

Restrictions on Tobacco Use, Sales & Marketing

Frank J. Chaloupka

Developing Public Health Regulations for Marijuana:
Lessons from Alcohol and Tobacco
Arlington, VA, February 11 2013

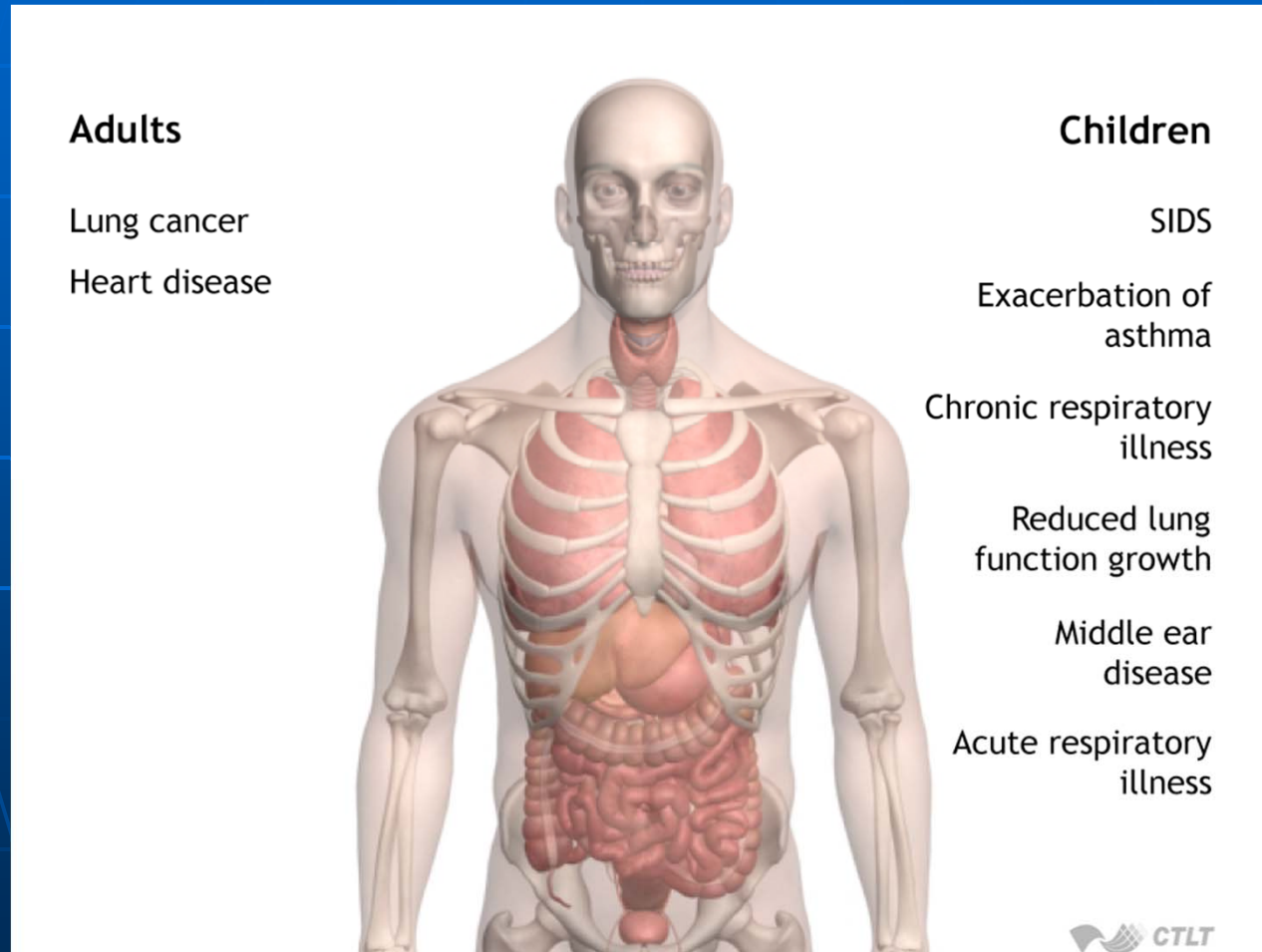
Smoke-Free Air Policies



"Mind if I smoke?"

"Care if I die?"

Diseases and Adverse Health Effects Caused by SHS



Early Evidence & Action

- Leading up to his 1972 report, US Surgeon General Jesse Steinfeld stated:
 - “Nonsmokers have as much right to clean air and wholesome air as smokers have to their so-called right to smoke, which I would define as a ‘right to pollute.’ It is high time to ban smoking from all confined public places such as restaurants, theaters, airplanes, trains, and buses.”

The “Non-smokers’ Rights”
movement is born

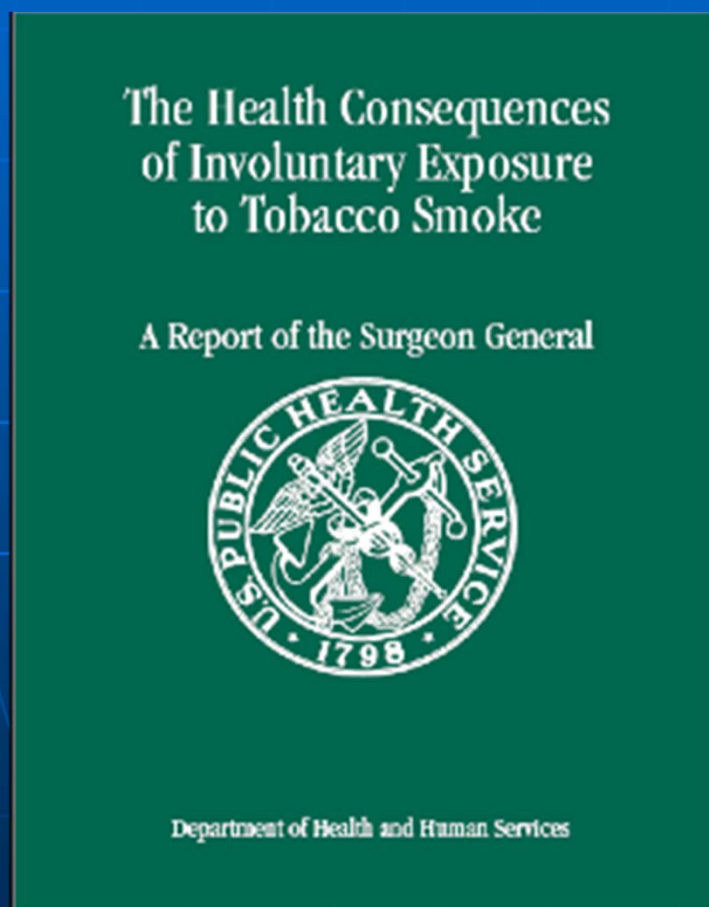
Early Evidence & Action

- Smoke-free policies emerge:
 - Existing policies intent was fire safety, prevention of food contamination
 - 1973 – Arizona first state to limit smoking in public places
 - 1974 – Connecticut first to limit smoking in restaurants
 - 1975 – Minnesota first to limit smoking in private worksites
 - First wave of policies restricted smoking in various venues; no complete bans

Policy Development

- Over time, state/local policies get stronger:
 - 1998 California bans smoking in public places, including restaurants and bars without separately ventilated areas
 - 2002 New York city bans smoking in bars, restaurants and virtually all other public places and private workplaces
 - 2003 Florida ballot initiative with similarly comprehensive ban passes easily
 - By 2003 all states have at least some restrictions on smoking in public places
 - Thousands of local policies

2006 Surgeon General's Report



"Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke"

"Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposure of nonsmokers to secondhand smoke"

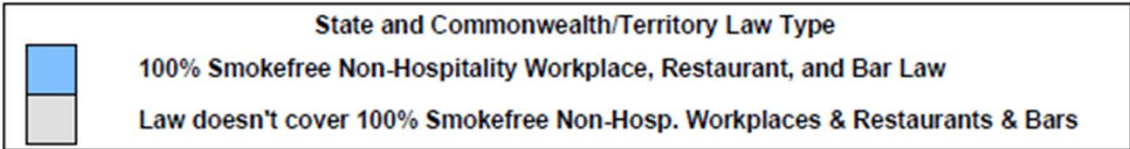
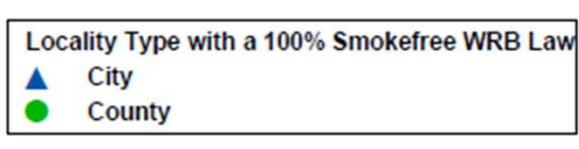
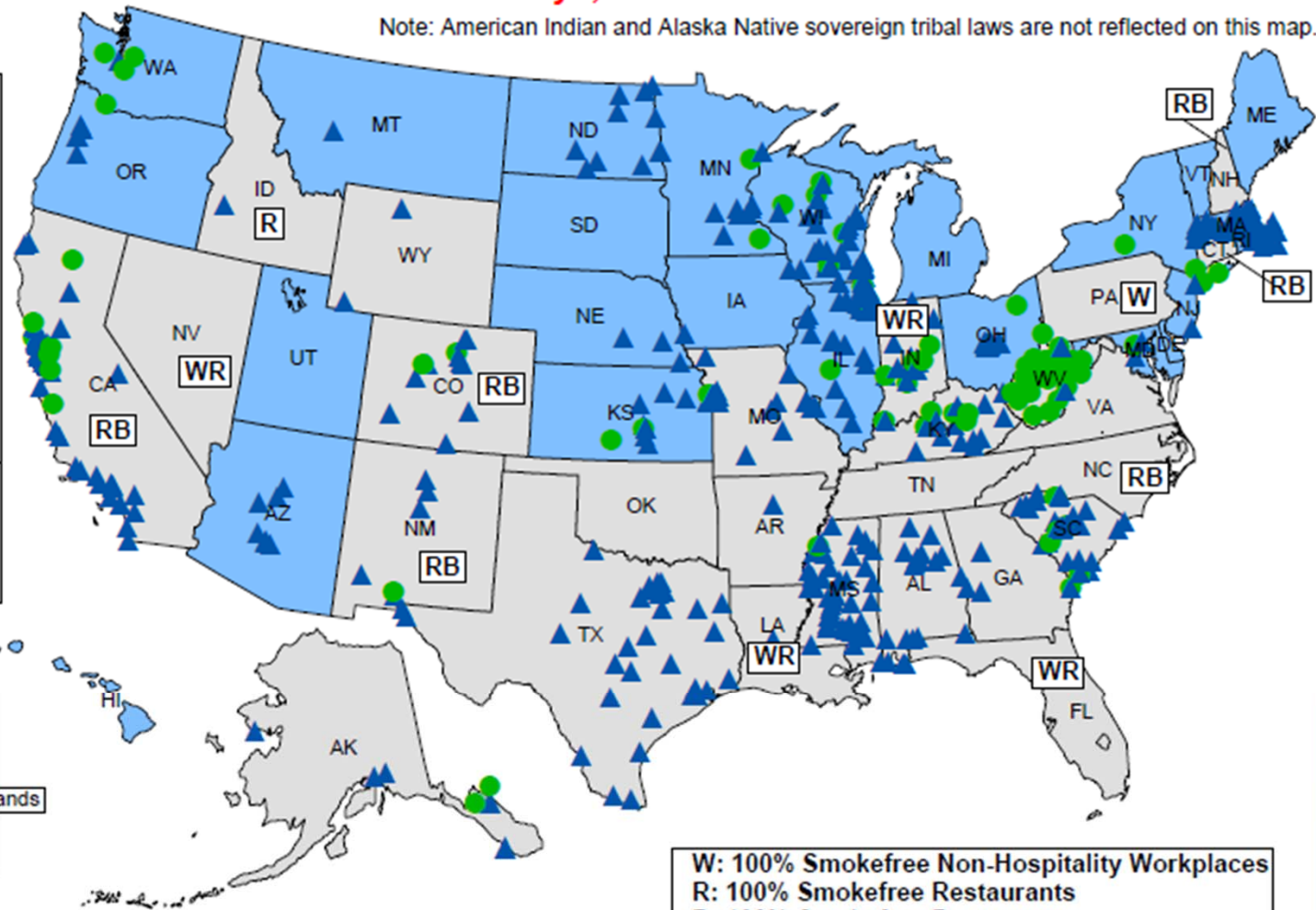
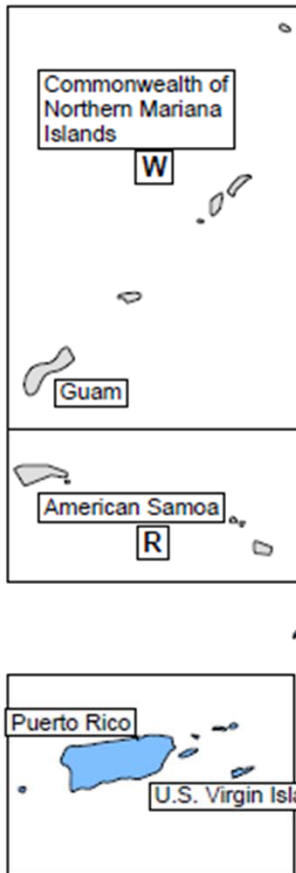
U.S. 100% Smokefree Laws in Non-Hospitality Workplaces AND Restaurants AND Bars

American Nonsmokers' Rights Foundation

As of January 2, 2013

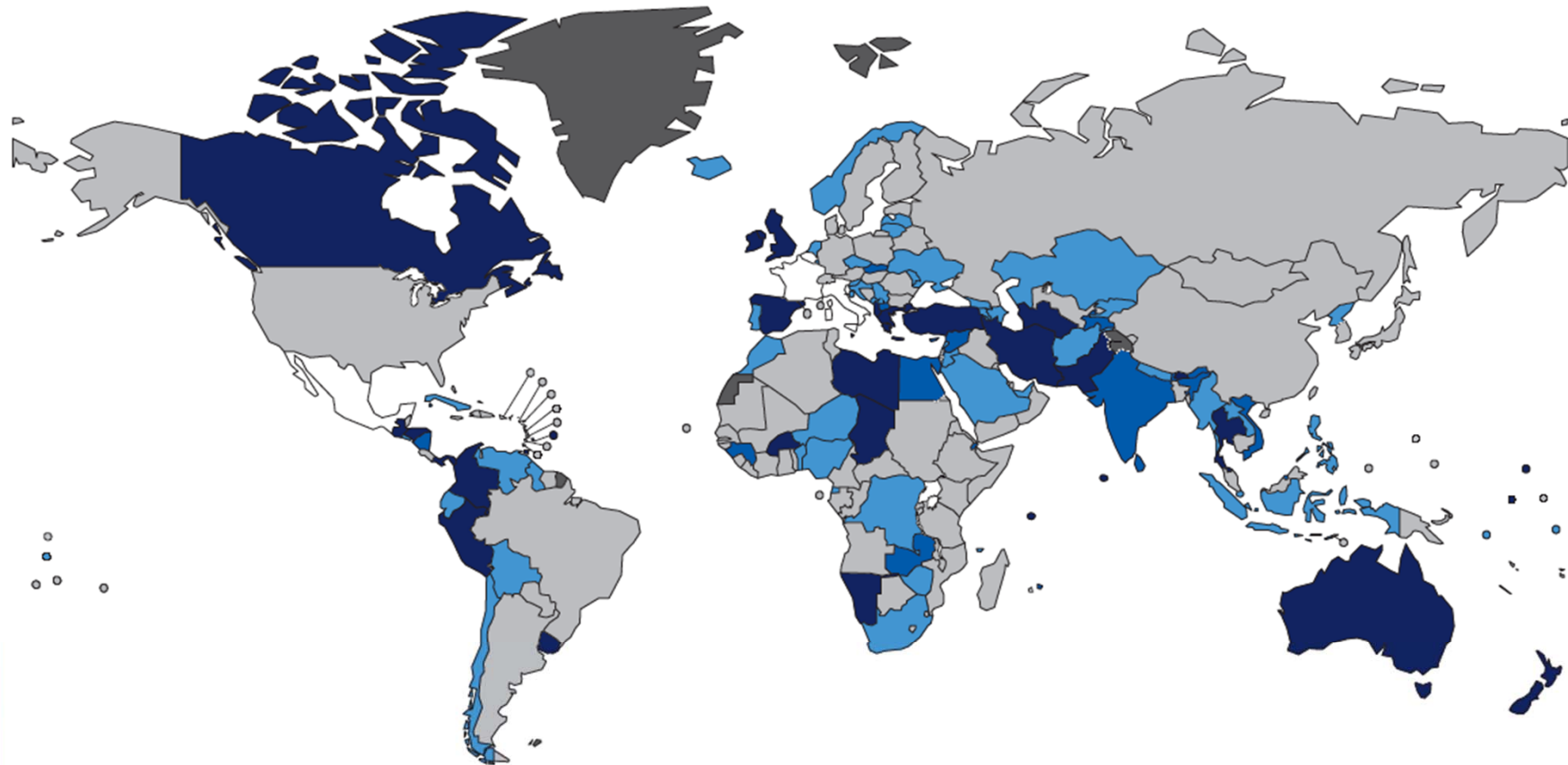
Note: American Indian and Alaska Native sovereign tribal laws are not reflected on this map.

Territories and Commonwealths



Smoke-Free Policies Globally

SMOKE-FREE ENVIRONMENTS, 2010



- All public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation)
- Six to seven public places completely smoke-free
- Three to five public places completely smoke-free
- Up to two public places completely smoke-free
- Data not categorized
- Data not available

Source: WHO 2011

Smoke-Free Air Policies - Impact

■ Attitudes & Compliance

- Support for smoke-free policies grows after adoption/implementation of policy
- Compliance is moderate to high in most countries that adopt smoke-free policies
 - Compliance better where pre-implementation efforts to inform and build support
- Generally self-enforcing

Smoke-Free Air Policies - Impact

■ Anti-Smoking Norms

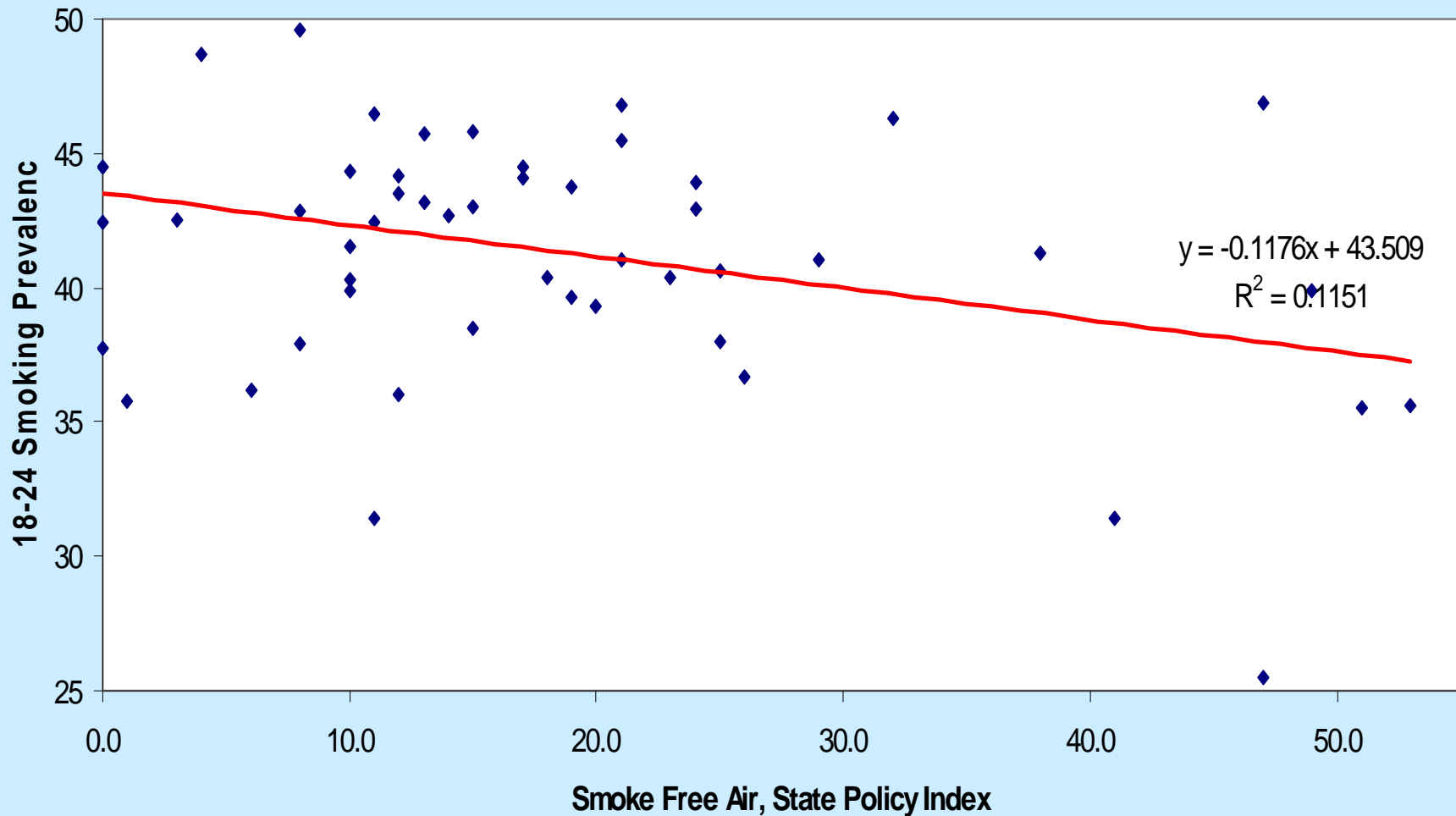
- Generally majority level support for smoke-free policies in HICs
- In HICs, evidence of support among smokers for smoke-free policies
- Prevalence of smoke-free homes is growing

Smoke-Free Air Policies - Impact

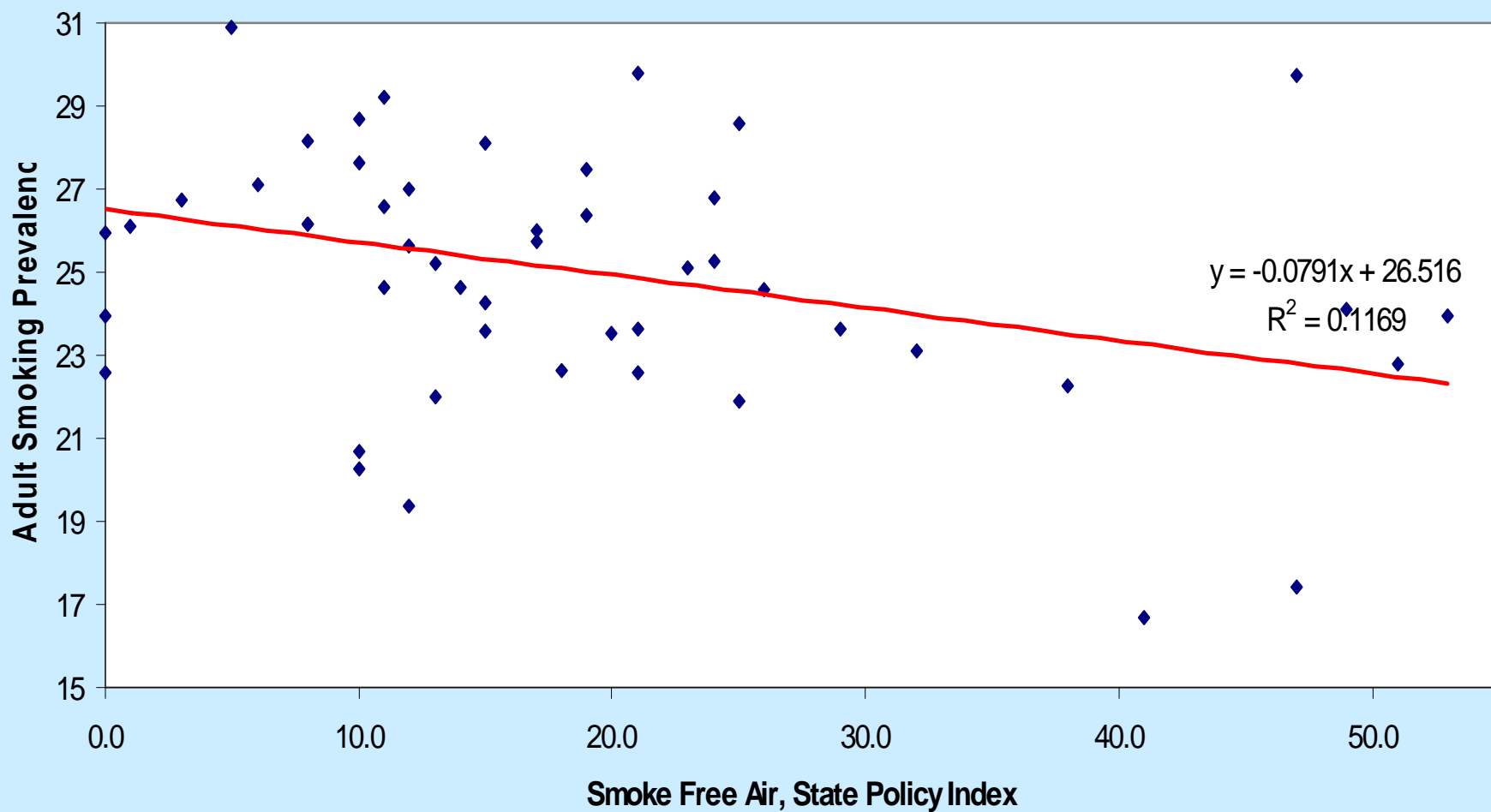
■ Smoking Behavior

- 'Smoke-free workplace policies reduce cigarette consumption among continuing smokers and lead to increased successful cessation among smokers.'
- 'Smoke-free policies appear to reduce tobacco use among youth'
- 'There is a greater decline in smoking when smoke-free policies are part of a comprehensive tobacco control program'
- Impact of smoke-free home policies on behavior greater than of public policies

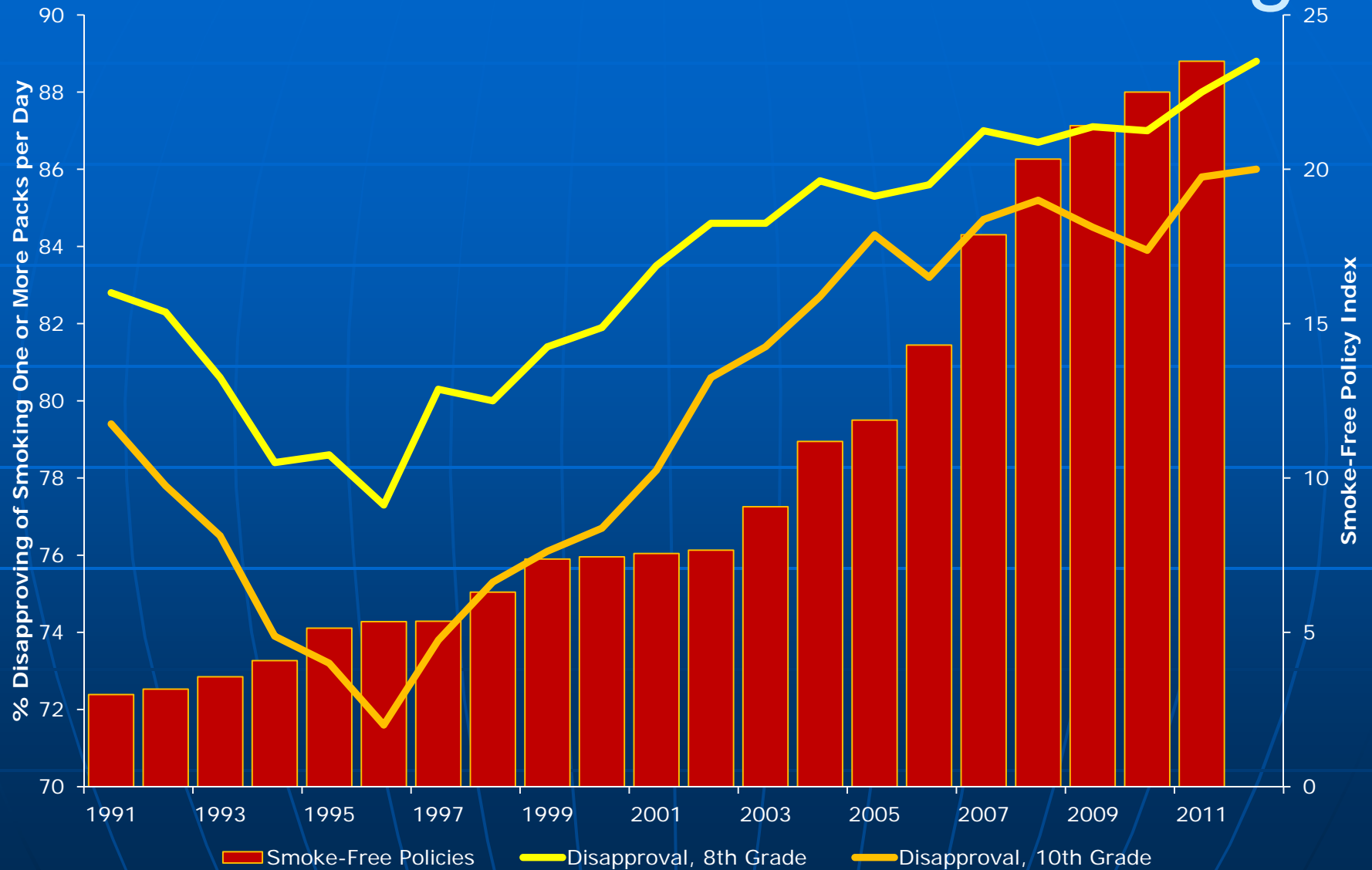
Smoke Free Air Policies and Young Adult Smoking Prevalence, 2003-04



Smoke Free Air Policies and Adult Smoking Prevalence, 2003-04



Social Norms About Smoking



Source: ImpacTeen Project, UIC; Monitoring the Future, 2012

Smoke-Free Air Policies

Future Directions

- Restrictions on smoking in multi-unit housing
 - Some limited to common areas only
 - Some limited to public housing
 - Some complete bans
- Outdoor Venues
 - Beaches, public parks, zoos
 - Outdoor dining
 - Sporting venues
 - Public transit stops
- Private policies expanding
 - Hotel chains going smoke-free
 - Rental car companies going smoke-free

Limits on Youth Access

Youth Access Policies

- Include a range of policies:
 - Minimum legal purchase age
 - Minimum age to sell
 - Penalties on vendor
 - Fines, license suspension/revocation
 - Penalties on youth
 - Purchase, possession, and/or use policies
 - Fines, smoking education/cessation classes
 - Parental notification
 - Driver's license suspension
 - Limits on vending machine sales
 - Limits/bans on sampling

Youth Access Policies

- Need for enforcement
 - Compliance checks
 - Effectiveness will depend on variety of factors
 - Randomness
 - Frequency
 - Penalties
 - Characteristics of checker
 - Merchant education efforts
 - Social norms against tobacco
 - More.....
 - Not self-enforcing

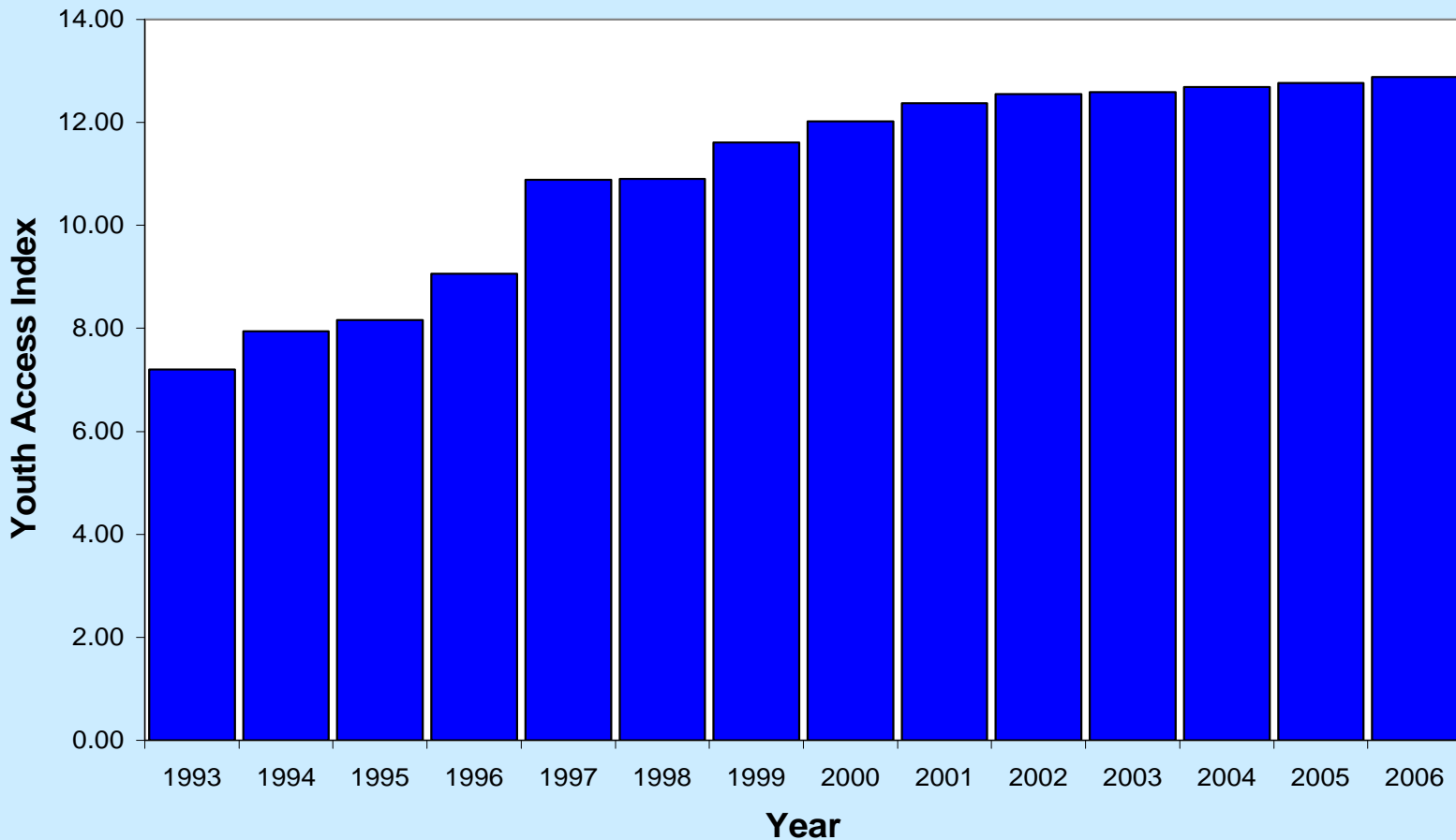
Youth Access Policies

■ History

- State minimum purchase age policies in effect for decades
 - Little enforcement, low compliance
- Success with MLDA in reducing youth drinking spurred interest in same for tobacco
- Led to 1992 "Synar Amendment"
 - Required MLPA of 18 for tobacco products
 - Had to demonstrate compliance with policies
- FDA
 - 1996-2000 strong youth access program
 - Resumed with Family Smoking and Prevention Act of 2009

Youth Access Policies

Youth Access to Tobacco Products Scores, 1993-2006



Note: Bars depict the simple average of state scores for the NCI State Cancer Legislative Database Youth Access to Tobacco total score, including pre-emption.

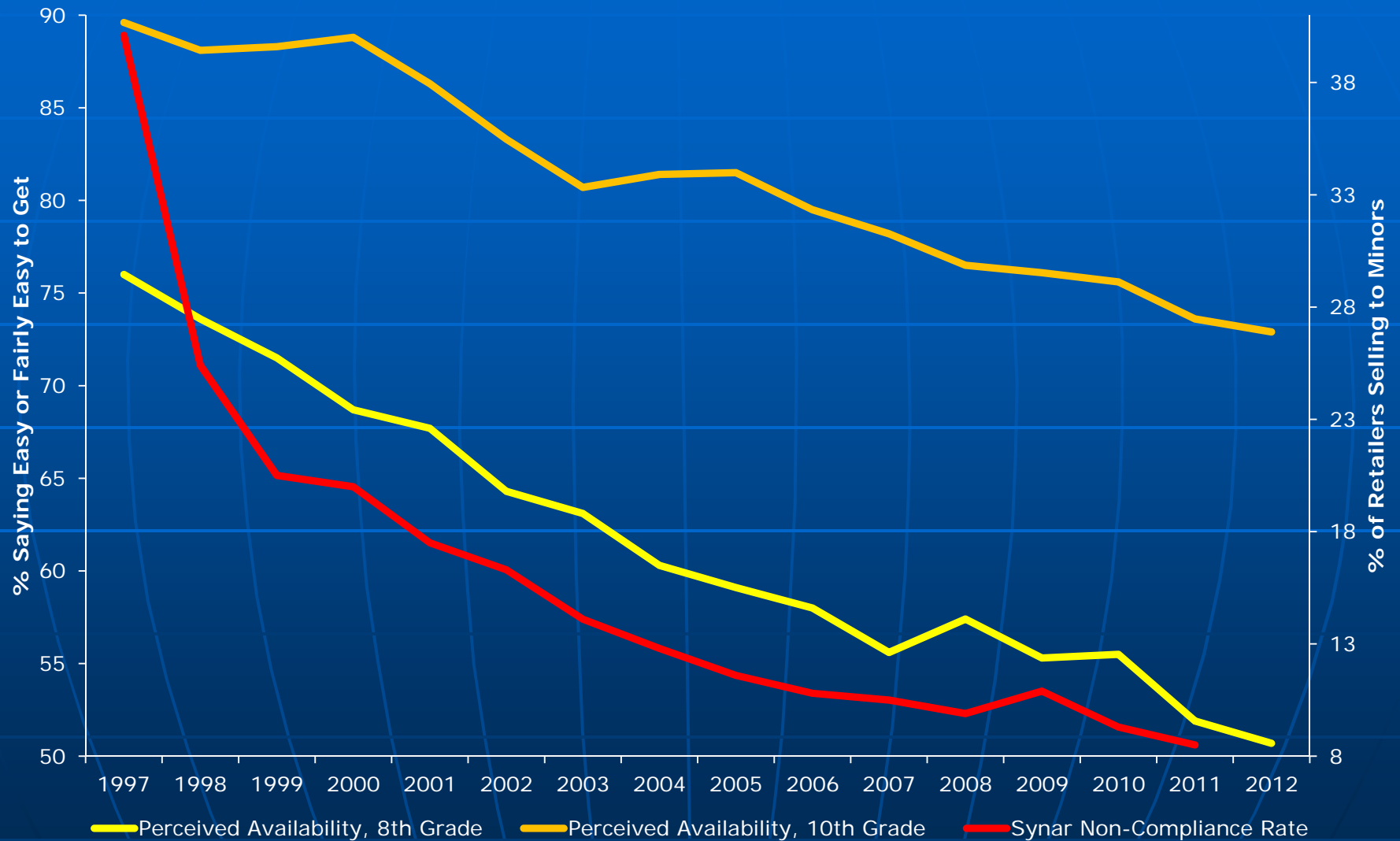
Source: National Cancer Institute (2007).

Youth Access Policies

Table 1. Comparison of Reported Retailer Violation Rates for FFYs 1997–2011

Fiscal Year	Highest Reported Rate	Lowest Reported Rate	Weighted Average Rate
1997	72.7%	7.2%	40.1%
1998	58.8%	5.5%	25.4%
1999	46.9%	4.1%	20.5%
2000	55.8%	6.3%	20.0%
2001	36.0%	6.0%	17.5%
2002	33.7%	4.5%	16.3%
2003	30.2%	5.4%	14.1%
2004	41.9%	3.9%	12.8%
2005	38.0%	0.9%	11.6%
2006	19.2%	2.2%	10.8%
2007	22.7%	3.2%	10.5%
2008	17.0%	4.1%	9.9%
2009	18.8%	1.6%	10.9%
2010	16.8%	2.2%	9.3%
2011	19.3%	1.1%	8.5%

Compliance & Availability



Source: SAMHSA, 2012; Monitoring the Future, 2012

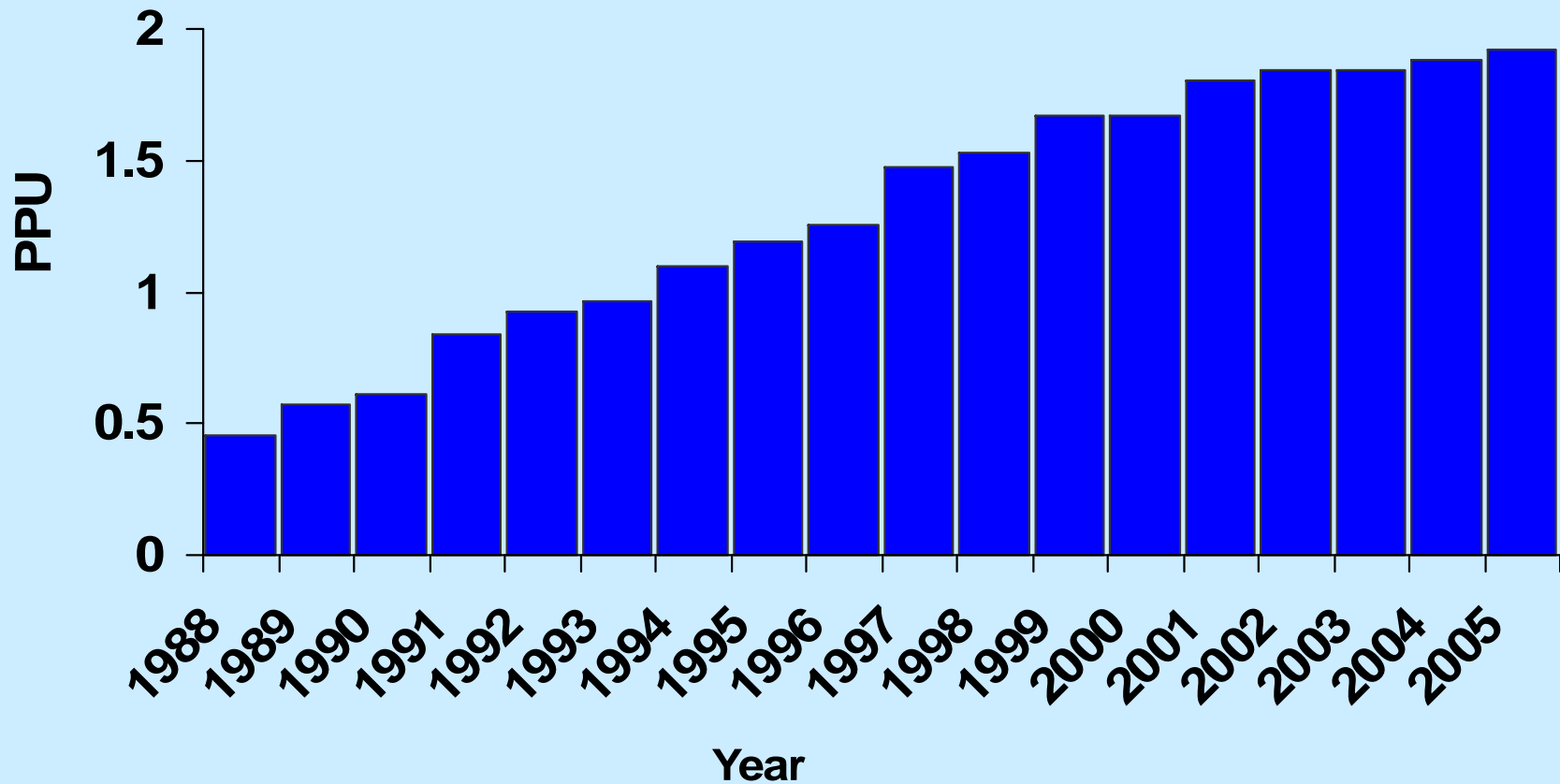
Youth Access Policies

■ History

- Initial focus on retailers led to call for policies holding youth accountable
 - Led to policies that penalize youth for purchase, possession, and/or use

Youth Access Policies

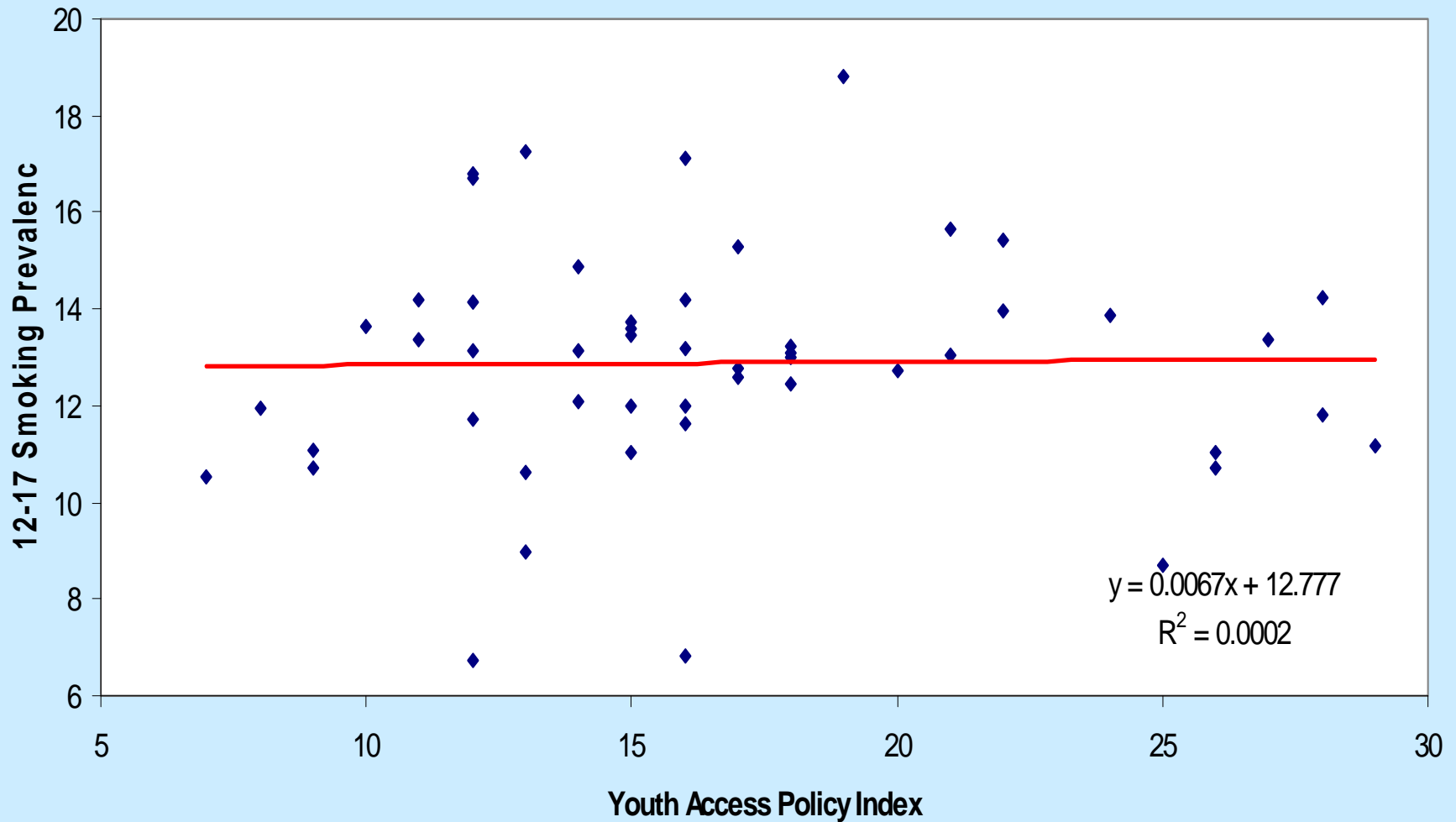
Mean Number of State Purchase, Possession and Use Laws, per State, 1988-2005



Youth Access Policies

- Impact of youth access policies
 - Little evidence that youth access-related policies by themselves are effective in US and other high-income countries
 - 2005 Cochrane review by Stead and Lancaster
 - Policies improve compliance
 - Compliance needs to be high to impact youth smoking
 - High compliance difficult to sustain
 - Enforcement more effective than merchant education

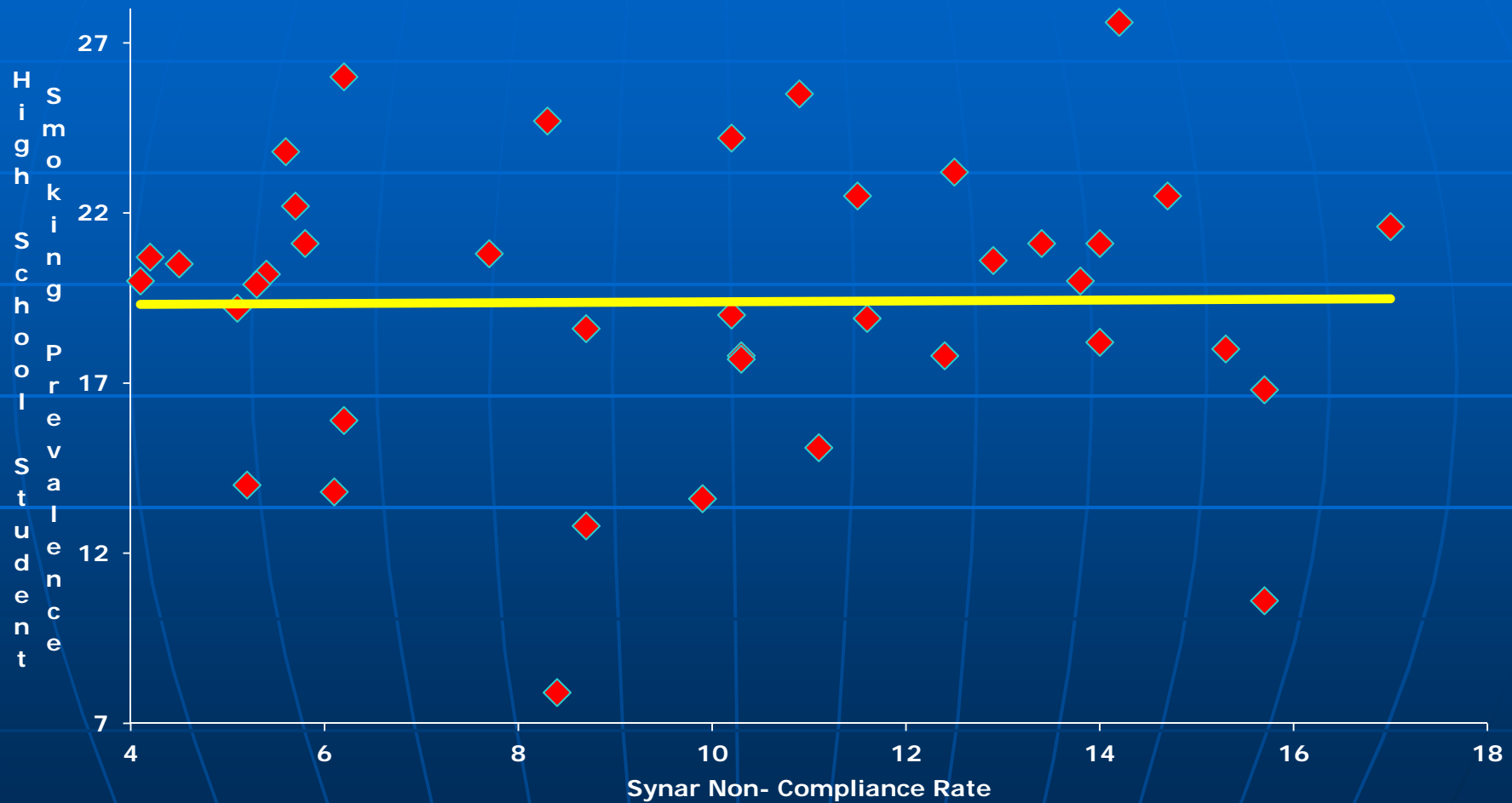
Youth Access Policies and Youth Smoking Prevalence 2003-04



Youth Access Policies

- Impact of youth access policies
 - Little evidence that high compliance leads to significant reductions in youth tobacco use
 - Underage tobacco users find stores that are willing to sell
 - Youth turn to social sources for tobacco products
 - Perhaps greater impact on uptake of heavier smoking among underage youth
 - Heavier smokers rely more on commercial sources than on social sources

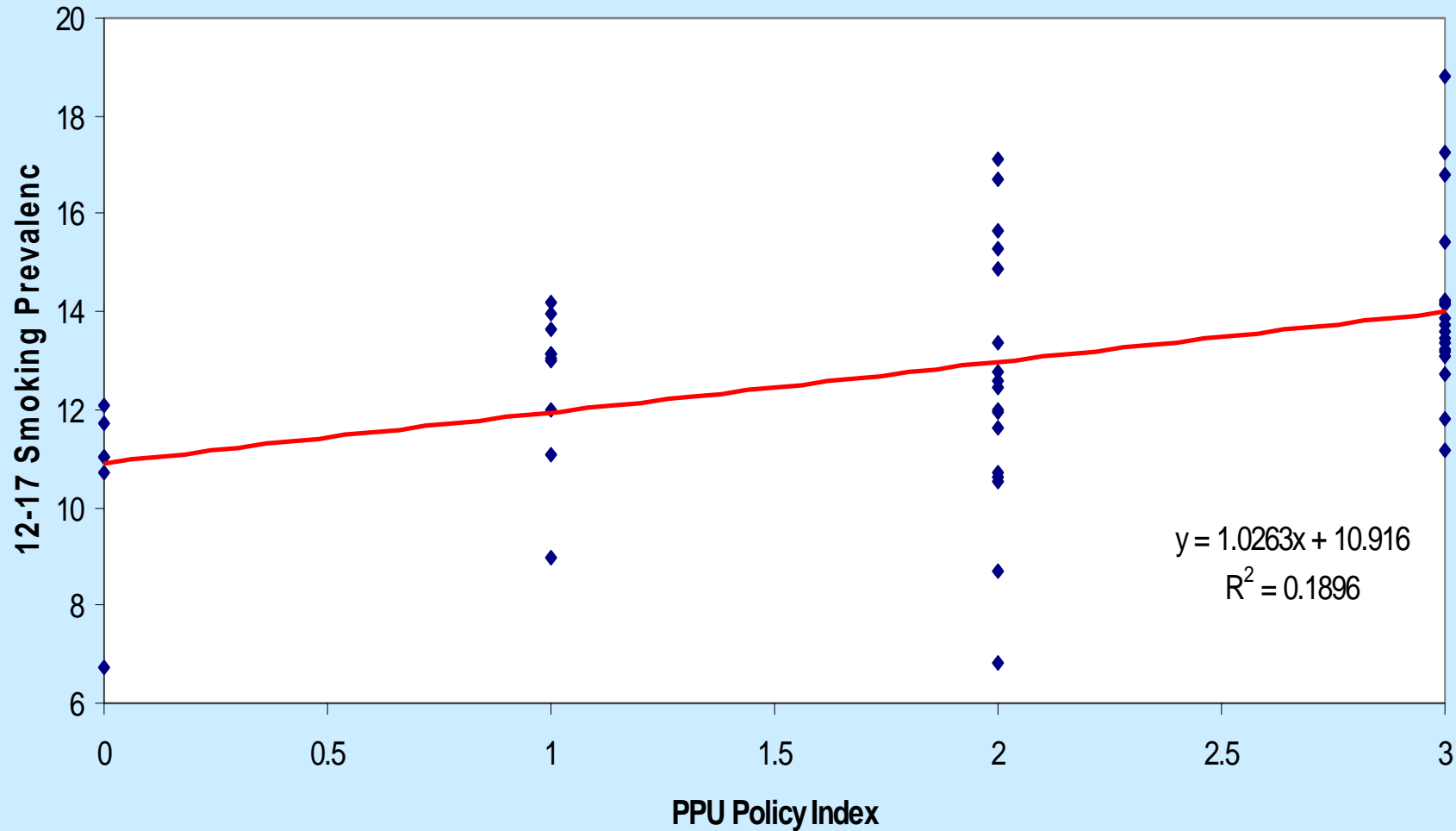
Youth Smoking Prevalence and Synar Compliance



Youth Access Policies

- Impact of youth access policies
 - No evidence that PPU policies significantly reduce youth smoking
 - May have some impact on kids at lowest risk to begin with

Purchase, Possession and Use Policies and Youth Smoking Prevalence, 2003-04



Tobacco Marketing

Impact of Tobacco Marketing

- 1989 Surgeon General's report described four ways that marketing could directly affect tobacco use:
 - By encouraging youth experimentation and uptake
 - By increasing consumption among current users
 - By reducing current users' motivation to quit
 - By encouraging former users to restart
- Also suggested three indirect mechanisms
 - Media dependence on tobacco company advertising
 - Financial dependence of some organizations on tobacco funds (e.g. professional sports, cultural organizations, minority organizations)
 - Ubiquity of marketing creates social norm that tobacco use is acceptable or less objectionable

Impact of Tobacco Marketing

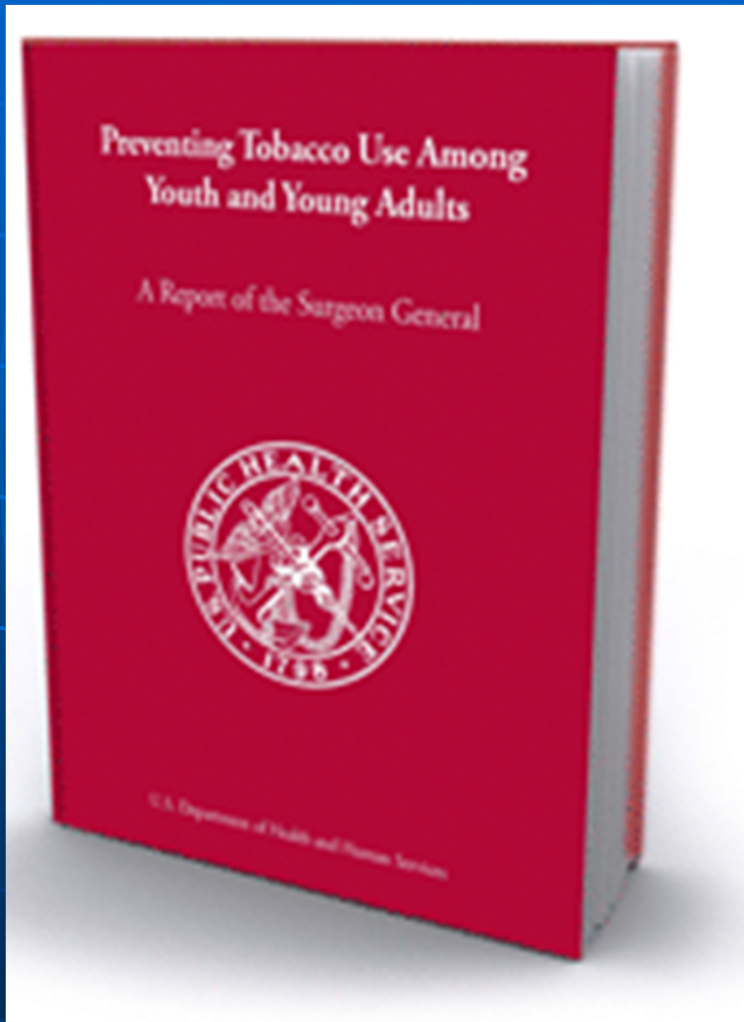
- Extensive efforts to assess impact of marketing
 - Particularly among youth
- Non-randomized studies
 - Ad prevalence and favorite ad studies
- Randomized experimental studies
 - Manipulate exposure; assess attitudes, perceptions, intentions
- Aggregate demand studies
 - Sales and marketing expenditures
- Population based surveys
 - Cross-sectional studies
 - Longitudinal studies
- Problems
 - Self-reported exposure vs. objective measures of exposure
 - Endogeneity issues
 - Pervasiveness of marketing

Impact of Tobacco Marketing



“The total weight of evidence – from multiple types of studies, conducted by investigators from different disciplines and using data from many countries – demonstrates a causal relationship between tobacco advertising and promotion and increased tobacco use.”

Impact of Tobacco Marketing

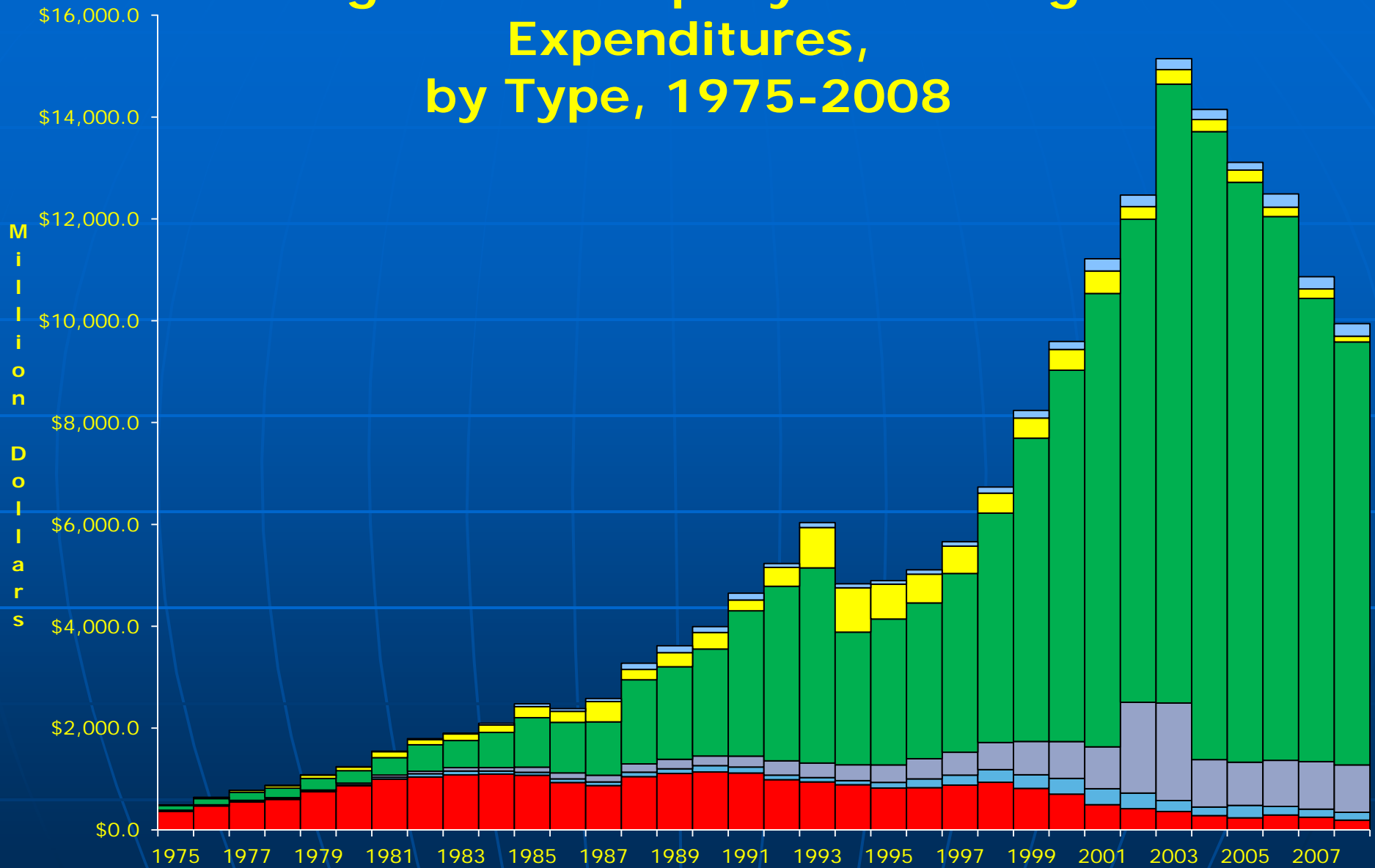


“Advertising and promotional activities by tobacco companies have been shown to cause the onset and continuation of smoking among adolescents and young adults.”

Marketing Restrictions

- Marketing Restrictions, US
 - Public Health Cigarette Smoking Act of 1969
 - Bans broadcast cigarette advertising, effective January 2, 1971
 - Master Settlement Agreement, November 1998:
 - prohibited tobacco advertising that targets people younger than 18
 - Banned use of cartoon characters in cigarette advertising
 - Eliminated most outdoor, billboard and public transit advertising of cigarettes
 - Prohibited use of branded merchandise
 - Other restrictions

Cigarette Company Marketing Expenditures, by Type, 1975-2008



Marketing Restrictions

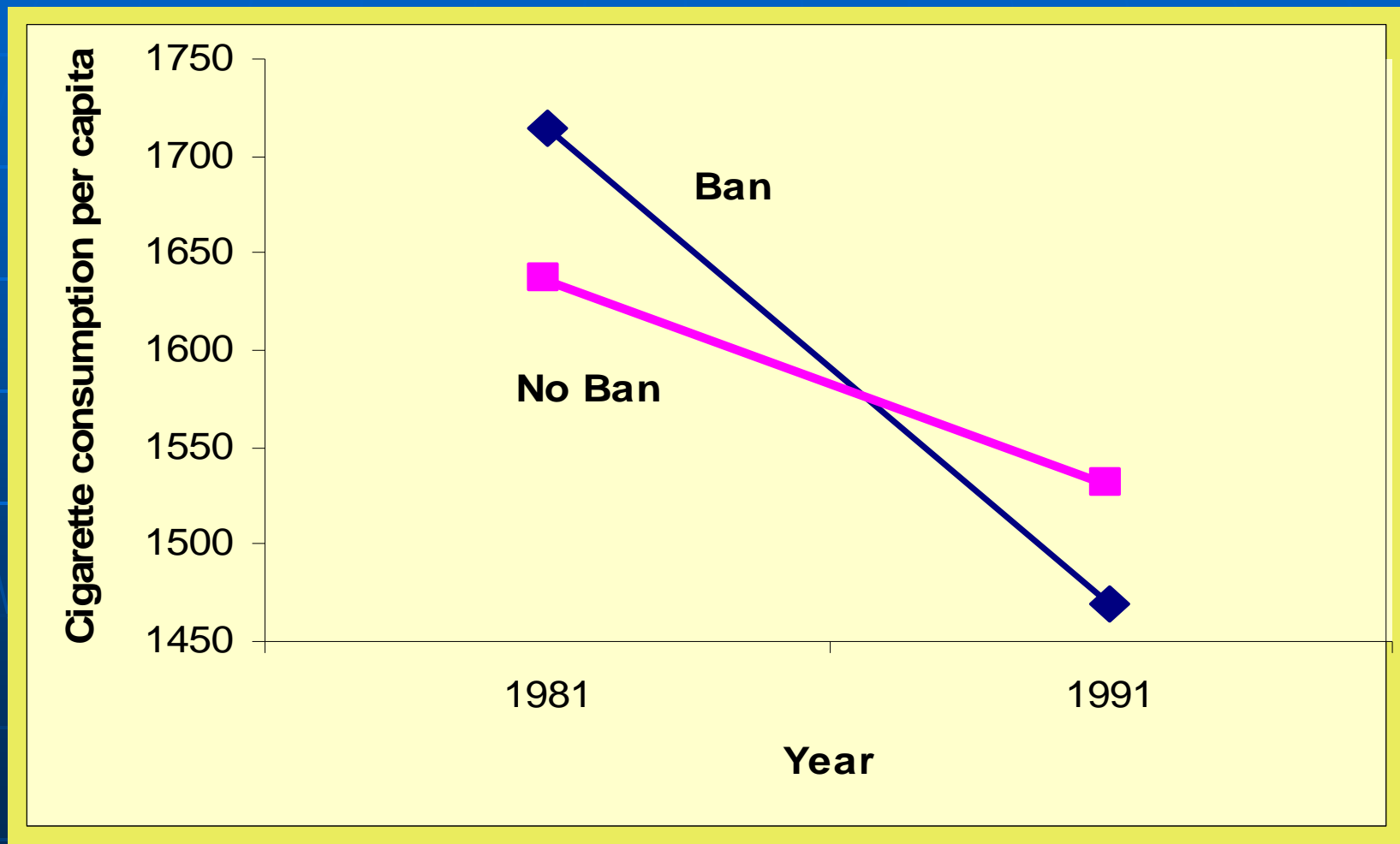
- Family Smoking and Prevention Act of 2009
 - Allows FDA to restrict marketing to youth
 - Eliminates federal preemption of strong state restrictions on marketing
 - Can restrict 'time, place or manner' of tobacco marketing
 - Providence first to attempt
 - Bans redemption of coupons
 - Bans discounted multi-pack sales
 - Bans sale of flavored tobacco products
 - Challenged by tobacco companies under First Amendment; bans upheld; on appeal

Marketing Restrictions

- Global evidence
 - Spread of more comprehensive marketing bans
 - Bans on advertising in various channels
 - Bans on price reducing promotions
 - Bans on brand stretching
 - Bans on point-of-sale advertising
 - Bans on retail displays of tobacco products
 - Plain packaging
 - Research shows importance of comprehensive bans
 - Increased importance of remaining options as bans get more comprehensive

Comprehensive advertising bans reduce cigarette consumption

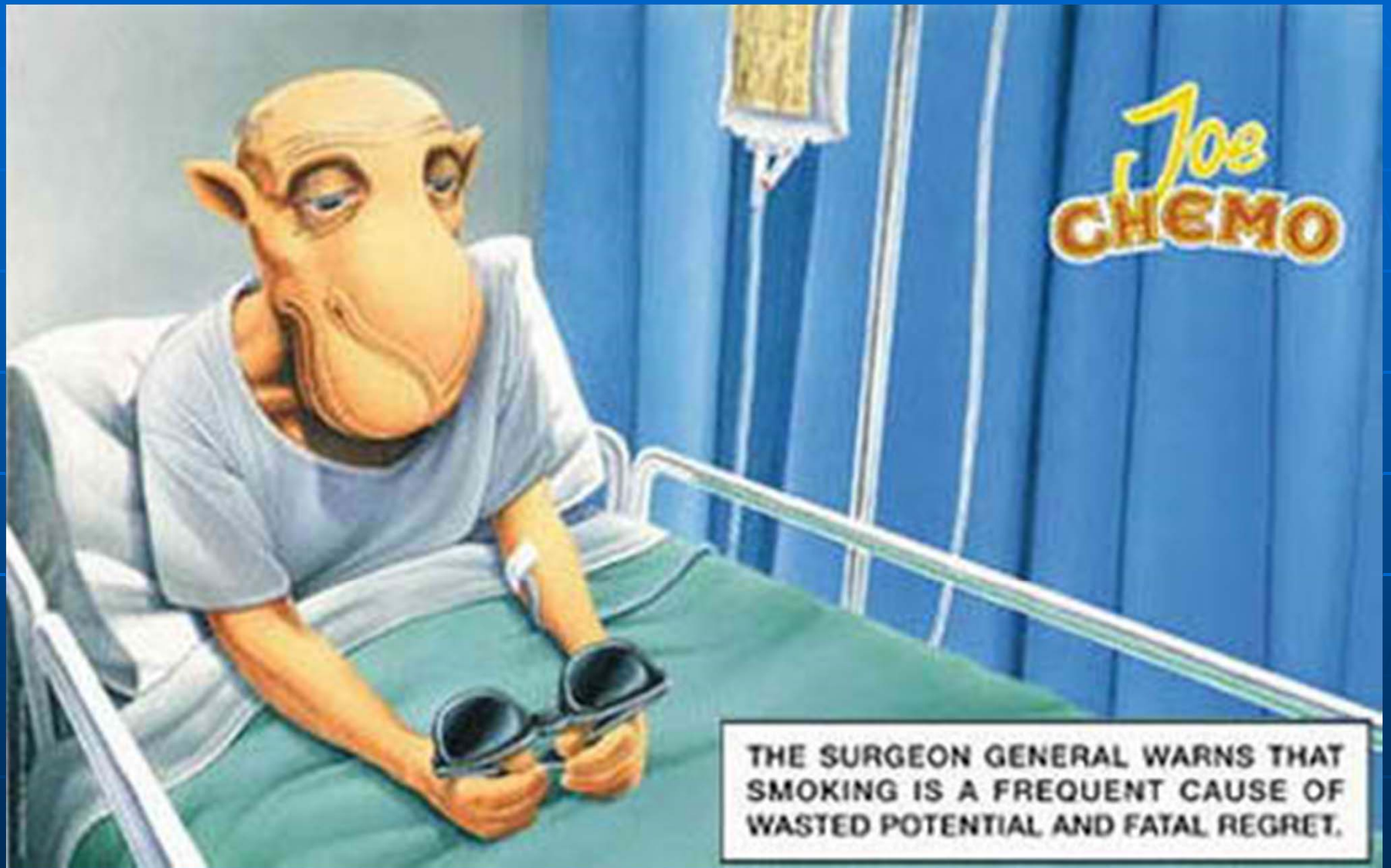
Consumption trends in countries with such bans vs. those with no bans



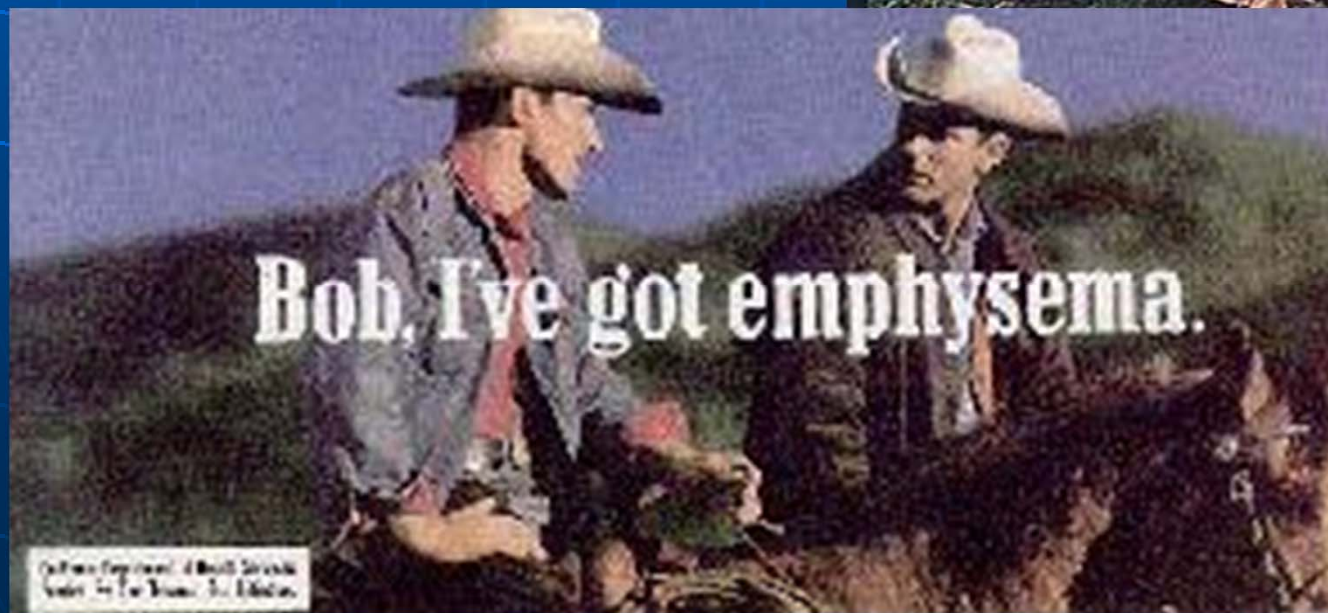
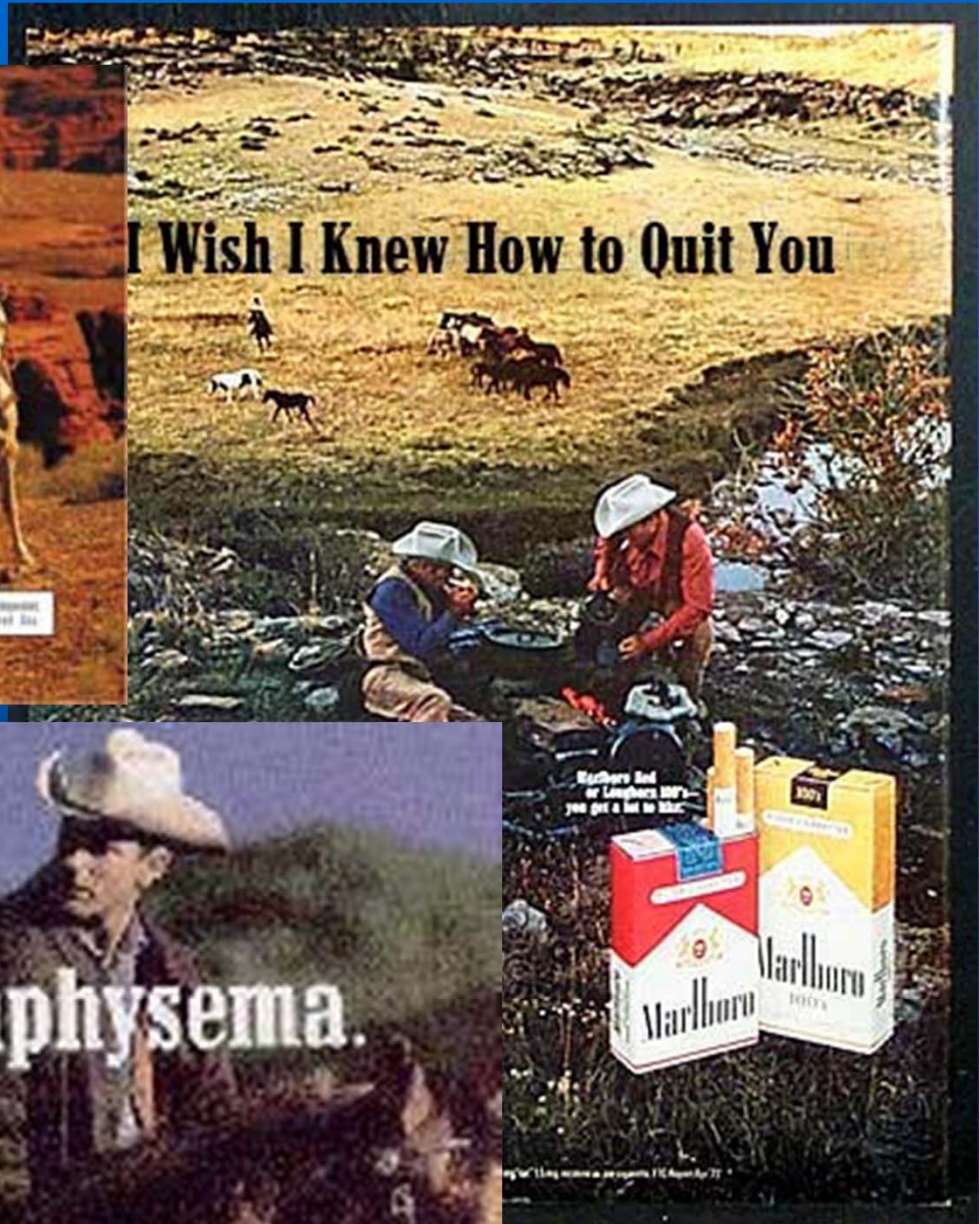
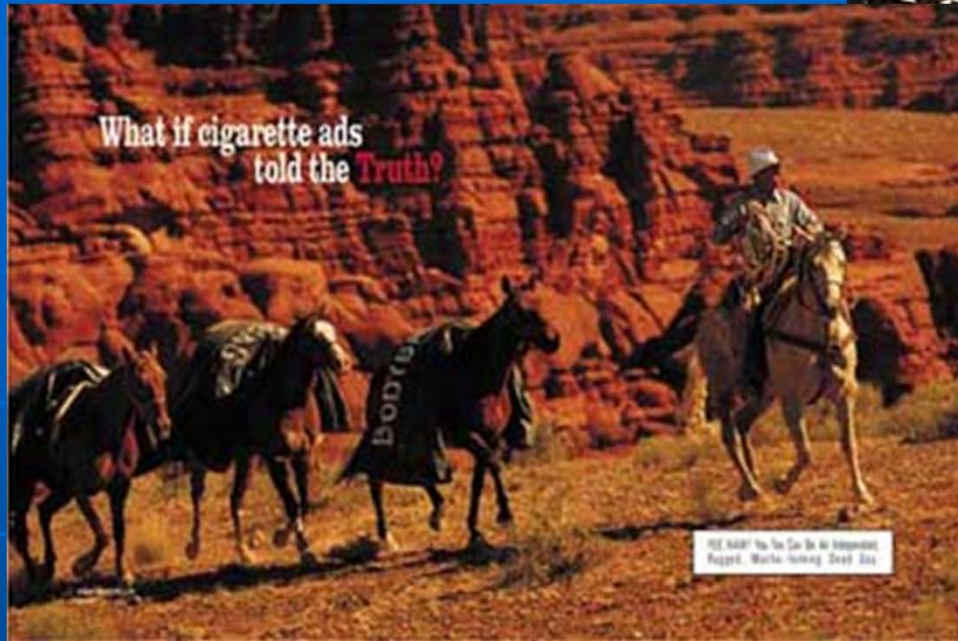
Source: Saffer, 2000

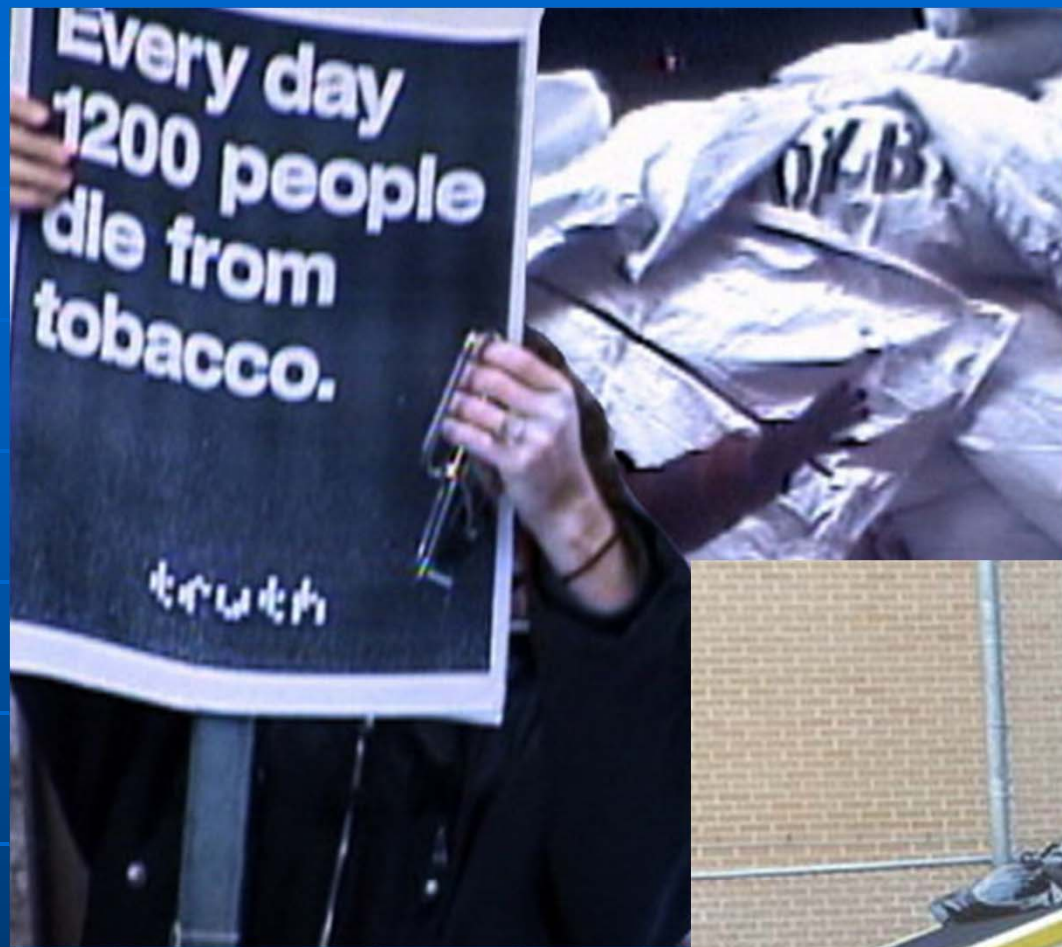
Counter-Marketing

- Late 1960s, Fairness Doctrine
 - Significant reductions in sales, prevalence
- 1988 California Proposition 99
 - Earmarked excise tax to fund comprehensive tobacco control program
 - Followed by several states
- 1998 Master Settlement Agreement
 - Many states commit some funds to comprehensive programs
 - American Legacy Foundation created



THE SURGEON GENERAL WARNS THAT SMOKING IS A FREQUENT CAUSE OF WASTED POTENTIAL AND FATAL REGRET.





ITS YOUR DECISION
KILL YOURSELF OR KILL THE SMOKE



STOP SMOKE
CHANGE YOUR LIFE

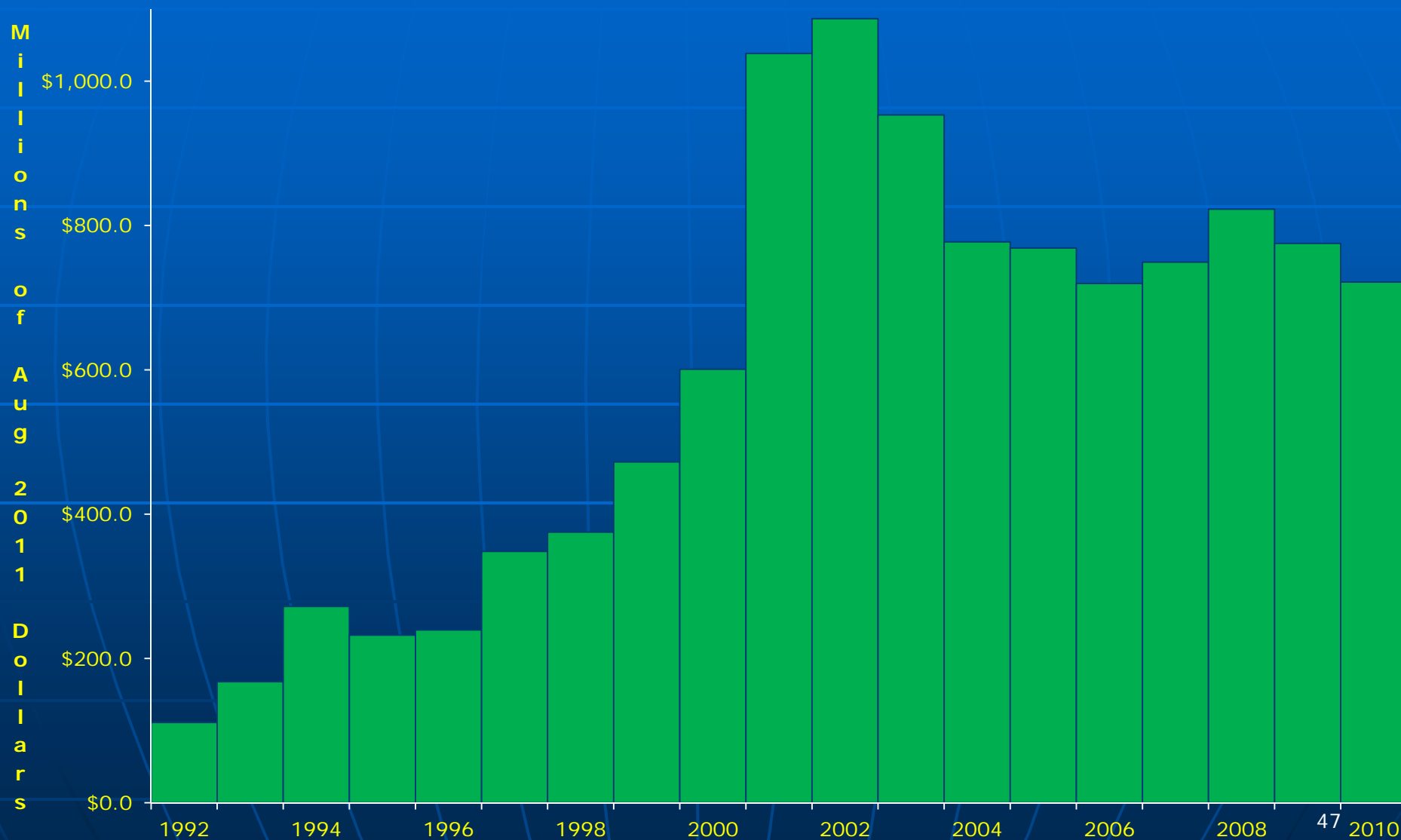
- major cause of stroke
- very addictive
- raises blood pressure
- suppresses immune function
- dulls senses of smell and taste
- reduces stamina
- wrinkles your skin
- leads to depression and fatigue
- may cause fatal heart attacks
- may cause emphysema
- may cause gum disease
- may cause cancer



Smoking Kills

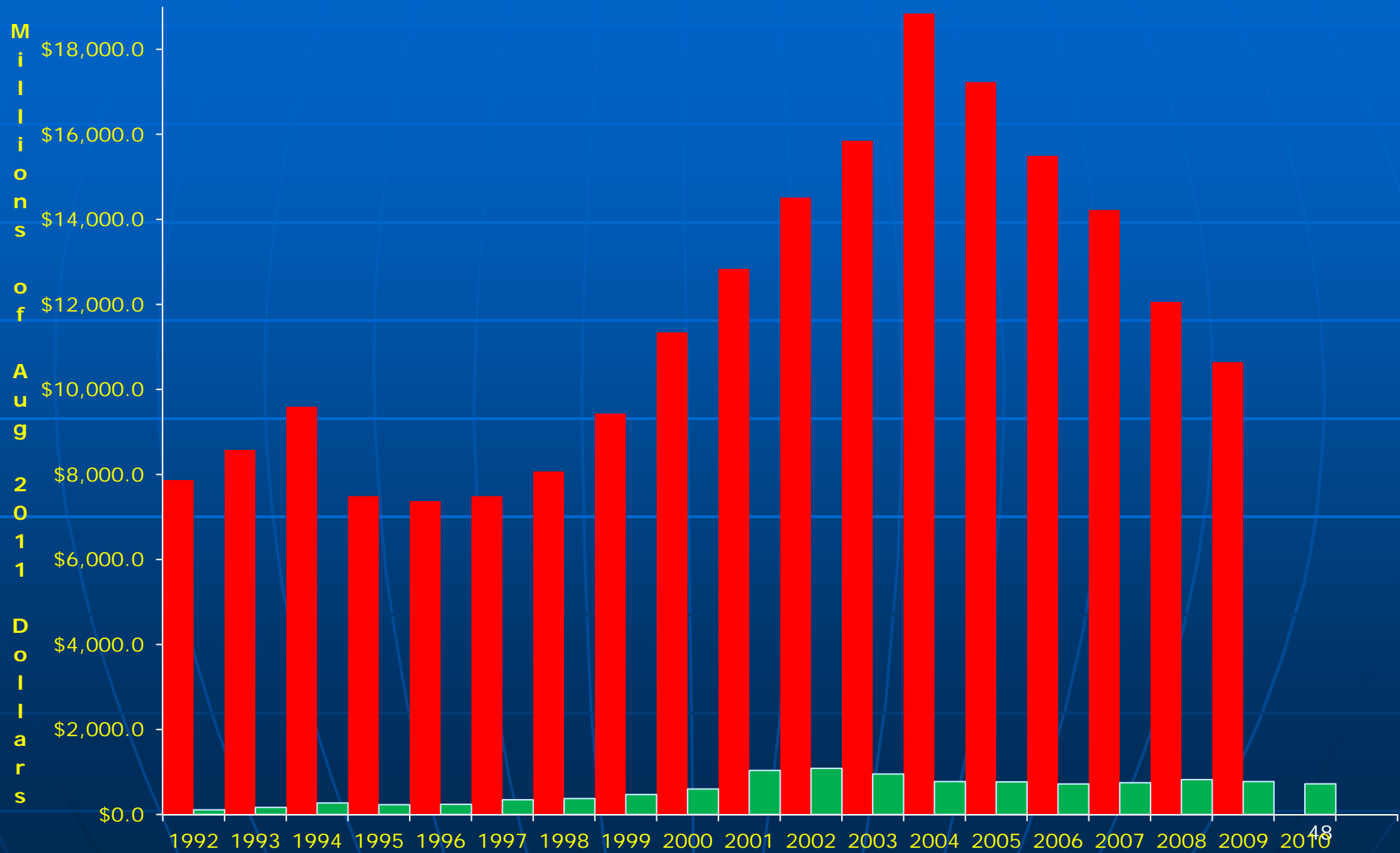
...so why bother starting?

State Tobacco Control Funding 1992-2010



Source: Bridging the Gap, ImpactTeen project

Tobacco Company Marketing vs. State Tobacco Control Funding

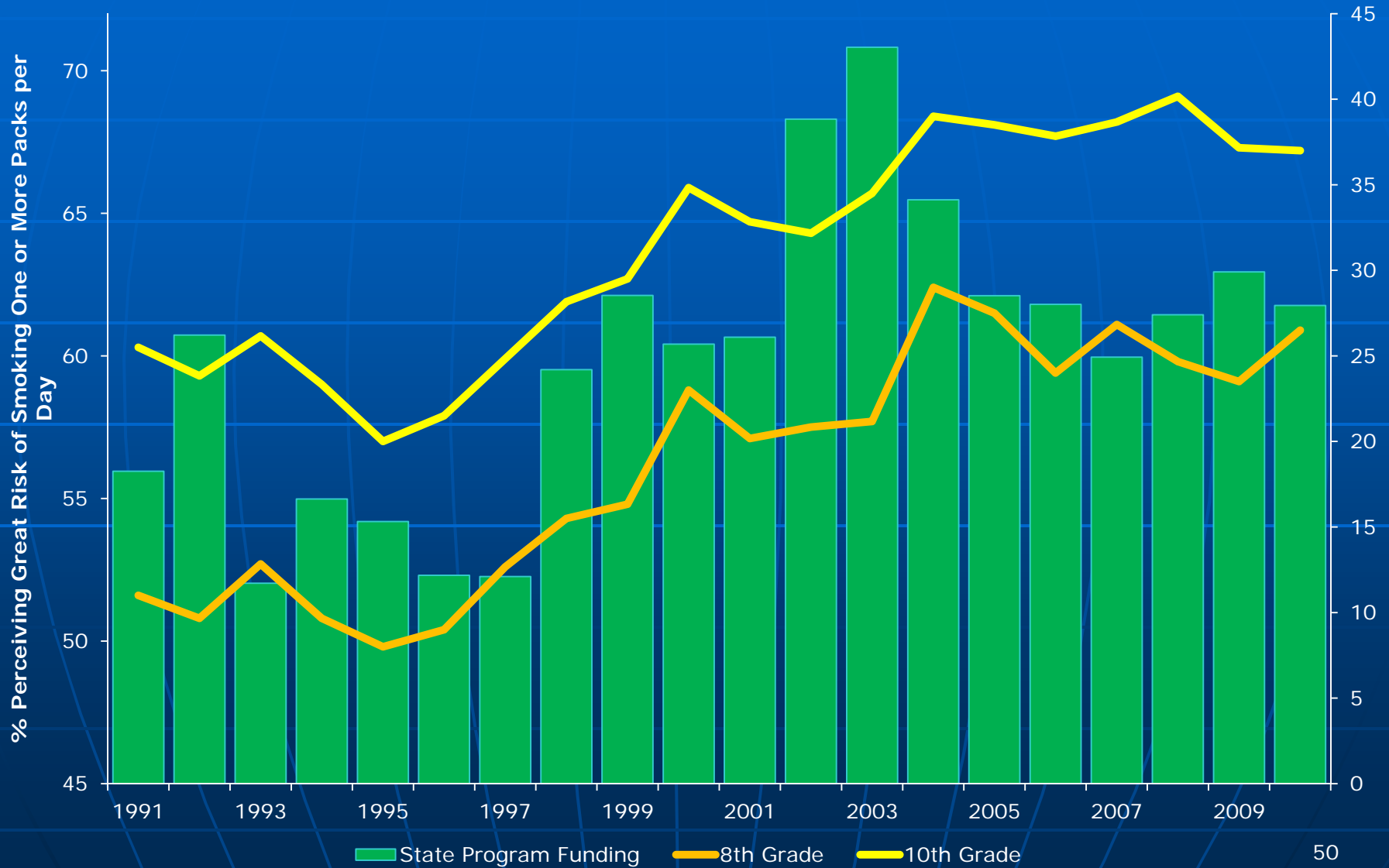


Source: Bridging the Gap, ImpactTeen project

Counter-Marketing

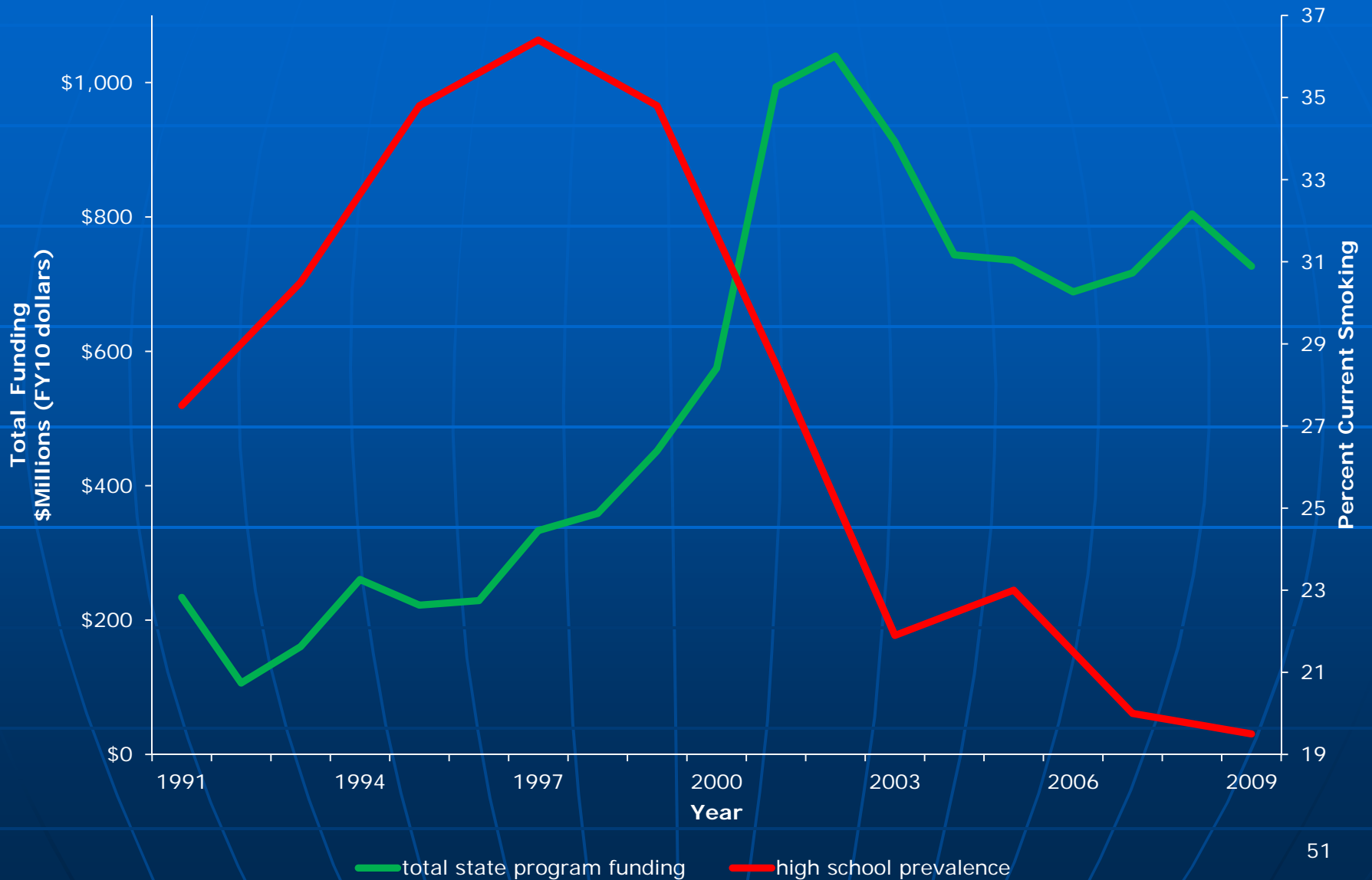
- Extensive research on state programs finds ads
 - Are seen and recalled
 - Increase risk perceptions
 - Promote cessation among adults
 - Prevent youth initiation
 - Strengthen anti-smoking norms
 - More effective when part of comprehensive interventions to reduce smoking

Program Funding & Perceived Risk



Source: ImpacTeen Project, UIC; Monitoring the Future

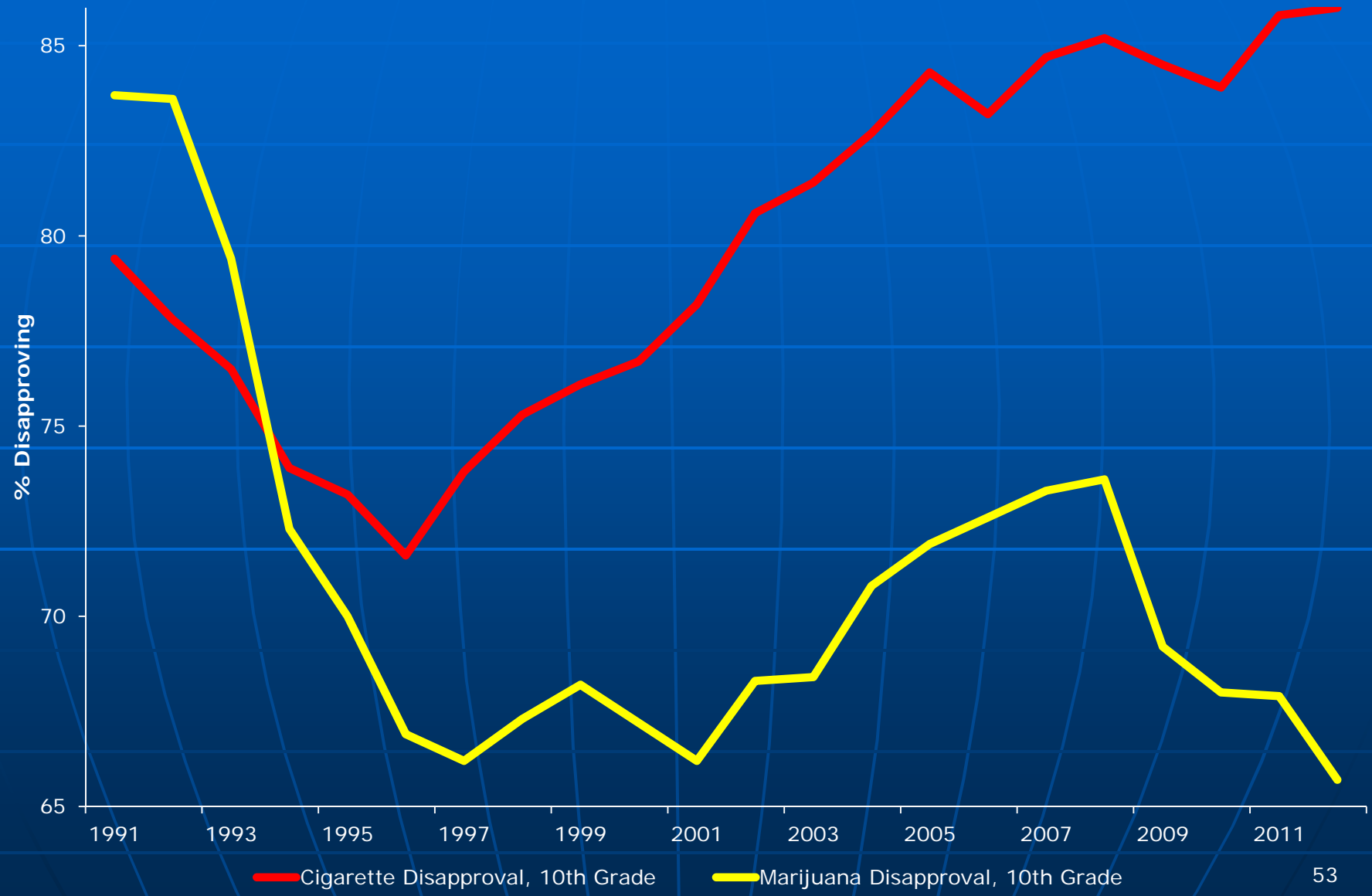
Program Funding & Youth Smoking



Source: ImpacTeen Project, UIC; YRBS

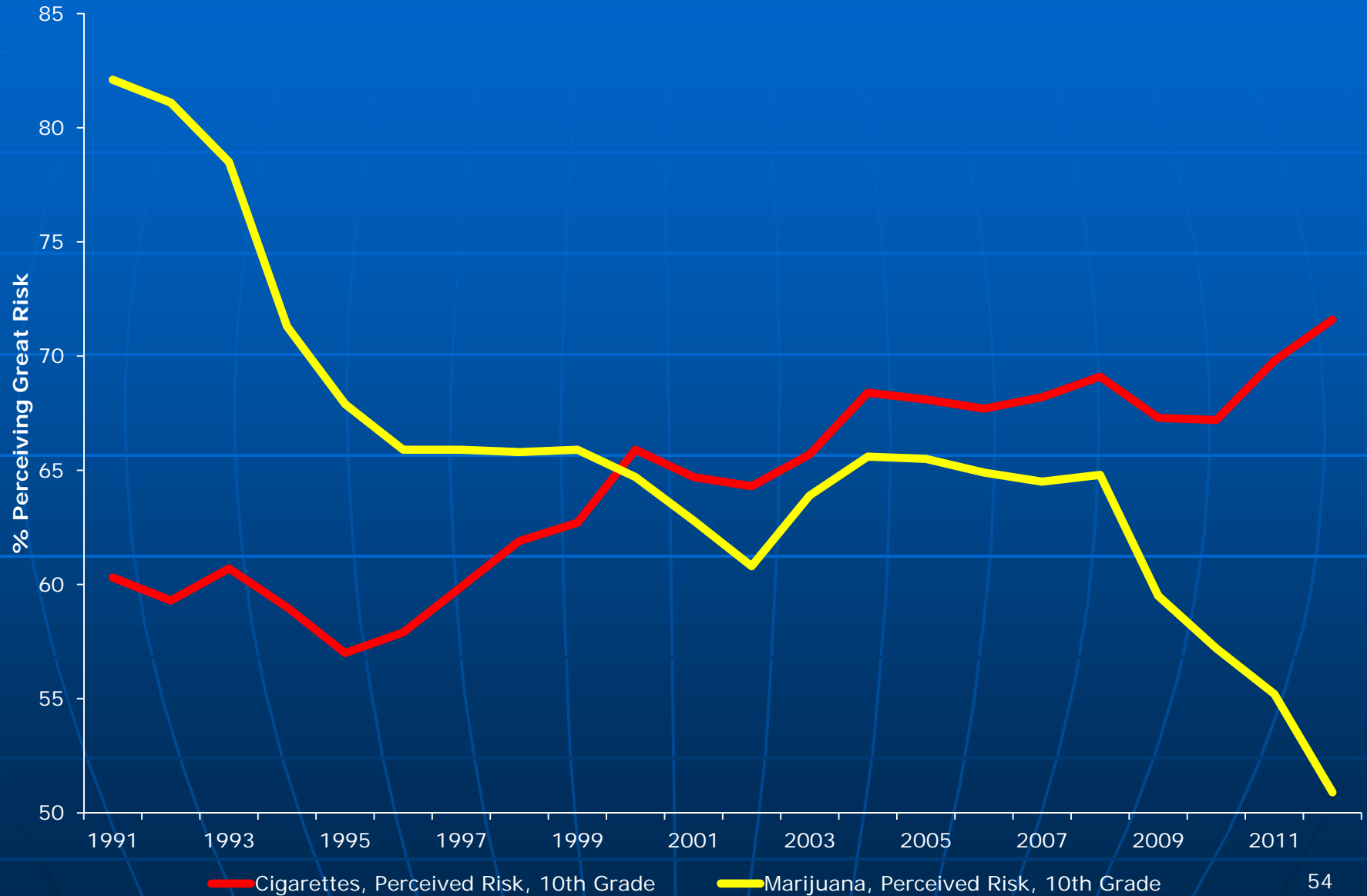
Lessons Learned

Social Norms – Cigarettes & Marijuana



Source: Monitoring the Future, 2012

Perceived Risk – Cigarettes & Marijuana



Source: Monitoring the Future, 2012

Lessons Learned

- Restrictions on Use
 - Comprehensive bans on public use
 - Including outdoor venues, multi-unit housing, and other emerging foci of SFA policies
 - Reduce opportunities for use
 - Maintain/strengthen social norms against use
- Restrictions on Sales
 - Unlikely to be sufficient by themselves
 - Need continued strong enforcement
 - Funded by taxes, license fees
 - Most useful as part of comprehensive strategy

Lessons Learned

- Marketing Restrictions
 - Comprehensive bans on all advertising, promotion and sponsorship
 - Including bans on retail displays, plain packaging
 - To maintain/strengthen social norms against use
- Counter-Marketing
 - Strengthen risk perceptions and social norms against use
 - Funded by taxes, license fees

For more information:

fjc@uic.edu

www.bridgingthegapresearch.org

www.tobacconomics.org (coming soon)