated on a regular basis as countries and Parties provide these images.*

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ITC Results Page

Tobacco health warnings in China: Evidence of effectiveness and implications for actions April 2014

Resource Links

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This report is designed to present policy-makers in China with the necessary evidence to implement more effective health warning labels for tobacco products. The report will summarize the current state of warning labels in China, recent steps towards strengthening warning labels and the international evidence on the effectiveness of pictorial health warnings. In addition, findings from the International Tobacco Control Policy Evaluation Project in China (the ITC China Project), highlighted in this report, demonstrate the low effectiveness of the current text warnings. *This report has also been translated in Chinese*.

China Needs to Improve Its Text-Only Tobacco Health Warnings By Adding Images of Tobacco-Related Diseases

“This new report presents a very compelling case for the introduction of large, pictorial – or ‘graphic’ – health warnings on all tobacco packages in China,” Dr Bernhard Schwartländer, WHO Representative in China, said.

“The average smoker in China smokes 15–17 cigarettes per day. This means the average smoker is exposed to a health warning more than 6200 times in one year, simply through the act of getting each cigarette from the pack. Making the pack warnings more effective is therefore an incredibly effective way of warning smokers about the health hazards of smoking and encouraging them to quit. And it is very cost-effective for governments too – requiring virtually no financial resources to implement or enforce,” explained Dr Schwartländer.

The report highlights important international evidence from the ITC Project on the implementation of large, pictorial warnings in other countries and areas.

“Evidence from around the world shows that large, pictorial warnings significantly increase effectiveness of pack warning labels by increasing knowledge, awareness and perceptions of the risk of cigarettes. This leads to greater motivation among smokers to quit, and lowered motivation among non-smokers to start up,” said Professor Geoffrey Fong of the University of Waterloo in Canada, ITC Project Principal Investigator, and co-author of the new report.

“Our research in China shows that the current text-only Chinese health warnings are very ineffective. Revising the current health warnings in line with the WHO FCTC and its Guidelines would increase awareness about smoking-related harms in China, and encourage Chinese smokers to quit. With its more than 300 million smokers, there is an urgent need for China to introduce policies that the evidence shows work,” Professor Fong added.

The report also highlights how introduction of large, pictorial warning labels on tobacco packets and full implementation of the WHO FCTC would help reduce the growing burden of non-communicable disease in China.

“Tobacco-related noncommunicable diseases pose a serious threat to the health and life of the Chinese people, also creating a heavy burden on socioeconomic development,” said Dr Liang Xiaofeng, Deputy Director of the Chinese Center for Disease Control and Prevention.

“Increasing awareness about the health harms of smoking is particularly important in China, where awareness is currently poor, and there is a tradition of people presenting cigarettes to one another and giving cigarettes as gifts. Educating people about the harm of tobacco through graphic warnings on cigarette packages would be one of the most direct and effective ways to reduce tobacco use,” Dr Liang added.

Stronger warning labels on tobacco packages are also likely to be popular with the public, according to Dr Wang Ke’an, Director of the ThinkTank Research Center for Health Development.

“ThinkTank has been conducting exhibitions on pictorial warning labels around China since September 2011. Following the exhibitions, 85% of people surveyed were supportive of pictorial warning labels on cigarette packages,” said Dr Wang.

“China should urgently implement pictorial warnings on at least 50% of the top of the front and back of the pack to honour its commitment to the WHO FCTC, to achieve

the goals of the China National Tobacco Control Plan, and to protect public health in our country. Graphic pack warnings work to educate everyone – young, old, children, and importantly, people in disadvantaged areas who may be illiterate,” Dr Wang added.

The WHO Framework Convention on Tobacco Control (FCTC) calls for warning labels covering 50% or more of the tobacco pack. The Guidelines for implementation of the relevant article of the WHO FCTC which have been adopted by Parties to the WHO FCTC recommend use of pictorial warning labels. China ratified the WHO FCTC

in 2005, and the treaty came into legal force in China in 2006.

Currently, 28.1% of China's over 1 billion adults are smokers. This includes 52.9% of men and 2.4% of women. It is estimated that tobacco use kills more than 1 million people every year in China, which will increase to 3 million each year by 2050 if current smoking rates are not reduced.

"The importance of strengthening tobacco pack warning labels in China also needs to be seen in the context of the Government's plans to introduce a national law making public places smoke-free: by improving public awareness of tobacco harms, stronger tobacco pack warnings would help to reinforce this policy," said the WHO's Dr Schwartländer.

"It is well and truly time for China to kick its tobacco habit. Indeed, the country's future economic and social prosperity depends on it. The evidence and recommendations presented in this report, if implemented, will help China to do just that," Dr Schwartländer concluded.

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